

Resilient Pierce County 2020 Culminating Executive Report

Resilient Pierce County

In November of 2019, United Way of Pierce County received a grant from the Washington Department of Social and Health Services to facilitate a two year health and human service delivery that is person-centered, equity-focused, and served families in ways that are specific to the strength and needs of the chosen community. Thus, the Resilient Pierce County (RPC) team was formed and has worked with the Franklin Pierce and East Tacoma/Salishan communities to address reimagining health and human services, especially in light of COVID-19, with the following goal statement:

By working collaboratively and using a lens of equity, trauma, and resilience, we will dismantle and reimagine our current health and human systems to work effectively for the people and support ALICE families to overcome poverty.

To date, our work has included a partnership with Building Community Resilience (BCR) at the George Washington University and the University of Washington's Global Innovation and Design Lab (GID). The culmination of the collaboration ended with United Way of Pierce County's annual *From Poverty to Possibilities Summit* which contained a one-hour design thinking workshop with about 200 community partners ideating solutions to the needs and goals generated by our targeted communities.

RPC is passionate about maintaining a human centered and community-based approach to addressing barriers to services and equity in our communities and will continue our work in 2021.

Building Community Resilience Report

Building Community Resilience conducted a quantitative and in-depth report on the Franklin Pierce (98444 and 98445) and East Tacoma/Salishan (98404) communities looking at items such as transportation, infrastructure, grocery stores, demographics and more to identify gaps in community resources, assessing outcome disparities, highlighting existing health, wellbeing, and economic supports.

Key Findings

- Demographics
 - Research demonstrates families with limited English proficiency may have more difficulty accessing needed resources due to language barriers.
- Infrastructure
 - Both communities are unincorporated areas. Living in an unincorporated area means the residents have less direct means to advocate for needed public infrastructures compared with Tacoma residents living just a few miles away.
- Health and Housing
 - A disproportionate number of families are experiencing housing cost burden and are at risk for housing instability, which can lead to numerous negative health outcomes.

Resilient Pierce County Health and Human Service Survey

The RPC team sent out two surveys in July 2020 to both community members and service providers to understand the barriers and support in the wake of COVID-19. Below are the top three responses from each category.

- Community Survey
 - Top Challenges Since COVID-19

- Childcare and Food Accessibility tied – 11.3%
 - Affordable Housing – 13.7%
 - Other Bills – 15.5%
 - Top Sources of Help
 - Community/Neighbor Support and Employment Flexibility tied– 15%
 - Community Centers/Schools – 20%
 - Local Food Banks/Services – 40%
 -
- Service Provider Survey
 - Top Challenges Since COVID-19
 - Unable to do Community Outreach – 19%
 - Community Connectivity – 24%
 - No In-Person Services – 36%
 - Top Sources of Help
 - Virtual Communication – 14%
 - Food Banks/Schools – 20%
 - Assistance Programs – 28%

Global Innovation and Design Lab Report

The RPC team collaborated with the University of Washington's Global Innovation and Design (GID) where they conducted two design thinking workshops to establish community personas based off of the community feedback and RPC service provider experience. The GID and RPC team spent two months conducting focus groups and interviews with the community to hear personal stories and gather more understanding and insight to the barriers within the community members.

- Community Barriers
 - Affordable childcare
 - Affordable living expenses (e.g., housing or rental assistance)
 - Access to healthcare, including mental health (e.g., expensive and difficult to navigate)
 - Lack of communication or misinformation
 - Crime or a lack of safety
 - Kids on remote learning
 - Transportation (e.g., car or public transportation)
 - Social isolation
 - Language barriers
 - Employment (e.g., closures)
 - Lack of awareness of programs and resources available
 - Lack of entertainment
 - Access to food
 - Limited immigration services
- RPC Team Ideas and Solutions
 - Make 211 better - provide insurance types so people know who takes what; make it accessible by other means than phone
 - Eliminate steps in the system
 - Create a health navigator to provide assistance to access mental health resources
 - Show "You Might Also Like..." related items when users are signing up for government programs
 - Create a closed-loop referral system
 - Create common data systems
 - Identify funding to incentivize innovations in collaboration
 - Form advisory groups that include both recipients/clients and providers

Poverty to Possibilities

During the annual *Poverty to Possibilities Summit* Divya McMillin led a group of about 150 participants in a design thinking workshop. Each group, facilitated by students or members of the RPC team, prototyped and brainstormed solutions to the barriers based on the community story they received.

Key findings:

- Story 1 - the barrier is food accessibility: an UberEATS app that delivers food bank boxes to families in low-income areas
- Story 2 - the barrier is language: a Hoberman sphere to model/conceptualize the quality of relationships as they expand and contract due to challenges and setbacks
- Story 3 - the barrier is affordable childcare: non-profits/service providers could pursue a time-share model where they purchase blocks of time from childcare providers so families have the flexibility to use time slots as needed
- Story 4 - the barrier is access to medical care: clustering clients or networking families to self-resource where families share best practices and are less dependent on service providers
- Story 5 - the barrier is access to mental health resources: use breakout rooms so the user can achieve stronger, more close-knit social interaction
- Story 6 - the barrier is social isolation: open up the local community center on a limited basis and have the user lead a class for other young people (to help build resume and be more engaged)
- Story 7 - the barrier is technology: use community center to identify students, non-profits, churches, and other community organizations to do check-ins and provide support (e.g., technology, transportation)
- Story 8 - the barrier is access to intimate partner violence resources: since internet accessibility is not guaranteed, resources need to be made available physically (e.g., job listings, posters, word of mouth)

Questions for the Community

- How has barriers and/or access to health and human services changed since the beginning of COVID-19 (March 2020)
- What systemic factors are driving the disparity in educational attainment, occupation, and income?
- How has COVID-19 impacted residents in the service industry and how have systems and services been supporting their families?
- Which public infrastructures do residents consider as essential and are lacking?
- What kind of community dialogue needs to occur to develop next steps?
- Tacoma-Pierce County Health Department declared racism as a public health crisis. How can Resilient Pierce County partner with the health department to work towards racial equity?
- How can local businesses be involved to address food insecurity? Work opportunities for African American and Native American youth?
- What areas of community barriers are you most interested in addressing?