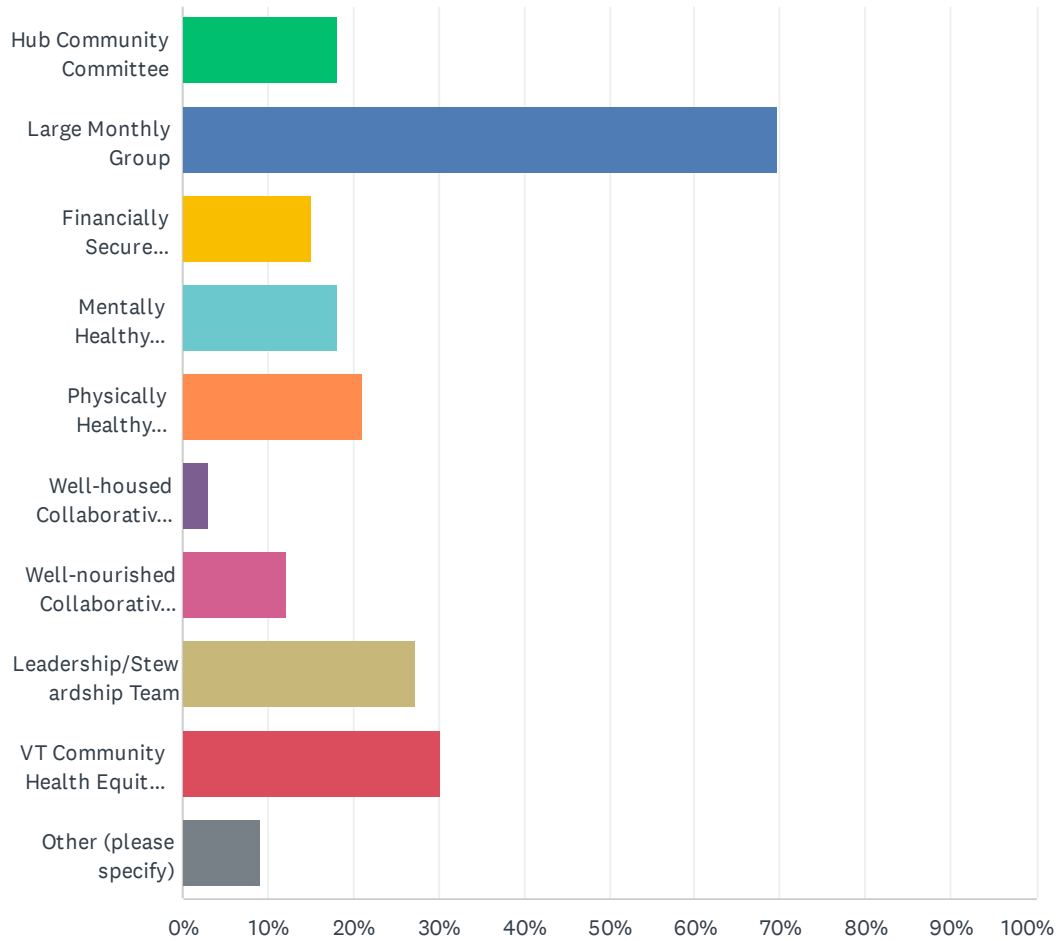


Q1 Which NEK Prosper! teams/groups do you regularly participate in? (check all that apply):

Answered: 33 Skipped: 0



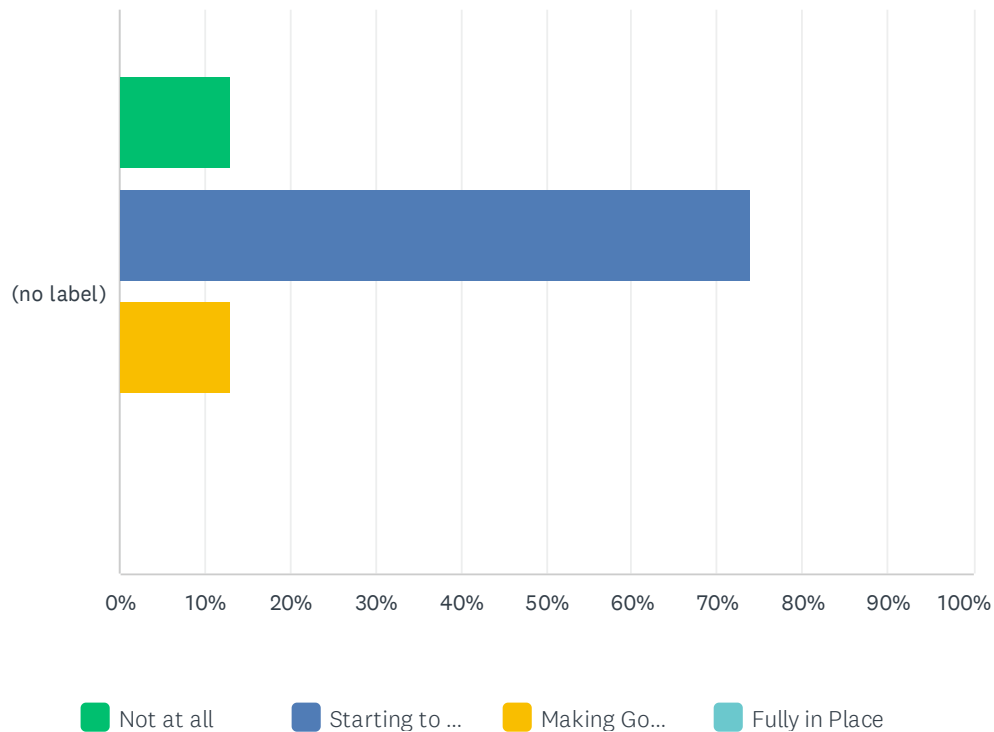
NEK Prosper! Community Health Equity Self-Assessment

ANSWER CHOICES	RESPONSES	
Hub Community Committee	18.18%	6
Large Monthly Group	69.70%	23
Financially Secure Collaborative Action Network	15.15%	5
Mentally Healthy Collaborative Action Network	18.18%	6
Physically Healthy Collaborative Action Network	21.21%	7
Well-housed Collaborative Action Network	3.03%	1
Well-nourished Collaborative Action Network	12.12%	4
Leadership/Stewardship Team	27.27%	9
VT Community Health Equity Learning Collaborative Group	30.30%	10
Other (please specify)	9.09%	3
Total Respondents: 33		

Other (please specify)
NEKCA Children Integrated Services does not currently participate in any of these groups.
none
I'm not able to participate "regularly" due to meeting conflicts

Q2 To what extent does NEK Prosper! engage local residents to support your efforts (e.g., by providing input, selecting priorities, co-designing strategies, taking action roles, etc.)?

Answered: 23 Skipped: 10



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	13.04% 3	73.91% 17	13.04% 3	0.00% 0	23	2.00

Other thoughts/comments:

My vision for NEKCA CIS involvement with NEK Prosper is to help increase community outreach about the services we provide as well as the referral process.

I think having community members that are not service providers as part of this group, both in the large group and the CANs will be critical to success in this area.

I can only speak to the work that the MH CAN engages in. I feel we cover this by circulating surveys at least annually. However, we are not 100% certain this is reaching the general public (i.e. local residents not employed or connected to community partners is some way).

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NEK Prosper has a tradition of collecting or extracting data about or from local residents to inform program design, implementation and evaluation to some extent. However, active engagement of local residents in all stages of the process of priority identification, selection/ranking, project/intervention design, implementation and evaluation is something that is viewed, in my opinion, as something that is done on behalf of the community vs. with and at the invitation/request of the community. NEK Prosper is made up of community members who are professionals who also hold varying community identities. However, it is the professional identities that often lead. We should make space not only for the non-professional identities of the NEK Prosper members to engage in the work, but should prioritize engaging those community members who have historically not been present but are invested in or could be inspired to work for the financial security, mental and physical health, housing and nourishment of their community. If the sincere invitation isn't extended and supports to work together aren't in place, it is too easy to say that people just aren't interested and "no one shows up."
Prior to the pandemic, we were making good progress through the CAN groups.
Our communities are steeped in rugged individualism, self made character(s) and getting folks to look out for the greater common good is a challenge.
It is mostly CAN members doing this work.
Thu Hub is doing this at a high level. The PH CAN seems to be doing a pretty good job at the moment too.

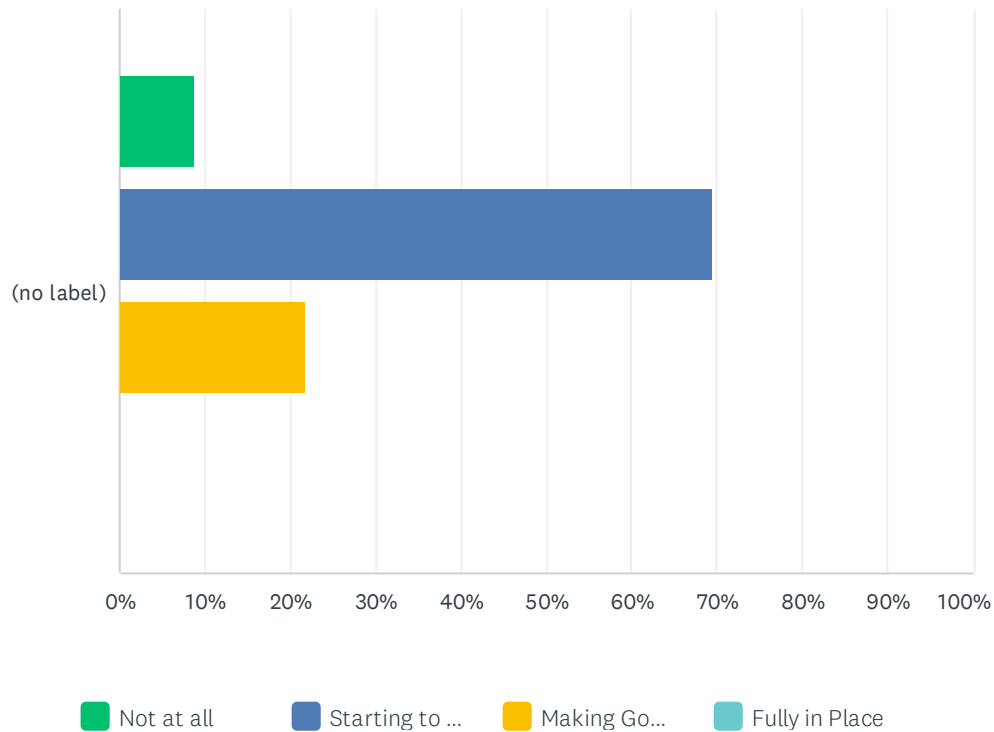
Q3 What could you engage residents in? Who do you engage or want to engage? How do you want to or engage these residents?

Answered: 18 Skipped: 15

I would like to increase connection and engagement with young families with children ages 0-6.
We can engage residents at RuralEdge housing developments in ways similar to what the HUB has done with their Neighbor-Up nights
We could use the HUB as an avenue to engage in local resident feedback.
Let's re-ignite NEK Prosper--get community to set the priorities. Genuinely and meaningfully partner new community members with the currently engaged NEK Prosper membership to use the talents, experience, and professional networks of the current organization and its history of collective impact work to advance community priorities and goals. Reach out to the community in spaces where community gathers--the Hub, Neighbor Up nights, community events in rural areas/neighborhood gatherings, resident associations, etc. etc. I'm sure everyone could come up with specific ideas relevant to groups of people they regularly engage with in their day to day lives.
Through our agency work, we engage extensively with low/mid-wage working families, with the highest percentage served to be women who are the head of household with children.
Strengthen CAN structure, purpose, leadership (all in progress) to embrace expanded membership
Not sure how to model this any more for the community.
Help them turn ideas into action.
Invite to CANs meetings. Offer more trainings or informational sessions on topics that are important to the community.
selecting priorities and designing interventions that would be most utilized, especially by those currently not involved
Residents could be involved in focus groups and informing strategies and planning, but would require outreach and mechanisms to participate.
I want to be available to engage in any conversations anyone may have about their needs within the community. (housing, health care, food, needs that I might not be aware of)
FIN-CAN St. Johnsbury Community Hub Engaging community members in learning and civic volunteerism/engagement opportunities that simultaneously allow for healthy relationship building and conversations re: community benefits and needs MORE OF THIS!!!
I could engage residents in mental & physical well-being, lived experience advocacy panels, listening tours, I engage mental health and the restorative justice community, I want to engage residents as mentioned and be a BIPOC leader
Planning and implementation of activities, providing feedback about what they need/ want, placemaking. Not sure what that last question means?
wellness activities
Community forums, community events, community dinners
I want to find a way to have our agencies step out of the leadership role on this. I'd like to find a way to catalyze and support engagement of marginalized populations in addressing these challenges.

Q4 To what extent does NEK Prosper! ask questions to understand the systemic reasons why problems are happening before designing solutions.

Answered: 23 Skipped: 10



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	8.70% 2	69.57% 16	21.74% 5	0.00% 0	23	2.13

Other thoughts/comments:
I am just learning about NEK Prosper! and am unaware of what progress they have made towards this goal.
I think this is a large part of what is done in the large group.
I am not certain of how this process works through the NEK Prosper! framework.
Asking any question about NEK Prosper as an organization as a whole seems problematic to me. Each of the CANs and the Leadership Team each operate independently, and I would guess each has different ways of identifying problems and solutions.
We have drifted from our original methods of understanding the factors leading to specific problems in the community. Prior to the pandemic, we were doing excellent work in following practices that helped guide the discovery of factors, data and what it tells us, and clear areas of measurement.
Some work that was taken placed has died down due to the pandemic
I see this as a challenge. There are places we perceive changes could be made and may want change but the system might not allow for this. It may take time to create work arounds or change these system blocks.
Solutions are designed in the CANs only I think.

Q5 Have you done a root cause analysis? If so, what did you learn and what has been done to address the root causes?

Answered: 15 Skipped: 18

No

Not officially, but input from residents has given some insight into root causes.

Uncertain.

I have seen some root cause analyses reported on in the time I have been attending NEK Prosper, but have not participated in one on the CAN I attend. In our CAN, no brand new projects have been launched which have necessitated a ground up root cause analysis. I do think it is worthwhile to think about repeating the root cause analysis process now that COVID has occurred to see what may have changed on the landscape affecting issues we are concerned about.

Currently, I have not seen a root cause analysis take place in the CAN I am most connected with. For the work happening within our agency to address financial instability, yes.

I am not aware of this happening within my organization.

I do these regularly as part of my work.

I have conducted root cause analysis work, but systemic approaches typically yield long-term outcomes.

No

Yes, a peer respite place for people experiencing substance misuse is being built. It will provide a safe place and hopefully save lives and decrease substance use through rehabilitation placement.

don't think so

I cannot remember if we did this.

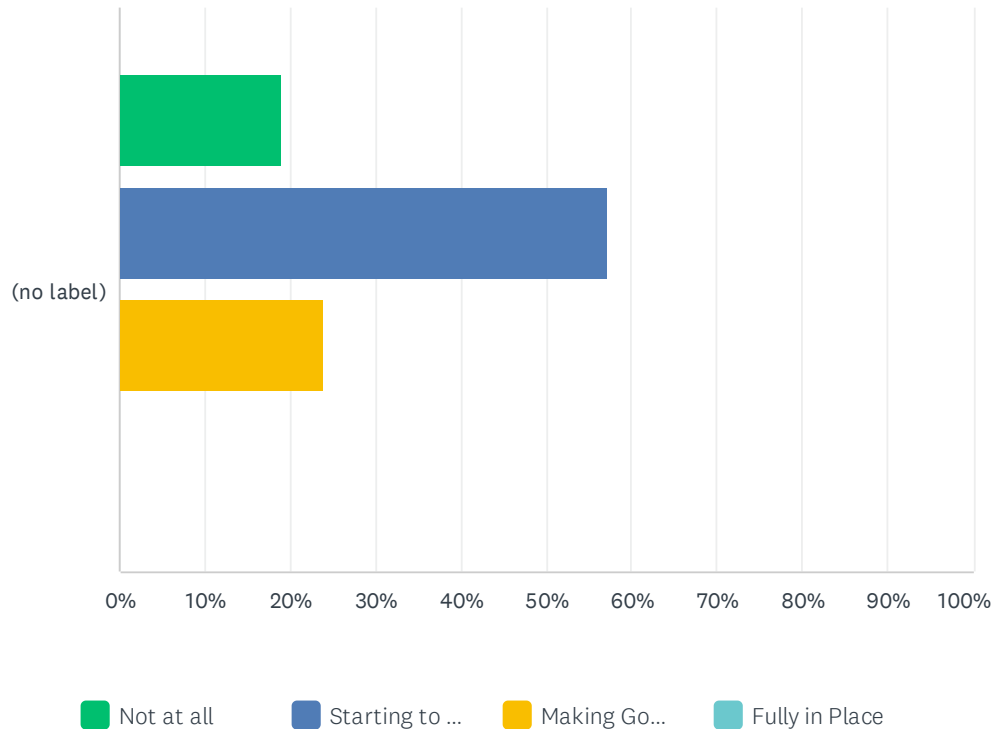
Have not done a root cause analysis.

Ongoing. Learning that addressing root causes is challenging because important levers are often controlled by others.

Not yet. In the CANs many years ago maybe.

Q6 To what extent does NEK Prosper! use action learning and gather rapid feedback from diverse perspectives on the implementation and impact of your efforts to promote continuous improvement. Action learning is also called the PDSA cycle (plan, do, study, act).

Answered: 21 Skipped: 12



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	19.05%	57.14%	23.81%	0.00%	21	2.05
	4	12	5	0		

Other thoughts/comments:

Unsure.

The well-housed CAN is doing this planning with the Bed Bug & Hoarding Task Force.

I'm not aware of how this process works through NEK Prosper!

PDSA is something that NEK Prosper has promoted. I think when projects get off the ground, this approach is utilized. Sometimes I think there is a tendency to get stuck in the planning phase though or to focus on too large of a "collective" project. I do think there is something to be learned within a CAN from smaller projects done collectively by a couple of partners that can then be scaled to have greater impact and effectively change systems. I think we alienate those with new ideas, enthusiasm and a desire to participate when we are too narrow in our definitions of collective impact. The PDSA cycle is intentionally quick, easy to implement and intended to allow for failure and readjustment to keep moving forward. We should be nimble in the same way.

Again, prior to the pandemic, we were doing good work in this area. I don't see this happening as frequently in current work.

I think this course of action is starting to take shape and will become the guiding model.

I am not positive how the CANs may use PDSA and QI approaches, which is where the boots on the ground efforts feel most feasible.

I may not be aware of all the efforts. I certainly think that NEK Prosper is trying very hard to reach as many people as possible but trust takes time.

I think they do this very well, but I am just learning this term.

Not at all to starting to make progress- there are not clear systems in place to support the CANs in this work. It would be helpful to have consistent tools, leadership and technical assistance in this area to support the CANs in this work.

Not sure. Haven't seen a project go full cycle at this point of my participation.

We at least talk about it a lot, and I think implement it in many cases. I

Maybe at the CAN level?

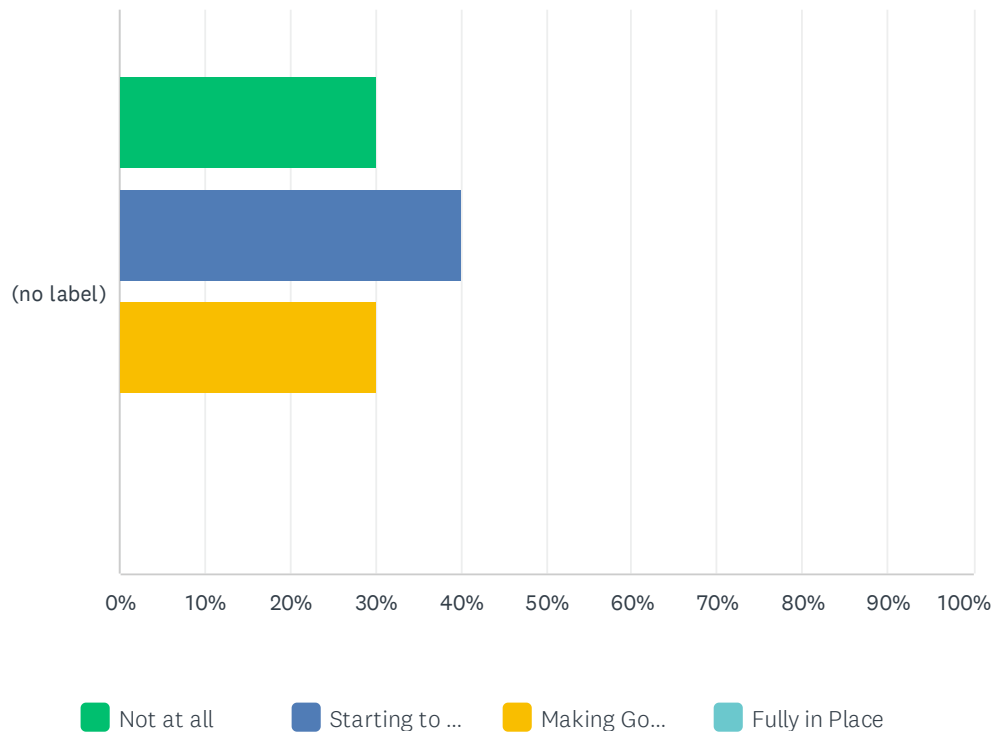
Q7 How often does your group use the concept of continuous improvement in your work? Example: Plan – identify a problem; Do - pilot or implement a strategy; Study – track and evaluate the effectiveness of the strategy toward the intended outcome; Act – adjust the strategy based on what you have learned.

Answered: 20 Skipped: 13

Unable to respond to to limited time as part of the CAN
I believe this is a strategy used within the NEKCA CIS program but in an informal way.
The well-housed CAN is doing this planning with the Bed Bug & Hoarding Task Force.
Again, Im aware of the work our MH CAN has engaged in however, I am not certain how the Study and Act part of the PDSA is covered in the work we do or have done thus far.
We try to implement this by reporting back on the progress of various projects/initiatives at each CAN meeting. This can help the group work through solutions, find alternatives, move forward in the midst of challenges, etc.
We haven't used it
None known.
unsure
All the time.
Often based on survey analysis
Continuous improvement is critical in all facets of community health work.
Not sure I can answer that. Still a bit of a newbie.
We did this (less tracking long term outcomes) w/a pilot offered at NVRH. In a loose sense, this is starting to happen through the STJ Community Hub although there is no process in place yet for officially "tracking" or "studying" effectiveness ... we are beginning to talk about how best to do this
I'm not sure.
seldom
All the time
We attempt to conduct evaluation of each strategy we implement and reflect on the challenges/success to inform our future planning. Having access to updated and recent data reports specific to the Caledonia/S Essex counties would support this work.
See my answer to #6.
The leadership team does a good job here. I think the whole cycle is a bit weak on "track and evaluate."
Don't know.

Q8 To what extent does NEK Prosper! ask questions during planning and decision-making processes to ensure your efforts are contributing to equity rather than unintentionally contributing to local inequities.

Answered: 20 Skipped: 13



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	30.00% 6	40.00% 8	30.00% 6	0.00% 0	20	2.00

Other thoughts/comments:

Leadership is consistently telling and dictating what and how things should be done. While there is discussion around asking questions, it seems that the leadership struggles to ask themselves reflective questions that deliver honest responses and that trickles down.

Unsure.

This is a common thread in large group discussions.

I don't think this was consciously considered in NEK Prosper or most organizations until recently. Financial equity was more likely to be considered than racial, gender or geographic equity. There is a now a desire among many of the NEK Prosper members to learn about health equity and how we can improve our processes to more directly consider, assess and address inequity.

Pretty good at asking the questions and at least looking for where we're contributing to inequities.

I'm not aware of this happening.

Q9 How often does your group ask health equity questions before making decisions? Example questions: What disparities (e.g., differences in outcomes across groups) exist related to your group’s targeted outcomes? Which groups are experiencing these disparities? Are some groups disproportionately disadvantaged and advantaged? Which groups should be prioritized by your efforts? What outcomes/indicators should be used to track progress on reducing these disparities? Which do residents from disadvantaged groups prioritize? What systemic root causes are driving these disparities/inequities? Which root causes do residents from disadvantaged groups identify and prioritize? Which root causes are the most important to prioritize for action (e.g., have the biggest impact on affected groups, are prioritized by residents, etc.)?

Answered: 16 Skipped: 17

There are narrow approaches to various community issues and it is challenging to move beyond that without intentionally seeing and acting in response to the various intersectionality. Unsupportive leadership without a shared vision and community driven approach that invests in successful community driven programs continues systemic issues that exacerbate disparities and inequities. Person first frameworks need to be the priority.
I am new to the CIS team at NEKCA and am still learning about this process.
Not often enough!
This is a great question! I'm not sure I can answer it thought. Maybe that is a good indication that we are not following this process. :)
In our can we are beginning to incorporate reflective questions into our work. We want to create a meeting culture in which health equity is centered in the work and not something you "do" as separate "health equity" work that stands outside of the other CAN work we do. We will be incorporating these questions into our process at every meeting when making decisions: -Who Benefits? Through our decisions and actions, who will most benefit and how will they benefit? -Who pays/Is harmed? Will our approaches lead to any unintended consequences? -Who leads? Will our methods increase leadership opportunities for those most adversely impacted in our communities? - Who decides? In what ways can we be more transparent in how decisions get made? Will our actions create different ways of operating that place more choice in the hands of those with lived experience?
I feel the group is more active in doing this.
We do not presently use this language, but we are near these issues.
I feel like health equity questions are asked with some frequency, but data to target and answers to the questions are not always identified or
In order to affect change, you must have a target population/group in mind. All strategies should identify a target at the outset.
This is the focus of many of our conversations.
Through the St. Johnsbury Community Hub, our team is prioritizing and working to amplify the voice of those with lived experience. In doing so, it's evident that more collaboration needs to happen between CANS to move change forward in a with community to concept vs for community, through CAN concept.
sometimes, mostly focused on disabled populations
We all represent our various shareholders.
Our group considers these types of questions at an entry to mid level. We discuss and/or identify population groups that are disadvantaged and strategize how our programming might to reduce barriers- but it's certainly not a deep dive.
Never
Mentally healthy does a pretty good job of keep health equity top-of-mind.