Bridging Health & Community’s Inaugural Symposium
Community Agency & Health
May 15-16, 2017, Oakland, California, USA

This two-day symposium will explore the link between the health sector and local communities, including the other sectors that serve those communities. It will extend the usual framings of ‘social determinants of health’ and ‘systems change’ to explicitly embrace the well-documented potential of community agency. The symposium was conceived by Bridging Health & Community, including members of its Creating Health Collaborative, in partnership with Community Science, the Insight Center for Community Economic Development, and MIT’s Community Innovators Lab.

Our Rationale
Increasing sums of money are spent each year in the name of health, largely through health care and public health. It is widely acknowledged that this is unsustainable, which suggests that it is time to ask ourselves what we’re trying to achieve. If the answer is ‘health’ we need to ask, what is health?

The health sector tends to dominate the answer, and does so through a bio-medical lens in which: health is defined as the absence of disease; health and disease are primarily understood through biological measures; and prevention, treatment, and management of disease is provided by professionals. Yet in the context of the day-to-day what makes people feel healthy goes beyond the bio-medical to encompass things like safety, physical functioning, financial security, and emotional security. For them, bio-medical health is less an end goal than a means to achieve these other things.

The health sector recognizes the role of these other things, conceptualizing them as the ‘social determinants of health’. It has responded primarily by asking other sectors to contribute to its (bio-medical) agenda. Important though this is, the health sector often fails to appreciate that other sectors have their own priorities, seen through their own lenses. It also deprives us of another important lens—that of people and communities.

Engaging people and communities is not just about understanding their priorities. It’s well-documented, in research in health and other disciplines, that having a sense of control over one’s life is an important part of health, whether bio-medically defined or otherwise. For many, this will require a transformation in personal and community agency; they will need to rediscover or reclaim the connections, capacities, and opportunities that underpin their ability to influence the world they live in.

Symposium Aims
The symposium is part of Bridging Health & Community’s ongoing work to build a field of practice dedicated to understanding health from the perspective of people and communities, and to fostering community agency to improve health.

BH&C’s Creating Health Collaborative is a community of innovators already doing this kind of work. Across their work, the innovators: embrace the perspectives of different sectors, and of people and communities themselves, alongside what health care and public health professionals know; allow mutual understanding to lead to agreement on what priorities to pursue; pursue those priorities with communities, not for them; and focus not just on changing what they do, but also how they do it.

The symposium aims to share the work of some of these innovators and other thought leaders in the field, to build knowledge, capacity, networks, and readiness amongst its participants:
• **Knowledge**: broaden how participants understand health so as to establish purposeful empathy and mutual respect for people across sectors and in communities

• **Capacity**: share methods, tools, and techniques used across sectors to support the design, implementation, evaluation, and financing of initiatives

• **Networks**: create new relationships among people who understand the plurality of health and the importance of nurturing community agency

• **Readiness**: through the knowledge, capacity, and networks attained, as well as through the examples and experiences shared in the agenda, embolden participants to try new approaches in their communities that embrace the potential of community agency

**Symposium Approach**

The approach to the symposium is framed by three needs gleaned from the Collaborative’s work:

1. The need to create mutually accountable partnerships between institutions and communities
2. The need for new ways of thinking about how to understand, measure, and communicate value, including what communities value and the value of health beyond biological metrics
3. The need for capital—financial, political, and social—to be invested in ways designed to explore and nurture new ways of working

Our view is that addressing these needs requires leaders, whether in the health sector, in non-health sectors, or among residents, to develop greater understanding and empathy for one another. That is why the symposium is designed to include people from different sectors and roles, ranging from local to national perspectives, who may not typically attend the same conferences. It is also why significant time is given to participants getting to know each other and to share their perspectives in small groups and informal interactions. To aid this, there will be a plain language policy, all attendees will be called ‘participants’ (as opposed to ‘speakers’ and ‘audience’), and everyone will be addressed without titles and listed without degrees. Small group facilitators will help the participants ensure there is mutual respect for the different perspectives present.

**Participants**

Our aim is for the meeting to convene a broad cross-section of those interested in innovative approaches to health sector partnerships that nurture community agency. This may include the health sector (health care, public health, health finance), those in other sectors exploring their relationship with health (such as community development, housing, education, social services), resident leaders in local communities, leaders of community-based organizations, researchers and evaluators working with local initiatives, funders (especially those considering new approaches to sustainability), business leaders, and government representatives.

A specific aim is for about half of the meeting participants to attend as part of local ‘delegations’ of up to ten people who come as a group from the same place and can therefore contribute, learn, and commit to follow up actions together. These delegations would be comprised of local representation in the roles and sectors described above, including teams who are working together in existing local partnerships that bridge the health sector and the local community.

**After the Symposium**

We are committed to supporting participants to build on new ways of thinking sparked by the symposium, to follow through on action commitments made, and to foster new networks developed. We intend to work with participants to better understand how we can develop that ongoing support.
## Symposium Agenda

### Day One

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<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter/Chair</th>
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<tr>
<td>9:30am</td>
<td>Arrival and Registration</td>
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<tr>
<td>10:00am</td>
<td>Welcome</td>
<td>Speaker TBD</td>
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<tr>
<td>10:10am</td>
<td>Meeting Overview</td>
<td>Bridget B Kelly, Bridging Health &amp; Community</td>
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<tr>
<td>10:30am</td>
<td>Establishing The Tone</td>
<td>Lead facilitator from CoLab</td>
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<tr>
<td>10:45am</td>
<td>Ice-Breaker and Perspective-Sharing</td>
<td>Facilitators from CoLab</td>
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<td>11:45am</td>
<td>Break</td>
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<tr>
<td>12:15pm</td>
<td>Table Top Lunch Conversations</td>
<td>Facilitators, coordinated by CoLab</td>
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<td>1:00pm</td>
<td>Setting The Stage</td>
<td>Facilitated by Bridget B Kelly, Bridging Health &amp; Community</td>
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<td>2:30pm</td>
<td>Break</td>
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<tr>
<td>3:00pm</td>
<td>Small Group Workshopping</td>
<td>Facilitators, coordinated by CoLab</td>
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<td>4:15pm</td>
<td>Break</td>
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### 4:30pm  A Candid Conversation About Failure
A candid conversation about flaws in reasoning and failures in health and public health, including ideas that have been tried, why they have failed, and how we can learn from their failing. Followed by a facilitated, open Q&A/discussion.

Facilitated by Pritpal S Tamber, Bridging Health & Community
Len Syme, UC Berkeley
Carl Baty, Rounding the Bases

### 5:30pm  Table Top Reflections
Table-mates will be facilitated to share what struck them about the day, including what stakeholder they’d like to engage who may be an ‘ally’ in addressing their challenge.

Facilitators, coordinated by CoLab

### 5:50pm  Wrap-up
Pritpal S Tamber, Bridging Health & Community

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### Day Two

#### 8:00am  Arrival and Breakfast

#### 8:30am  Table Top Conversations
Table-mates will be facilitated to share reflections from Day One and identify who they want to talk to that they wouldn’t have seen as a resource prior to the symposium.

Facilitators, coordinated by CoLab

#### 9:00am  Case Examples
Building Healthy Communities (site to be decided)  
Healthy Buildings Program, Bronx Cooperative Development Initiative
Each case presentation will be developed and led by a community team featuring four perspectives: someone leading the work, someone evaluating the work, someone thinking about sustainable finance for the work, and a resident in the community who is involved in the work. There will be a facilitated conversation among the representatives, followed by an open Q&A/discussion.

Facilitator TBD

#### 10:45pm  Break

#### 11:15pm  Small Group Breakout Sessions
Building Relationships Between Communities and Health Institutions  
Using Participatory Research and Evaluation  
Creating Leadership Capacity for Long-term Change  
Connecting the Federal to the Local  
Discovering Business Models  
Communicating the Value of Health and Community Partnership

Session leaders and community teams TBD

#### 12:30pm  Lunch
Including facilitated “match-making”

#### 1:45pm  Table Top Commitments
Table-mates will be facilitated in sharing their most useful take-away, as well as one short-term commitment and one long-term commitment. They will also be asked what output from the meeting would help them and what supports they suggest to build a “community of practice”.

Facilitators, coordinated by CoLab

#### 3:00pm  Sharing Surprises
Participants will share something unanticipated from the meeting

Facilitator TBD

#### 3:15pm  Closing Remarks
Speaker TBD

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### Symposium Planning Committee
Brad Caffel, The Insight Center for Community Economic Development; Bridget B Kelly, Bridging Health & Community and Symposium Editor-in-Chief; Katherine Mella, MIT Community Innovators Lab; Leigh Carroll, MIT and Bridging Health & Community; Mark Wieland, Mayo Clinic and Bridging Health & Community; Ollie Smith, Telefónica Innovation Alpha and Bridging Health & Community; Oscar Espinosa, Community Science; Pritpal S Tamber, Bridging Health & Community and Symposium Executive Producer.

### Editorial Partners (Breakout Sessions)
Active Living by Design, Business Innovation Factory, Hershey Cause Communications, ISAIAH, Rochester Healthy Community Partnership, UnitedHealthcare.