

SPEAK FREELY SESSION SUMMARY

2024

- The Speak Freely Sessions used an approach to the conversations to achieve three goals:
- 1) Provide a safe, open space to share their stories and experiences regarding trust in five key sectors.
 - 2) Understand how your experiences and stories align with the Principles of Trustworthiness.
 - 3) Identify or share recommendations on how to become more trustworthy using the principles.

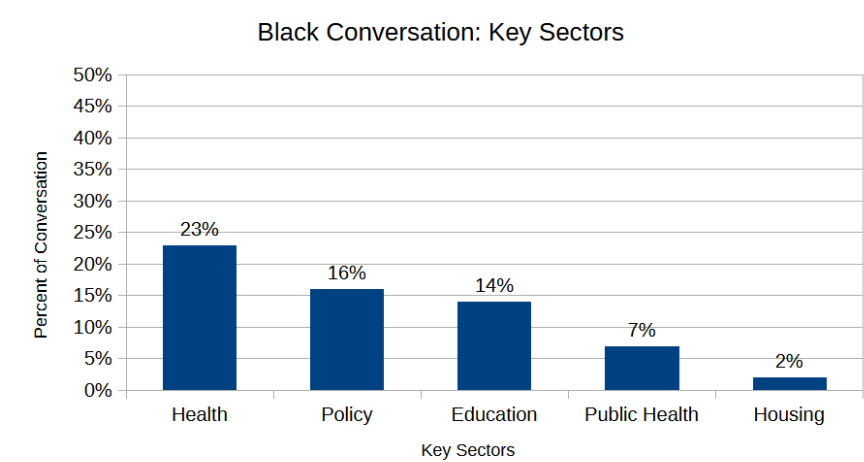
Project Summary



TABLE 1: Top 5 topics covered by each community group:

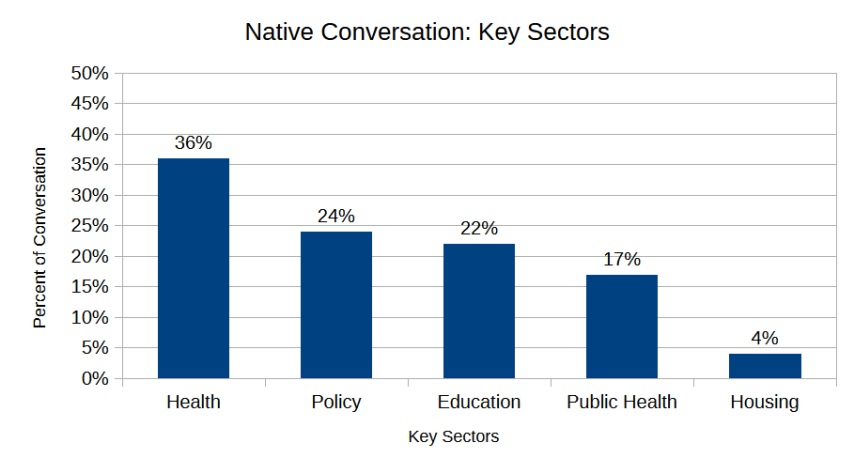
Rank	Black	Native	Refugee
1st	Principle: Do Right	Culture	Policy
2nd	Racism	Racism	Health
3rd	Principle: Organizational Pledge	Advocacy	Culture
4th	Health	Neighborhood & Environment	Resettlement Gaps
5th	Culture	Health	Education

Figure 1: Black Community Conversations About Five Key Sectors



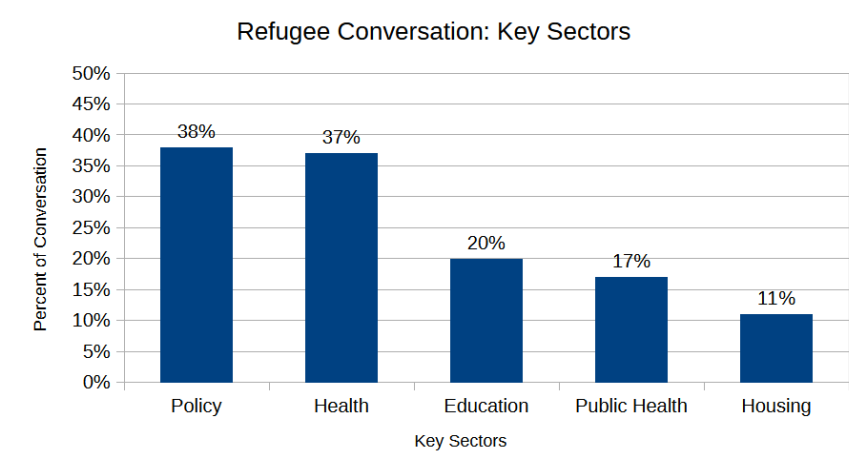
“My great grandma moved here in kindergarten and had health issues and said everything is fine but really wasn’t and passed away. That did something to me. When I heard she died we believe it was because of neglect at the hospital. I had the same doctor from birth until covid so I’m thinking my whole life...can’t swallow pills, terrified of needles, etc. I have these fears because they didn’t take care of my grandma and that’s why something happened.”

Figure 2: Native Community Conversations About Five Key Sectors



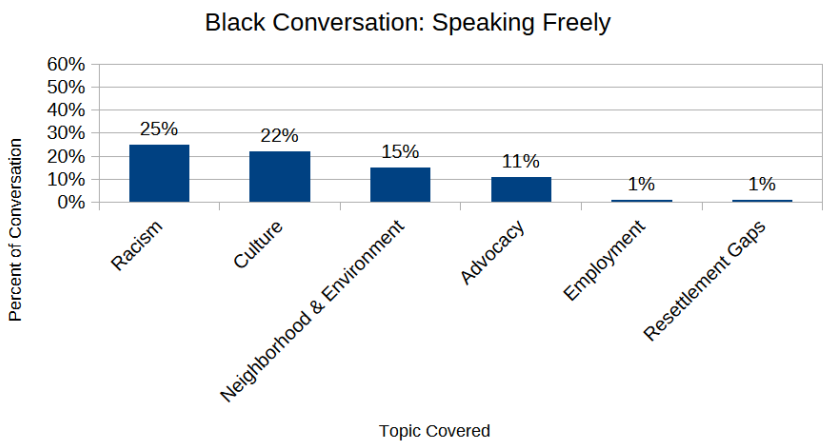
“Healthwise, they look at the color of our skin and they assume we are Native and say we can sit in wait because we have Medicaid or no health insurance; they made me sit one time for the whole hour and didn’t do anything until I raised hell, and I shouldn’t have to do that.”

Figure 3: Refugee Community Conversations About Five Key Sectors

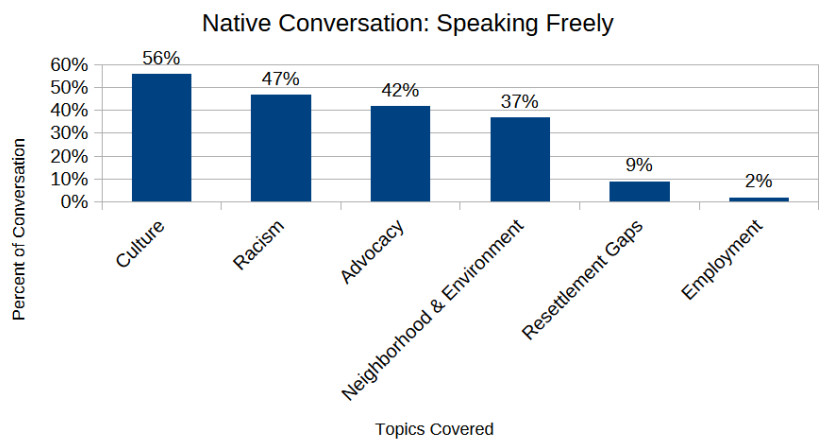


“If I take my kids to doctor – here’s the vaccines, here’s the paperwork, sign it. Imagine someone with limited English proficiency. Given written information purely in English in health care system – need to be given material in language they understand. No one talks adequately about the risk of treatments, so they end up with limited ability to assess what is right for them.”

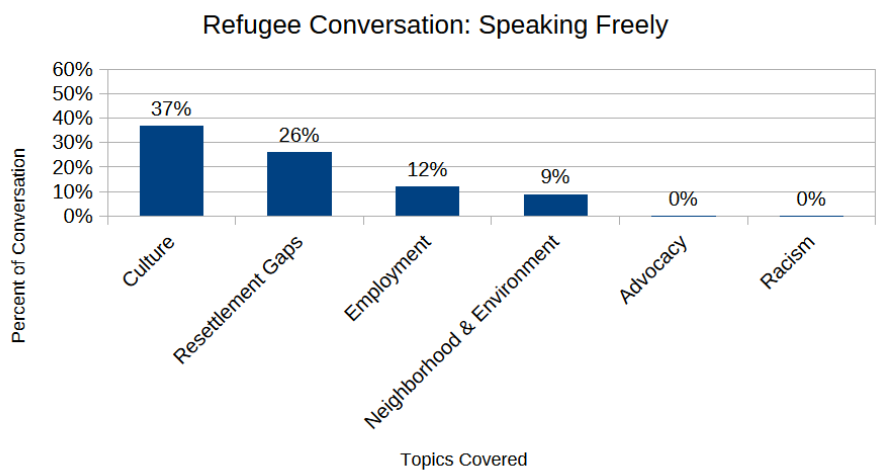
Figures 4–6: Notable Topics Covered by Community



“ They took 3/5th of a man out of the constitution but didn’t take it out of their mind. ”



“ Our way is overlooked; one thing that affected me is how doctors and nurses pre-judge you and start pressing on your liver and asking when was my last drink assuming I drink or I’m a drunk. In education, they overlook your background; I see it with my son and daughter and that it hasn’t changed since I experienced health care etc. is looked at differently because we’re indigenous. ”



“ Health and Public Health: Someone needs to have your best interests at heart. West African community talk to providers who do not know about tropical diseases that are common in West Africa. When they want to go back home, providers do not know enough about vaccinations needed. During COVID outbreaks – in West Africa, many believe vaccine could be cancer causing. Similar misconceptions about imaging and other medical recommendations – add to this a language barriers and this breeds distrusts. ”

Table 2: Recommendations by Key Sector

Key Sector	Recommendations by Black, Native, and Refugee Communities
Health	<ol style="list-style-type: none"> 1. The place referring you should know if they can help especially with the insurance, you have and if they don't, the place should provide a list of places that do cover the services. 2. When trying to build hospital and community trust – put some funding into community that builds trust (translating for instance) – have a subcontract with [LOCAL HEALTH DEPARTMENT] to break down barriers to supporting refugees effectively. Community avoid hospitals due to lack of trust. 3. Need to have more black people as doctors, more immigrants, and more CHWs as a mechanism to bridge social divide. 4. Need to take care to ask what is preferred language and not make assumptions, if we want patients to be able to fully express themselves. 5. Investing in healthcare and other areas to be more inclusive of Native culture and traditions (ex: Native elder who can serve as in a chaplain role for Native people). 6. Incorporating non-western medicine practices into the hospital and clinic settings by having medicine men, herbalists, or whatever valued healthcare team member that Native people trust to oversee their healthcare. 7. Finding ways to better navigate the health care system (and other systems) including but not limited to transferring of healthcare coverage from Indian Health Service to a hospital system not covered by or found on the reservation for Native people who are transitioning from rez living to urban living; 8. Invest in more representation of Native people in various health careers as well as in education 9. Education and health are very important to the Native people so seeing themselves represented in the system in more than just an anecdotal way (e.g., an atrium dedicated to a famous Native person) but to ensure the space is welcoming and inclusive of Native culture and traditions. 10. That's what I was thinking too...if there is away for medical doctors to, I know they have those fairs but that's not good enough, but they have to spend time talking to people if there was a bring somebody to work with you so you can engage to show your job but if there was something like that could happen the mistrust could go away so we can see what you're doing 11. If these institutions adopted culture identifiers it would help with comfort.
Education	<ol style="list-style-type: none"> 1. Educate the parents of kids – kids tell parents what they want them to hear and parents are left without confidence about the information. Need parents to understand the system. First generation in U.S. especially. 2. Language, education, cost barriers exist – but let them know their voices are important and valuable to setting policies.
Policy	<ol style="list-style-type: none"> 1. More on interpreters: bridge gaps through funding to support interpreter training inclusive of advocate role. 2. Refugees need to unite and advocate more effectively in Lincoln. No one goes to testify. No education to teach refugees about understanding the policy system or how policies are made. People will ask: Do I go to work to feed my kids, or do I go to Lincoln to testify? [LOCAL FAITH-BASED CENTER] provides a training program (10 weeks) to build advocacy capacity. More people need to know about it. There was some controversy in the room about whether advocacy by refugees is realistic or not.
Community	<ol style="list-style-type: none"> 1. Social/sports events to draw local communities as a means to bring people together. 2. Treating everyone equally and try to help the younger people. 3. Keep doing more things like this because you get a real pulse of the people so that would be my thought. Keep reaching out to people because I know others have work and scheduling but the greater the effort you make the more trust you can earn so that would be my thought. 4. Be part of your community. Go to these meetings, go to informational meetings, bet part of the committees don't just believe what they say. 5. Be clear and effectively communicate which populations are being served and the plan to serve those populations.

Please note: no recommendations were identified for the Housing. and Public Health sectors.