Transformational Community Engagement to Advance Health Equity

Prepared by Health Equity Solutions

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Driving Innovation Across States

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Within government, policy and programmatic changes are often made without engaging the people they will affect or the people currently experiencing the challenges of existing policies and programs. By comparison, software developers rely on end-user testing to refine their products and marketing and communications professionals leverage focus groups to identify effective messaging strategies. Inequities in COVID-19 mortality, morbidity, and vaccine distribution have underlined the historical legacies and contemporary realities of distrust of government and the failures of our health and social services systems to meet the needs of people of color. Community engagement is one of the ways states are attempting to establish and maintain trust and improve the accessibility and quality of services.[1] Such efforts can improve communication, lead to more effective and efficient programs, and result in ongoing collaboration with people who have experienced state-run systems and services.[2, 3]

Community Engagement and Equity

Community engagement is central to addressing the systemic inequities and structural discrimination entrenched in our health and social services systems. By fostering trust and mutual respect, exposing unforeseen or unintended barriers to health, and improving program efficacy by responding to the experiences of the people impacted by programs and policies, community engagement can promote equity. However, community engagement by nature is not a guaranteed tactic to advance equity. To actualize its full potential, community engagement must be designed with equity as its leading principle through engagement of diverse communities and accounting for power imbalances facing minoritized communities. Without intentionally and meaningfully engaging the communities directly impacted by state programs and policies, changes to programs and policies are likely to exacerbate or maintain existing inequities. Community engagement that moves beyond "checking a box" recognizes the importance of community voice and the valuable insights and knowledge people can offer. Each person is, at minimum, an expert on their own experience and efforts to engage people of diverse identities can help programs mitigate inequities by leveraging lived experience to design and adjust interventions, communication, and programming.

Defining Community Engagement

Community engagement has a variety of definitions and interpretations and a range of functions. Further, design and implementation vary widely both between and within states.[4] State agency approaches can range from a dedicated community engagement division with internal organizational capacity to conduct community engagement to contracting with community-based organizations to support engagement efforts or a hybrid model combining both. Community partners are often helpful in addressing issues of trust with communities that have a history of distrust and/or negative interaction with government entities and health systems.

ⓘ **Key Terms:**

Community engagement: [5, 6, 7, 8, 9] Collaborative processes between organizations/institutions and communities impacted by their policies, programs, or practices to influence decisions and actions through the mutually beneficial and bidirectional exchange of resources, expertise, and information.

Outreach: Activities and processes related to raising awareness, disseminating information, or training external partners to connect their constituents or members with a service, program, or information (e.g., Medicaid enrollment services). Outreach is more one-sided, with a goal of conveying clear messages across diverse populations. Effective outreach is a part of strategic communication. Both communication and outreach can be improved when paired with engagement to align with community needs, priorities, and preferences.

Figure 1: Meaningful Community Engagement
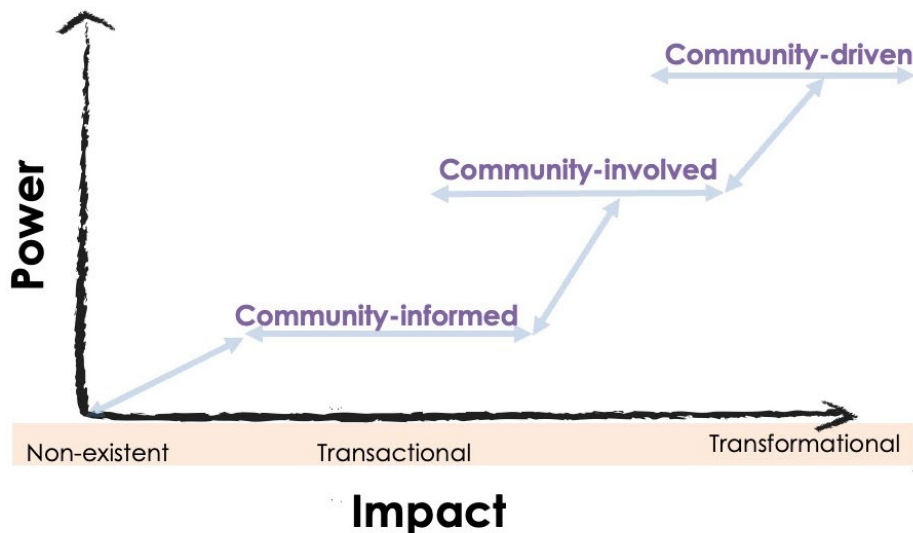
Understanding Community Engagement

To illustrate the range of community engagement options, consider community engagement approaches operating on two axes (as illustrated in Figure 1): impact and power. **Impact** describes the degree to which engagement results in change that centers the needs of those impacted by the program or policy. This can range from non-existent (in which there is no community engagement) to transactional (engagements centering the needs of the agency and often focused on a specific idea or product at a single point in time) to transformational (ongoing and bidirectional efforts that result in equity-focused change). **Power** indicates the scope of influence communities have in the engagement process, decision-making, and outcomes and is often shaped by how communities are engaged. Power ranges from nonexistent (in which communities are not engaged) to acknowledging community power through a one-sided relationship (such as seeking input on a project that is nearly complete and unlikely to change) to collaboration and co-creation in which communities have a strong role in identifying the policies and programs to be addressed, designing solutions, and evaluating implementation.

Transformational community engagement shares power with community and is built on trust, transparency, and mutual accountability. At its best, this means prioritizing shared power with communities by ensuring participants can engage in a safe and robust manner and have a measurable influence on engagement priorities that then lead to sustained change. All forms of community engagement have the potential to address inequities and promote efficacy, but initiatives that fall in the lower left corner of Figure 1—transactional with little power sharing—can exacerbate distrust and frustration among participants.

Understanding Impact in Community Engagement

Impact is a continuum, not a dichotomy. Actions along the continuum between transactional and transformational can occur when engagement is completed at a single point in time with a narrow scope, if that engagement meets one or more of the following criteria: 1) expectations regarding the duration and level of influence are clear to participants; 2) change, particularly high impact change, can or does result from the engagement; and 3) participants are informed about how their input was or was not incorporated and why. To avoid increasing mistrust, states should strive for transformational engagement and seek feedback about participants' experience of all engagement efforts.

Transactional Community Engagement: These efforts engage communities through commentary on near-final products or narrow questions and are often characterized by single interactions. This frequently results in superficial changes to a policy or program, changes that exacerbate inequities or fail to meet community needs, or no change at all. While transactional engagement requires fewer resources, it also runs the risk of reinforcing a perception by participants that the state is "checking the box," results in minimal learning for the state and fatigue among community partners and advocates, and devalues the feedback obtained. Examples: A single point in time survey, focus group, or interview.

Transformational Community Engagement: These efforts form sustainable relationships, operate with transparency, and result in changes to policies and/or practices. Features of this type of engagement include, but are not limited to, participants learning how their input was or was not incorporated and why. This is the best standard of engagement and requires time, organizational commitment, resources, and readiness. Examples: Robust consumer advisory boards, partnerships with grassroots and community-based organizations, or hiring agency staff with lived experience to build ongoing relationships.

Transactional Engagement:
• Checking a box
• Narrow engagement
• Seeking input on near-final product
• Results in superficial or technical change only
• Challenges: may lead to community fatigue, lack of trust
Transformational Engagement:
• Sustainable relationships
• Transparency and "feedback loop"
• Results in cultural or structural change
• Challenges: resource intensive, requires institutional commitment and readiness

Understanding Power in Community Engagement

Like impact, power is a continuum. Addressing power begins with intentional processes of recognizing community participation via financial and/or in-kind compensation.[10] Such recognition can include a range of options to both acknowledge participants' time and input and address logistical barriers to participation such as: providing food, transportation, child care, or lodging; offering gift cards; and providing certificates at the completion of a term of service, public recognition, and opportunities for participants to tell and celebrate their stories.

Practical Considerations for Sharing Power

Shifting power to the community can be done in a variety of ways. In addition to sharing decision-making power with the community, increasing access to the decision-making process is key. In addition to the decision-making power that states hold, access to the information and knowledge that informs those decisions is another element of power. Program enrollees or users do not necessarily know or understand the complexities of program design, legal requirements, state and federal regulations, or the jargon being used. Developing the capacity of members to have discussions about complex issues by sharing information specifically developed for the community and orienting participants to new or technical concepts enables each community member to fully participate. This can be as simple as sharing slides in advance of meetings and offering to answer questions or as involved as one-on-one support and may vary based on the level of intricacy of the issue under consideration.

Physical, cultural, linguistic, and logistic access define the inclusivity of engagement efforts and who has a place at the table to shift power. To fully engage, community members need spaces that suit their physical and linguistic abilities, at a time and place they can access, with accommodations for work schedules and dependent care, as well as for physical travel or virtual access. Financial and non-financial compensation for participation can improve access for some communities (see *State Examples of Medicaid Community Engagement Strategies: Two Case Studies* for detailed examples). Working with community-based organizations (CBOs) that know and serve the communities being engaged is an effective strategy for increasing access. For example, CBOs can aid in recruitment and facilitation if they are trusted, local entities. An important aspect of inclusivity is ensuring each engagement is structured so that all participants are comfortable participating. These structures will vary based on whether other stakeholders (such as payers, providers, and advocates) are included and the needs of the community members being engaged.

Minimal Power Sharing: *Community-informed engagement*[11] ignores differences in power. Addressing power dynamics is seen as beyond the engagement's scope of purpose. The focus is on imparting information about policies or programs that are already planned or in place or extracting information to inform policy changes prioritized by the institution without community input. Institutions are the sole sources of information and knowledge. Community outreach is another term that can be used for this type of engagement. The goal is to keep communities informed and/or encourage specific actions. Examples: presentations, brochures, educational materials, media, public relations events.

Some Power Sharing: *Community-involved engagement*[12] recognizes power dynamics without fully addressing them. The agency works with communities and trusted messengers to align the needs of the community with the engagement efforts and collect feedback. Community knowledge and expertise is recognized. There is a degree of exchange of ideas between some communities, particularly those who are deemed "easy to reach," and the agency. Community members are offered limited channels through which they can influence decision-making and priority-setting. These efforts often focus on a narrow aspect of a program or policy that has little flexibility to adopt significant input. Such efforts often seek input from community members, providers, and policymakers at once and may or may not include a mechanism for communicating how input was incorporated. Examples: Community focus groups, surveys, advisory councils or workgroups which include community members alongside healthcare providers and/or other stakeholders; town halls; public comment periods; public hearings.

Maximal Power Sharing: *Community-driven engagement*[13] intentionally acknowledges traditional power dynamics by enacting processes to neutralize or subvert power imbalances. Community voices are recognized, treated as experts, and lead the agenda. Community members collaborate with the agency to form ideas and prioritize issues. Agencies provide infrastructure, financial support, and a commitment from leadership to support inclusive engagement and partnerships with diverse communities. The engagement's design, priorities, implementation, ownership, and accountability are shared between the agency and community members through collaborative participation and ongoing relational partnership. Such efforts often address imbalances in knowledge by ensuring meetings are conducted in plain language and participants are offered support or background information in advance. Examples: Community-based participatory research and budgeting, democratic processes, robust consumer advisory boards, and building consensus.

Benchmarking Community Engagement Efforts: Planning and Evaluation

Reflecting on current community engagement initiatives and infrastructure is the first step in moving towards transformational community engagement. To do this, state agencies must identify where their organization's existing community engagement efforts fall in the context of health equity. Figure 1 offers a simple visual to locate where efforts fall along the axes of community engagement. Assessment of current practices allows states to determine their goals

for community engagement and the strategies and concrete tactics needed to achieve these goals. Once a benchmark is established, the next step is evaluating agency resources and setting goals to advance equitable community engagement.

The National Academy of Medicine (NAM) developed a conceptual model to assess community engagement in the context of health equity and systems transformation (see Figure 2).[14] The model defines core principles necessary to produce meaningful engagement and four outcome areas to evaluate if and how efforts are moving the needle on health equity. NAM plans to release additional resources to accompany the model, including assessment instrument summaries.[15]

Figure 2: A Dynamic Relationship: Achieving Health Equity and Systems Transformation through Meaningful Community Engagement
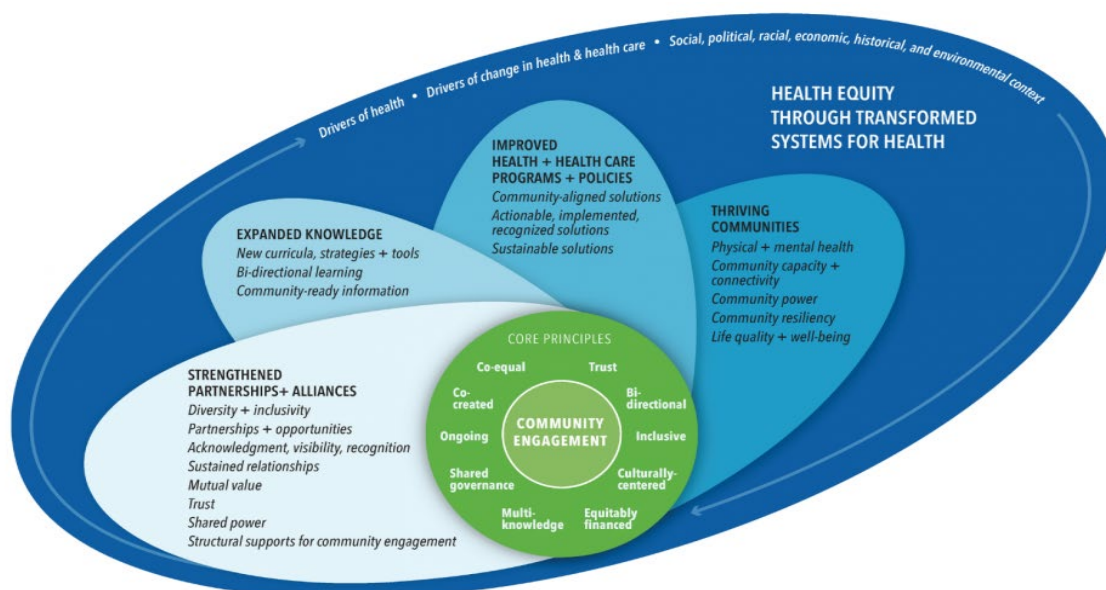
Strategies and Tactics for Community Engagement

The following list of strategies and tactics offers options for states to consider when working to advance towards transformational community engagement and achieve their community engagement goals. These recommendations are organized according to the four outcome domains of NAM's conceptual model (see Figure 2) to aid states in operationalizing this framework and evaluating community engagement efforts. The strategies are broad considerations or approaches for achieving each domain, while the tactics are concrete action steps for carrying out the strategies and achieving the goals of each domain.

For more specific, detailed examples of how states are currently operationalizing community engagement practices, see *State Examples of Medicaid Community Engagement Strategies: Two Case Studies*, which highlights Medicaid community engagement initiatives in Virginia and Colorado.

Strengthened Partnerships + Alliances

Health Equity Strategies	Health Equity Tactics
• Consider composition of external stakeholder councils: councils or subcommittees comprised exclusively of individuals with lived experience vs. spaces that include providers, advocates, and other stakeholders. • Invest in inclusive structures to enable participation of diverse members in engagement initiatives (e.g., holding engagement opportunities outside of standard business hours; in-person vs. hybrid formats; determining the accessibility of engagements based on location, physical ability, technology and WIFI availability, literacy, preferred language, etc.). • Build multiple channels for member recruitment beyond written applications and passive solicitation of applications. • Build leadership and professional development opportunities into community engagement activities. • Offer financial/non-financial[16] supports and benefits to participants and community-based organizations that reflect and meet their needs. • Embrace codesigned or community participatory vs. prescriptive approaches to establishing community engagement vision, strategic plan, and meeting agendas. Example: California's Department of Public Health.	• Conduct a strengths, weaknesses, opportunities, threats (SWOT) analysis to evaluate the agency's community/consumer relationships and elevate which communities are missing from existing engagements. • Conduct a "What's in it for Me" analysis[17] to identify the benefits and value of engagement for community members, advocates, and other external stakeholders the agency intends to engage. • Determine available levels of support (financial/non-financial) the agency can provide to trusted messengers and community-based organizations and continue to reevaluate periodically; for example: contracting with community-based organizations to support engagement; providing honoraria for efforts supporting recruitment or co-hosting events; assess the potential risk of losing eligibility for services when compensating community members. • Clearly communicate financial support and agency investment in community engagement infrastructure (e.g., member advisory councils) via a dedicated budget for engagement initiatives and transparent goals for engagement.

Expanded Knowledge

Health Equity Strategies	Health Equity Tactics
• Build multiple channels vs. "one-size-fits-all" strategies for engaging diverse participants and populations with specific needs (e.g. cultural, linguistic, technical, etc.). • Develop culturally centered and linguistically responsive approaches to the creation, dissemination, and delivery of information.[18] • Recognize communities as experts on their own needs and acknowledge learning is bi-directional; leverage learnings to shift practices. • Review tangible deliverables and outputs of engagement for transferability/generalizability to other programs (e.g. leveraging lessons on messaging expanded Medicaid eligibility to other government programs[19]).	• Adopt agency-wide standards for community engagement, community feedback loops, and community-ready information (Example: Louisiana Department of Health, Phase I[20]). • Establish an agency community engagement plan that is reviewed annually and community-informed at a minimum, ideally community-driven (Example: Louisiana Department of Health, Phase II[21]). • Include knowledge building as a function of all engagement initiatives and adequately prepare members for participation in councils or other engagement conversations.

Improved Health + Healthcare Programs + Policies

Health Equity Strategies	Health Equity Tactics
• Elevate community-defined problems and develop cooperatively defined metrics of success to evaluate engagement initiatives. • Identify sustainable resources for long-term change, such as dedicated staff, budgeting, and sustainable partnerships. • Advance alignment between health and social service programs. • Engage in ongoing evaluation/impact assessment to ensure engagement is meeting members' needs and resulting in sustained organizational change.	• Require all agency staff to participate in cultural humility training. • Hire staff with lived experience or contract with community-based organizations to organize and conduct engagement activities. • Publicly create, update, and disseminate a community feedback tracker (Example: Virginia Department of Medical Assistance Services[22]). • Create a standard, yet flexible, process to co-define problems and barriers, identify areas for change, and define associated metrics to track the intended and unintended impact of engagement efforts. • Embed health equity/racial and ethnic impact assessments in engagement planning, design, and implementation activities (Example: PEW Charitable Trusts[23]).

Thriving Communities

Health Equity Strategies	Health Equity Tactics
• Embrace getting perspective not taking perspective[24] by engaging in targeted conversations rather than simply trying to understand enrollees' points of view without their direct input. • Share power and resources with communities vs. simply acknowledging community power and expertise.[25] • Collect accessible, high-quality, complete demographic data. • Sustain improved conditions within communities beyond the time and reach of community engagement initiatives.	• Collect demographic data and report trends in utilization, process, and outcomes for specific populations of community members (consider race, ethnicity, geography, disability status, sexual orientation, gender identity, and health needs/diagnoses). • Regularly seek community input on engagement processes through formal (e.g. advisory boards) and informal channels. • Assess community engagement efforts by determining what success looks like from both organizational and community perspectives (See endnote for sample reflection questions[26]). • Ensure community engagement results in change and communicate measurable, timebound goals to participants (e.g. invest in processes resulting in robust feedback loops[27]). • Build and sustain trust over time with participants and the wider community through consistent, bi-directional communication and ongoing relationships with community-based and grassroots organizations.

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16. *When offering financial support it is crucial to ensure that the level of support does not increase participants' income to an extent that makes them ineligible for programs/services. A more detailed discussion is included in State Examples of Medicaid Community Engagement Strategies: Two Case Studies.*

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