Supporting Equitable Community Engagement

A Resource for State Health Departments

ChangeLab Solutions

Contents

Background & purpose

With support from the Centers for Disease Control and Prevention (CDC), ChangeLab Solutions worked to develop a suite of resources that may be helpful to state, tribal, local, and territorial health departments as they work to address the root causes of health inequity. This guide, *Supporting Equitable Community Engagement: A Resource for State Health Departments,* is part of that collection. It focuses on state-level actions that can support equitable community engagement in the process of developing laws and policies that address social determinants of health (SDOH) and advance health equity. This guide can also be used in conjunction with the ***Health Department Assessment & Roadmap***, which can help health departments and their partners assess their readiness to focus on community engagement and address SDOH by using the tools of law and policy.

Findings from environmental scans and two rounds of key informant interviews (KIIs) with 12 state and local health departments revealed that while many community engagement tools exist, few are tailored to the public health context and the range of programs, services, and policies that health departments are involved in. Resources often use the terms "community engagement" and "health education" interchangeably or frame the purpose of community engagement as informing existing programmatic work. Very few resources exist that emphasize the role of community engagement in clarifying community needs, developing community-driven solutions, working on upstream policy interventions that address SDOH, and emphasizing how and why equity is an

essential aspect of community engagement. Resources that do speak to SDOH and equity often focus on defining equitable community engagement and stressing its significance, but lack practical guidance about what systems and process changes may be needed to operationalize recommendations. Practitioners also shared that many resources discuss a wide range of community engagement issues, which can make it difficult to find the information most relevant to their work. This guide aims to address these gaps and needs.

This resource offers guidance drawn from research, interviews, and real examples to help state health departments (SHDs) advance equitable and inclusive community engagement to address SDOH and promote residents' health and well-being. SHDs have a strong influence in shaping how local health departments (LHDs) engage with communities, and opportunities to leverage that position and influence are discussed at length. SHDs are also uniquely situated to pursue activities that may not traditionally be considered community engagement but are essential to redirecting the focus of community engagement toward equity at state, regional, and local levels.

This resource is guided by three key questions:

- **Why is community engagement essential for public health and health equity?**
- **How do health departments currently engage communities?**
- **How can SHDs support equitable community engagement at regional and local levels?**

Key terms

community

A group of people located in a particular geographic area, or a group of people who might not be located in a single geographic area but share a common identity or characteristic.

community engagement

- A set of activities along a spectrum of community participation and decision-making power that government institutions use to engage communities in public discussions or to inform public policy or planning decisions. Common examples include holding public hearings or community workshops, conducting surveys or interviews, and posting notices or flyers in newspapers or other media or in common public spaces like libraries or post offices.
- The process of working collaboratively with and through communities to address issues affecting the well-being of their members.[1]
- A process of developing relationships that enable stakeholders to collaborate to address health-related issues and promote well-being to achieve positive health impact and outcomes.[2]

equitable community engagement

A process-driven form of community engagement that engages people and communities most affected by health inequities to define the roots of the problem, illuminate inequitable systems, and build transformative solutions. This involves shared leadership, deep listening, shifting power, and deferring to communities.[3]

health education

Activities designed to improve the health status of individuals or communities by improving their knowledge or influencing their attitudes and behaviors.[4]

health equity

"[T]he state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social [or economic] position or any other socially defined circumstance."[5]

priority neighborhoods or populations

Areas or groups of people that are important to support because (1) they have a higher risk of experiencing health inequities than the rest of the community; (2) they have a high probability of being structurally disadvantaged; (3) they are and have been underestimated, underserved, and deprived of investment; and (4) they have borne and continue to bear the brunt of negative and unintended consequences of policy decisions.[6]

social determinants of health (SDOH)

"[T]he nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age. These forces and systems include a wide set of forces and factors that shape daily life such as economic policies and systems, development agendas, social norms, social policies, and political systems."[7]

Why is community engagement essential for public health & health equity?

Community engagement is fundamental to building trust in public health

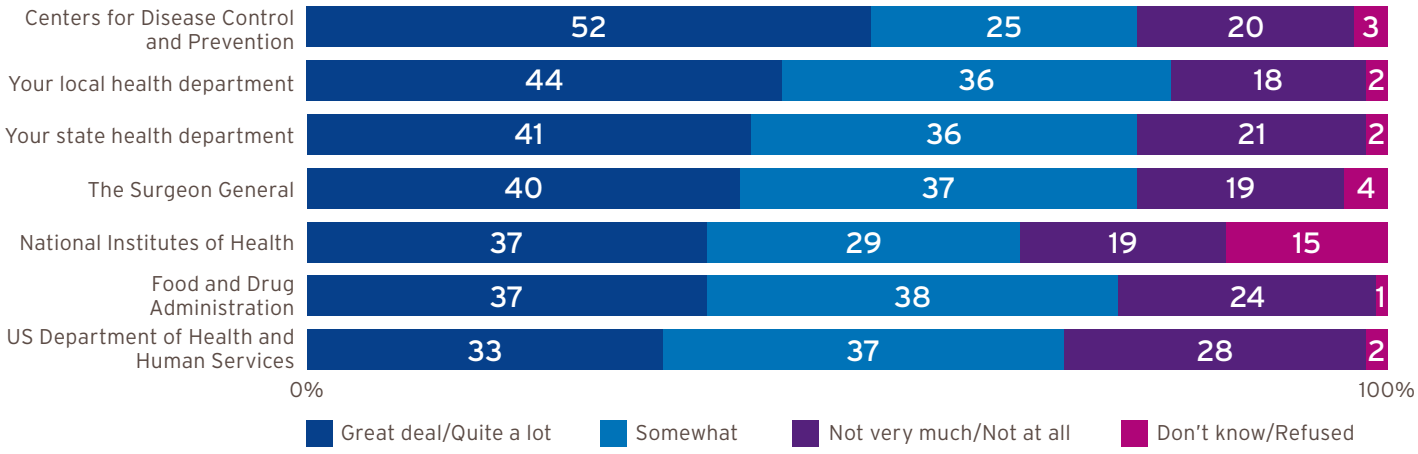
The success of public health efforts largely depends on the public's adherence to public health guidance, which is deeply connected to the perceived trustworthiness of the authorities providing that guidance.[8] Therefore, establishing – or in some cases, rebuilding – trust is paramount to the success of public health policies, programs, and initiatives.

Public health departments build trust by reliably showing up and putting a face to the institution, demonstrating commitment to engaging with diverse voices, listening to and collaborating with the community before acting, and showing that public health decisions are driven by community input.[9] By contrast, trust is eroded when public health departments make policy and program decisions without meaningfully engaging the communities most affected by them.

According to a recent survey conducted by the Robert Wood Johnson Foundation and Harvard T.H. Chan School of Public Health, there are low levels of institutional trust across all levels of public health (Figure 1). A substantial minority of people state that they do not trust the recommendations made by health agencies very much or at all (21% for SHDs and 18% for LHDs).[10]

Figure 1. Trust in key public health groups

Respondents were asked *"In terms of recommendations made to improve health, how much do you trust the recommendations of each of the following groups?"*



Source: Robert Wood Johnson Foundation, Harvard T.H. Chan School of Public Health. *The Public's Perspective on the United States Health System*. Poll conducted Feb 11–March 15, 2021. 1,305 US adults surveyed.

Trust can be informed by both history and lived experience.[11] If trust has broken down, thoughtful and equitable community engagement can help identify the causes and determine what health departments can do to rebuild it. Given the historical and ongoing systemic inequities that communities experience, health departments have an important responsibility to earn the public's trust through its actions. This will likely include being credible, reliable, and open to and oriented toward the public's perspectives and the needs they identify.

Residents of engaged & empowered communities are healthier

When public health authorities meaningfully and equitably engage with the communities in their jurisdictions, those communities experience better health outcomes. This is because community engagement can improve health behaviors, public health planning, health service access, health literacy, and a range of other outcomes.[12]

Research shows that both engaged and empowered communities are healthier.

Engaged communities are characterized by sustained open dialogue between residents and public health authorities, with trust, mutual respect, and understanding at the center of the relationship. *Empowered communities* are communities whose residents have the capacity for shared decision-making and the power of self-determination.[13] Research shows that both engaged and empowered communities are healthier.[14] There are several possible explanations for this:

- LHDs are better able to identify SDOH risks and design effective policy interventions to mitigate those risks.
- LHDs can respond quickly to community health risks with culturally appropriate solutions that are likely to be supported by the community.
- LHDs have a deeper and more holistic understanding of SDOH in the community.
- LHDs have a deeper understanding of how their actions and those of other government agencies can address the root causes of poor health and improve the community's health outcomes.
- There are more opportunities to build trust with the community, resulting in greater adherence to public health guidance and healthier behaviors.

Community engagement is a core part of upstream policy development & the 10 Essential Public Health Services

Upstream interventions addressing SDOH can effectively improve public health outcomes.[15] Downstream interventions, clinical care, and medical treatment can reduce the incidence of complications, improve quality of life, prolong life, save medical costs, and reduce mortality.[16] Both approaches involve the 10 Essential Public Health Services (EPHS), a framework for public health committed to promoting health equity.[17] The 10 EPHS are categorized into three main buckets — assessment, policy development, and assurance — with equity at the center of each. Whether acting upstream or downstream, the 10 EPHS cannot achieve health equity without robust and equitable community engagement.

Examples of community engagement activities embedded in the 10 EPHS are provided below.

Assessment

For interventions to effectively address health equity, it is important to first assess community needs and accurately identify the social, economic, and environmental root causes of poor local health outcomes.[18] This requires supplementing quantitative data with an understanding of people's lived experience. Community engagement offers several useful techniques for building this understanding:

- Learning from and supporting existing community partnerships
- Including multi-sector partners (both institutional and grassroots) that can increase the diversity of data, expertise, and experiences considered
- Engaging community members as experts and key partners to understand health status, needs, key influences, and narrative
- Bringing a public health perspective to conversations about local issues that affect SDOH

Trust and communication are essential to the success of any public health activity.

Policy development

Developing policies that address SDOH requires an interdisciplinary and multi-sector approach driven by strong partnerships. The following community engagement activities ensure that disproportionately affected populations are centered and facilitate data sharing and collaboration across partnerships:

- Fostering and building genuine strength-based relationships with diverse populations that reflect the community
- Valuing and using qualitative, quantitative, and lived experience to inform decision-making

Assurance

Meaningful community participation is an important part of public health decision-making processes. Additionally, public health workers' understanding of and commitment to health equity principles can influence the success of public health interventions. The following steps are critical to meeting these objectives:

- Establishing engagement and decision-making protocols to work with community members at all stages of research
- Building a culturally competent public health workforce that values cultural humility

All phases

As noted above, trust and communication are essential to the success of any public health activity. Whether assessing needs, developing health-promoting policies, or building the infrastructure to act and evaluate outcomes, community engagement supports success in several ways:

- Building trust with populations via active, two-way communication
- Developing and deploying culturally appropriate communications and educational resources
- Establishing channels for accountability, transparency, and inclusiveness with all partners

How do health departments currently engage communities?

Health departments engage communities to inform their decisions about public policy, planning, program, and service delivery. Done successfully, this process likely includes (1) directly engaging residents and community partners; (2) partnering with organizations that engage residents and community partners in collaboration with the health department; and (3) gaining insights about the community from organizations, government departments and agencies, or community representatives that have done their own resident and partner engagement. Regardless of the approach, the goal of community engagement is to "build trust, enlist new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations."[19]

However, some health departments primarily describe their community engagement activities through the lens of health education. Traditional health education aims to promote community health through lectures, webinars, workshops, or classes on various health topics, often with a focus on changing unhealthy behaviors. While health education is an important part of community engagement, it tends to be less interactive and less community-driven than other types of engagement. Put simply, health education involves bringing information to a community, while community engagement involves working *with* a community and listening to its members to gather feedback, guidance, and direction.

Beyond health education, some common ways that health departments currently engage communities include:

- **Community information and outreach channels.** Health departments create these channels to inform, empower, and build capacity among communities. For example, a health department might publish targeted resources, like guides and webinars, related to priority issues identified by community partners. While this type of community engagement is informative, it is less interactive; information primarily flows from the health department to the community. Traditional health education efforts, described above, represent one community information and outreach channel.
- **Health assessment and health improvement plan activities.** Understanding a community's assets, strengths, and challenges is key to an effective health assessment and planning process. Health departments may engage communities as part of this process to gather insight, using activities such as vision workshops, task forces, focus groups, advisory committees, and surveys.[20]
- **Project-, process-, or program-specific groups.** Health departments often include community members or stakeholders in project-, process-, or program-specific groups, including advisory councils and steering committees. This type of engagement aims to bring community voice into departmental decision-making. While some of these efforts are long-term, providing counsel throughout the life of a project or process, others are one-off engagements.

- **Community liaisons, advisory groups, and co-leadership.** Some health departments have created standing groups — such as leadership councils, working groups, and task forces — that include community members and partners. These groups convene regularly to advise the department on various planning and implementation activities. Other health departments have created programs or staff positions, like community liaisons, that build relationships and establish lines of communication with priority populations or neighborhoods. This type of engagement brings community voice even more directly into decision-making and empowers communities to meaningfully shape the long-range vision and planning of health departments. It also involves a bidirectional exchange of information and ideas between health departments and communities.
- **Partnerships with government partners and community-based organizations (CBOs).** Heath departments can support other government partners in their community engagement efforts by sharing knowledge, resources, finances, and people in the pursuit of a common goal.[21] They can also support CBOs' efforts to gather information (e.g., disseminating and promoting surveys) and hold events (e.g., open houses, focus groups).

Avoiding inequities in community engagement activities can improve the effectiveness of health interventions.

Regardless of the methods they choose, health departments may act in ways that unintentionally embed inequities into their community engagement processes. These actions include leading processes that are guided by predetermined questions or predetermined outcomes, making decisions that limit the diversity of advisory or decision-making roles, or failing to consider barriers to participation. These actions can result in processes that are rooted in the experiences, biases, priorities, and assumptions of public health staff and disconnected from the realities and lived experience of the communities being engaged. Addressing and avoiding these inequities in community engagement activities can improve the effectiveness of health interventions and advance health equity. The remainder of this resource outlines actions that SHDs can take to achieve this.

How can SHDs support equitable community engagement at regional & local levels?

SHDs directly and indirectly influence LHDs' community engagement activities, as they often have some control or influence over LHDs' roles, responsibilities, and scope of work.[22] SHDs can assume the following roles to support LHDs' equitable community engagement efforts:

LEADER

Leads by example. Builds state-wide relationships and trust in support of LHDs, regional and local governments, and community partners

INVESTOR

Funds local projects that include program- and policy-related community engagement

EXPERT

Supports local community engagement efforts through technical assistance and facilitation

CONNECTOR

Connects LHDs with partners and proxies that support and strengthen community engagement activities

The following sections offer more information and guidance to help SHDs maximize their impact in each role:

- **current activities,** or ways that SHDs may already play each role
- **barriers,** or ways that each role could limit equitable community engagement
- **pportunities** to advance equitable community engagement through each role
- **implementation actions** that SHDs can take to capitalize on those opportunities

LEADER

Though most community engagement happens at the local level, SHDs can still incorporate equitable and innovative community engagement practices into their work and model best practices for LHDs and community partners. Incorporating community voices into state-level policy and decision-making can also help SHDs promote equity and better meet the needs of community members statewide.

Current activities

Engage communities in a variety of ways

As discussed in the "How do health departments currently engage communities?" section, SHDs incorporate various types of community engagement into their work today. These activities include health education; community information and outreach; health assessment and health improvement planning; convening project-, process-, or program-specific groups; and convening groups, such as leadership councils, that are integrated into core department functions.

Barriers

Focusing community engagement on downstream health interventions

Despite the growing interest in addressing SDOH, health departments are more likely to be involved in traditional public health policy areas that target individual-level factors than policy areas related to SDOH.[23] As a result, existing community engagement may focus on supporting downstream activities, such as encouraging residents to modify their behaviors, rather than activities that promote structural and policy change.

Transactional forms of community engagement

Community engagement efforts, especially those that are underfunded, may be transactional. For example, an initiative may focus on collecting one-off feedback without involving community members in the decision-making process or building long-term relationships.

Overemphasizing the role of partners over direct conversations with citizens

While partnerships with CBOs have efficiency benefits, solely deferring to proxies and content experts does not replace the need for direct conversations with residents. Partners may only represent a subset of the community. Relying exclusively on partners can limit the participation of people who have diverging perspectives and experiences and can create a marginalizing effect on other community members.[24] Direct conversations with as many diverse populations as possible ensure that health department staff understand the views of all members of the community. Direct conversations also strengthen evidence or rationales for actions by providing diverse and detailed examples of lived experience with an issue. Further, neglecting direct engagement with community members can limit opportunities to develop their leadership skills and their capacity to take ownership of health initiatives.

Opportunities

Commit to approaching all health department work with an equity mindset

SHDs can operationalize health equity by regularly questioning the priorities, strategies, and everyday activities of their department and asking whether they could be modified to better align with the goal of health equity.

Prioritize community engagement initiatives

Long-lasting, equitable community engagement requires a significant infusion of time and resources. As leaders, SHDs can demonstrate their commitment by establishing and documenting plans and requirements to prioritize equitable community engagement.

Prioritize partners that adequately represent priority populations

SHDs can prioritize partners that represent priority populations to fill gaps in, expand, or improve community engagement efforts. Adequately representing priority populations involves avoiding tokenism and deliberately empowering these residents throughout the decision-making process, from conceptualization to evaluation. Existing resources describe potential benefits of partnering with community leaders and representatives of priority populations:

- Providing historical, cultural, technical, and geographical expertise[25]
- Assisting community members to participate in and attend engagement events[26]
- Providing additional support through co-hosting and facilitating[27]
- Identifying community priorities[28]
- Identifying community barriers to participating in community engagement events[29]
- Ensuring communications are culturally appropriate and in the necessary languages to be understandable for the intended audience[30]

Equitable community engagement requires a significant infusion of time and resources.

Consulting partners to understand the diversity of viewpoints in a community can help counteract implicit bias and connect with viewpoints that might otherwise be left out. Partners can also help identify where a greater effort may be needed to recruit residents and maintain participation. Furthermore, SHDs can seek out new partners to help extend or deepen their community connections.

Ensure that community engagement efforts include direct community conversations

In addition to supporting LHDs' community engagement activities and leveraging partnerships with CBOs, SHDs can make sure direct conversations with state residents are part of their own engagement activities.

Implementation actions

Assess readiness to adopt more collaborative & empowering community engagement practices

SHDs can first use tools, such as ChangeLab Solutions and CDC's ***Health Department Assessment & Roadmap***, to assess their internal capacity to (1) collaborate with and empower the community; (2) build relationships and trust with the community; and (3) put priority populations at the center of how they think about, plan for, and implement community engagement.

Develop plans to shift the department's approach to community engagement

After completing an assessment of current practices, SHDs can develop concrete plans to implement any changes deemed necessary. Building community engagement into the process of revising community engagement plans and procedures is a great place to start. These plans can also include procedures for sustaining this work, such as aligning staffing levels, job descriptions, and responsibilities with the department's community engagement objectives.

Ensure that staff are well trained & up to date on best practices & recent innovations

To lead by example, SHDs can train their staff on current best practices for conducting community engagement and remain up to date on emerging innovations. This includes strengthening staff's understanding of stakeholders' community and cultural contexts — including values, communication styles, histories, and experiences — to ensure that engagements and interventions are culturally relevant.

Incorporate equitable community engagement into SHD policymaking & decision-making

SHDs can set an example for LHDs by incorporating equitable community engagement into their own policymaking and decision-making procedures. SHDs may consider establishing advisory committees with representatives from priority neighborhoods or populations to offer input on the potential impact of proposed policies and other SHD decisions. Establishing mechanisms to review the diversity of participants over time can help ensure that new voices and perspectives are not excluded.[31]

> **EXAMPLE:** The Colorado Health Equity Commission was established in 2017 by Colorado Revised Statutes 25-4-2206.[32] The commission is comprised of 22 members, including 10 who represent diverse backgrounds in terms of ethnicity, race, sexual orientation, gender identity, gender expression, disability, age, socioeconomic status, and geography. The commission is empowered to advise the Colorado Department of Public Health and Environment (CDPHE) on health equity, with a focus on alignment, education, and capacity building for SHD and LHD programs and CBOs. Specific powers include strengthening collaborative partnerships with communities impacted by health disparities, making recommendations for CDPHE's Health Disparities and Community Grant Program,[33] advising the department on innovative data collection and dissemination strategies, and collaborating with CDPHE and the Colorado Governor's Office to develop a statewide equity report and strategic plan.[34]

Build trust

Relationship building and long-term sustained partnerships are essential components of authentic community engagement. Building relationships through community engagement involves orienting oneself to the needs, priorities, cultural norms, and assets of the communities one wishes to engage. Taking this orientation can demonstrate care for and understanding of the complex social, cultural, and environmental context that shapes communities' experiences of health problems. Building trust also involves demonstrating credibility and reliability as well as openness to engaging in difficult conversations.

IN PRACTICE

BUILDING TRUST INVOLVES DEMONSTRATING ...

Credibility

Take the time to understand and take responsibility for the lingering effects of historical and ongoing injustices wherever possible.[35] This includes acknowledging how past engagement efforts have been inadequate and expressing an understanding of why someone may not trust the health department or government in general.[36]

Reliability

- Meaningfully integrate the expressed needs of the community in planning and decision-making, and then communicate those wins back to the community.
- Work toward long-term sustained relationships with stakeholders and partners as opposed to one-time transactional interactions.[37] This involves meeting with stakeholders and partners regularly to check in about updates, what needs are not being met, and ways to direct resources, even when there is no specific "project" or decision on the table.
- Set expectations for community members by providing clear direction about the agreed-upon purpose of every engagement.

Openness

Value community expertise and prioritize cultural understanding.[38] This requires acknowledging how culture shapes community beliefs and understanding of health and illness.[39]

Community orientation

- Lead with listening.
- Give the community decision-making authority where possible.
- Show that community members are valued and that their participation makes a difference.[40] Coalition building requires that each party believe that they are meaningfully contributing to a shared goal.[41]
- Engage community members directly where possible instead of relying exclusively on partners, proxies, and secondhand knowledge.
- Recognize and support residents as competent and skilled leaders. Invest in community capacity building that increases the understanding and awareness of health inequities. Provide training on appropriate interventions as well as management practices that support sustainable program and service delivery.[42]

EXAMPLE: The North Dakota Department of Health and Human Services (NDHHS) has established a tribal health liaison program within its community engagement unit.[43] To better understand and address tribal health needs, NDHHS tribal health liaisons focus on connecting with and developing long-term, bidirectional relationships with members of tribes and tribal organizations in North Dakota. The liaisons check in with their tribal contacts every month, encourage tribal members to proactively reach out to them, and help connect tribes and tribal members to services within NDHHS. Establishing a point of contact and consistent line of communication has helped NDHHS build trust with tribes and tribal members and establish partnerships to eliminate health disparities on tribal lands.

CASE STUDY

RHODE ISLAND DEPARTMENT OF HEALTH'S HEALTH EQUITY ZONES INITIATIVE[44]

In 2015, the Rhode Island Department of Health (RIDOH) launched the Health Equity Zones (HEZ) initiative to address the historic underinvestment in upstream solutions to improve SDOH and remove barriers to robust community engagement in addressing health inequities.[45] Through support from multiple funding sources, this initiative empowers community members to lead and select place-based initiatives based on their own needs and priorities.

RIDOH defines a HEZ as a contiguous geographic area that is small enough to significantly impact local health outcomes, health disparities, and socioeconomic and environmental conditions and large enough to impact a significant number of people. To establish a HEZ, applicants respond to a RIDOH request for proposals and then work with RIDOH to define the exact boundaries of the HEZ, identify a local "backbone organization" that acts as the convening body for the HEZ, build a community collaborative, and conduct a community-led needs assessment. The HEZ then develops and implements an action plan.

To date, RIDOH has launched 15 HEZs.[46] RIDOH provides funding to the HEZs on a five-year cycle. RIDOH also has dedicated staff that train and support each HEZ. The long-term goal is for every HEZ to become a self-sustaining and self-funding entity that can respond to local needs as they evolve.

Recently, RIDOH also launched a pilot participatory budgeting effort in partnership with two of the HEZs and the Rhode Island Executive Office of Health and Human Services. Through a structured decision-making process, community members in the two zones will work together to identify community needs and decide how to invest nearly $1.5 million in federal and private funds.[47] As one HEZ leader explained, introducing participatory budgeting will help to further the goal of the HEZ initiative to "cultivate agency, transfer power, and promote residents as agents of change."[48]

INVESTOR

With oversight over significant amounts of LHD and CBO funding, SHDs are well situated to support equitable community engagement as investors. SHDs can distribute funding in ways that enable and encourage LHDs and CBOs to adopt equitable community engagement practices and ensure that funds are used effectively and equitably.

Current activities

Fund LHDs & CBOs

SHDs leverage their role as the administrator of state, federal, and private funds to help local partners prioritize, implement, and sustain equitable community engagement initiatives. Currently, funds from SHDs account for approximately 37 percent of LHDs' budgets. An estimated 21 percent of this funding is directly from state governments and 16 percent is from the federal government but passed through SHDs to their local counterparts.[49] Some SHDs also distribute funding directly to CBOs.[50]

Barriers

Insufficient or inflexible funding

In interviews, SHDs reported that they often establish strict funding requirements tied to predetermined top-down goals and priorities that do not necessarily align with the values and priorities of the community. A Bipartisan Policy Center (BPC) report on modernizing the US public health system suggests that this type of misalignment between communities and available funding may be a barrier to community engagement and activities that address SDOH.[51] Public health funding is also traditionally siloed and tied to specific diseases. A Trust for America's Health report on the impact of underfunding the public health system suggests that this lack of consistent and sufficient funding is a barrier to investing in cross-cutting capabilities like community engagement and SDOH.[52]

The funding offered for community engagement may also be insufficient to cover all necessary expenses. BPC's report on modernizing the US public health system suggests a lack of investment in long-term relationship building with residents and CBOs can result in community engagement practices that are performative, halfhearted, and time-limited. These types of community engagement practices may do more harm than good.[53] This can contribute to community mistrust and make it harder for health departments to work with community members for years to come. Organizations may also choose not to compete for inflexible funding if it cannot be used to meet the needs or preferences of the communities they serve.[54]

Short funding cycles

SHDs may offer funding for a short period of time with no guarantee that the funding will be renewed. This is often described as the reactive boom and bust cycle of funding. Something happens, large sums of money are allocated for a short period of time, but then the activities needed for equitable engagement — such as developing long-term, sustained relationships or capacity building — go back to being underfunded or unfunded. Short funding cycles make it challenging to fund

projects that would support long-term community engagement, as organizations may be uncertain whether they will be able to maintain the project after the current grant cycle ends. Engaging communities intermittently through projects on short funding cycles limits health departments' ability to build community trust. Funding opportunities that offer short-term investment, without guaranteed renewal, can pose challenges to small LHDs and their partners, such as an inability to maintain the staff required to deliver services.[55]

Complicated requirements

In an effort to be good stewards of public resources, SHDs may rely on complicated, time-consuming applications and reporting requirements that lead to an inequitable distribution of funds. Due to capacity constraints, poorly resourced LHDs and CBOs may not be able to compete for this funding.[56] Interviewees from SHDs expressed that this type of administrative inequity leads to the inadvertent exclusion of poorly resourced LHDs and grassroots CBOs in a way that can exacerbate structural inequities and erode trust for many priority populations where trust in public health is already low.

Promoting funding opportunities is as important as making the funding available.

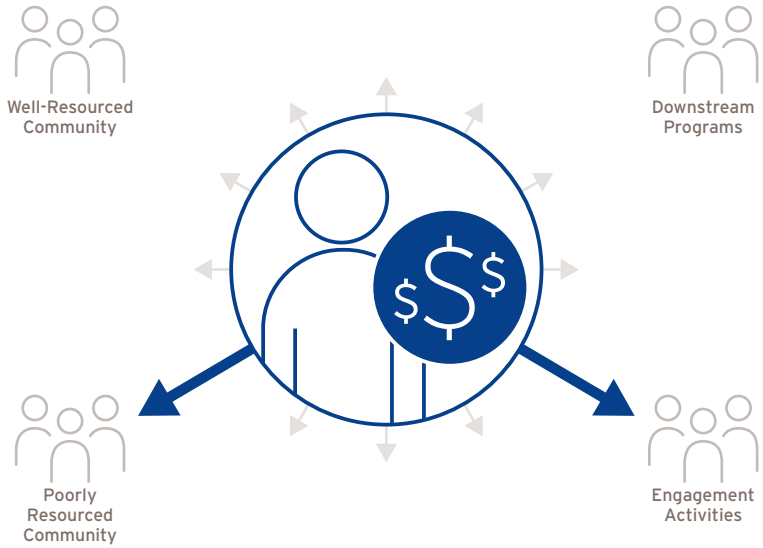
Limited advertisement

Promoting funding opportunities is as important to the equitable distribution of public health funding as making the funding available. Many poorly resourced LHDs and grassroots CBOs do not have dedicated staff for grant writing and sustained fundraising. As a result, funding opportunities that are not well advertised through diverse channels may be missed by the organizations with the greatest need for support.

Opportunities

Prioritize funding projects that include strong community engagement plans

SHDs can prioritize funding projects that emphasize robust and equitable community engagement. Ideally, they should prioritize projects that demonstrate the strongest commitment to this goal, such as those with well-developed plans to engage priority populations or those that will involve high levels of community participation and empowerment.



Value equitable community engagement over more measurable outputs

Traditionally, success in policy development and implementation has been defined by achieving measurable or time-bound outcomes. These types of targeted outcomes can affect the way health departments and their partners approach community engagement and their relationships with community members. Rather than listening to the community to fully understand and address their needs, engagement may be structured to respond to a particular directive. Measuring success based on top-down directives can indicate progress is being made while hiding persistent inequities. SHDs can recognize that improving the quality of their relationship with the community is also an important outcome.

Authentically engaging with diverse communities may pose challenges to measuring outcomes. Increasing the number of people served by an initiative may require considering a broader range of interventions to meet a diversity of needs, making it harder to achieve consensus. Additional work may be needed to frame and communicate strategies to speak to the values of different cultures. Qualitative improvements in relationships may also be difficult to quantify. But successes that cannot be easily quantified may have other benefits, such as building community trust in ways that can ultimately contribute to improved overall health outcomes.[57]

Prioritize place-based community engagement efforts

Decades of policy-driven structural discrimination have contributed to significant disparities in health outcomes across neighborhoods.[58] Funding equitable community engagement in the geographic locations most impacted by these inequities can create opportunities to reduce disparities and rebuild trust. Focusing on small geographic areas can create opportunities to braid funding and align community engagement efforts across initiatives. Some health departments have used place-based initiatives to help encourage residents to participate, build community leadership and capacity, and sustain community engagement across projects and funding cycles.[59]

Make funding more accessible to poorly resourced LHDs & CBOs

SHDs can review their funding procedures and decision-making processes to reduce or remove administrative requirements that unnecessarily burden poorly resourced LHDs and CBOs. They can also develop funding opportunities and reporting practices to ensure that funds support community engagement activities in poorly resourced and priority communities.

Implementation actions

Offer funding for assessments & project scoping

An important first step for many LHDs and CBOs interested in equitable community engagement is to work with members of the target community to assess their needs, assets, and priorities. SHDs can offer LHDs and CBOs the option of applying for funding to complete this type of community-informed assessment independent of a specific project. Funding assessments of community needs and assets, which is one of the 10 Essential Public Health Services,[60] will help LHDs and CBOs build trust with residents by working with them to develop goals. The information collected through these assessments can then be used by LHDs to inform project-specific funding applications as well as other LHD activities.

Encourage the use of funding for community engagement activities & expenses

SHDs can allow — and even encourage — that funds be used for the wide array of activities and expenses that support long-lasting, equitable community engagement. These may include regularly visiting community spaces and joining community events to build trust and support community members' leadership development, in addition to planning and leading specific engagement events.

Community engagement expenses include fairly compensating community members and CBOs for their time, as well as services and amenities that may help enable a diverse set of community members to participate in the project (e.g., interpretation and translation services, disability accommodations, food, childcare, and transportation stipends).[61] SHDs can also encourage funded entities to identify and incorporate culturally relevant participation incentives into their community engagement.

Community-based organizations that play a key role in engagement activities should be compensated.

> **EXAMPLE:** In some Indigenous communities, food is central to any community gathering. Providing food can "set the table" for partnership and ensure that people attend.[62] Prohibiting the use of funds to buy food can limit LHDs' and CBOs' ability to hold successful engagement events.

CBOs that play a key role in engagement activities should also be compensated. SHDs can enable this by requiring that LHDs redistribute a portion of their community engagement funds to CBO partners that will support the engagement. Prioritizing the direct funding of CBOs can build their capacity to engage community members and collaborate with LHDs.[63]

Statements, policies, and plans to reduce health inequities may be perceived as insincere and are unlikely to result in meaningful change if they are not supported by adequate resources.[64] Requiring both community engagement activities and expenses to be accounted for in separate line items in grantees' budgets can help ensure that these elements of a project are sufficiently resourced. Permitting this use of funds may require SHDs to review their funding policies, consider how they may eliminate or ease restrictions, and generally work to make their funding as flexible as possible.

Because some funding sources may come with restrictions that cannot be modified, SHDs can evaluate where they might be able to braid and blend funding from various sources and how they can make it easier for LHDs and CBOs to do the same.[65]

> **RESOURCE TIP:** ChangeLab Solutions, in partnership with CDC and the Georgia Health Policy Center, has been piloting a two-part training series with accompanying resources to help health departments and their partners better understand how to secure more sustainable funding for work focused on addressing SDOH and eliminating health inequities. For more information, please contact **info@changelabsolutions.org**.

Improve how community engagement is valued & measured

Assigning greater value to community engagement activities can elevate projects that address community-defined problems and drive funding toward projects with higher levels of community involvement or decision-making, such as participatory budgeting.[66,67]

In addition, SHDs can adopt performance measures that better capture the impact of equitable community engagement.[68,69] For example, using metrics related to the effectiveness of engagement as reported by those engaged may be more valuable than simply reporting the number or type of engagements. To ensure that these new metrics do not overburden LHDs and CBOs, SHDs can work closely with grantees to select appropriate measures, considering their capacities and community priorities, and offer ongoing technical assistance to support tracking.[70] SHDs may also consider partnerships with research institutions to estimate the long-term impact of funded projects.[71] Ultimately, improving community engagement metrics can help to properly value the return on this investment and secure appropriate levels of funding in the future.

Support project timelines that allow for authentic & inclusive engagement with priority populations

To allow sufficient time for authentic and inclusive engagement, SHDs can offer longer, multi-year grant cycles. Interviews with health department professionals indicate that gaining the trust and input of a diverse group of community members is a long-term venture and staff-intensive.[72] Funding over longer time horizons can help LHDs build and maintain a stable community engagement workforce and avoid losing staff expertise when funding expires.[73]

Offer a sliding scale of funds based on size & capacity

Small LHDs and CBOs may want support but struggle to spend and report on large funding amounts. They also may not meet eligibility requirements for a large grant.[74] Conversely, large LHDs and CBOs in big cities may struggle with a small grant because funds diminish before they can make significant progress toward the project goals. SHDs can instead offer potential grantees the option to select from a menu of grant sizes so they can select the best fit for their size and capacity.

Simplify requirements & implement equitable grantmaking practices

SHDs can encourage poorly resourced LHDs and CBOs to apply for funding by simplifying application, deliverable, and reporting requirements. As a first step, SHDs can use tools such as an equitable grantmaking continuum to assess the equity of their current funding practices and explore changes they can make to support a more diverse set of grantees.[75] They can also solicit feedback on funding decisions from poorly resourced LHDs and CBOs that represent or work with priority populations. Some SHDs have even decided to share the decision-making authority over some funding by piloting participatory budgeting processes.[76]

Explore new, collaborative ways to advertise opportunities

SHDs can explore new ways of advertising their funding opportunities and offer support to potential applicants. For example, they could develop requests for proposals in partnership with poorly resourced LHDs and CBOs representing BIPOC communities, hold trainings about available funding, or offer technical assistance to applicants.

Educate government & philanthropic partners about the importance of equitable community engagement & advocate for additional, flexible funding

SHDs' ability to improve funding practices may be constrained by restrictions set by the government bodies or philanthropic organizations providing funds. SHDs can communicate with other government agencies, policymakers, and foundation staff to champion changes that would remove barriers to using funding for equitable community engagement. Some requirements, such as those contained in an authorizing statute, may require the government body to pass new legislation. Others, such as program rules created by an agency, may be easier to modify or satisfy through alternative methods.

EXAMPLE: The Minnesota Department of Health developed a resource to help their staff educate local policymakers about the responsibilities and needs of health departments.[77] Other organizations that maintain relevant educational resources include the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the American Public Health Association.

CASE STUDY

NEW YORK STATE DEPARTMENT OF HEALTH'S SMALL WELLNESS AWARD PROGRAM TO IMPROVE COVID-19 HEALTH DISPARITIES

In 2022, the New York State Department of Health (NYSDOH) developed a grant program to support and build the capacity of small, community-based wellness organizations that are trusted voices in communities with traditionally underserved populations.[78] The initiative allows grantees to use the funding to (1) support community wellness projects that focus either on SDOH or chronic disease management and (2) promote COVID-19 health literacy through a trauma-informed lens.[79,80]

The program's grant application expressly recognizes that CBOs may not typically apply for grants administered by NYSDOH due to a lack of access to public funding announcements and grant writing infrastructure.[81] To address these gaps as well as historic funding inequities, the program includes several features designed to encourage and support the participation of CBOs that have not previously applied for NYSDOH funding. For example, the program uses a new, user-friendly online application system to eliminate burdens associated with NYSDOH's traditional grant application process.[82] NYSDOH also provides awardees with training and technical assistance focused on the 10 Essential Public Health Services and strengthening organizational infrastructure to enable program sustainability.[83]

EXPERT

SHDs can further local community engagement goals as experts. In this role, SHDs can provide technical assistance and facilitation tools and services to support community engagement activities led by LHDs, regional and local governments, and community partners. These actions can help reduce the barriers that LHDs encounter when engaging with communities.

Current activities

Participate in task forces & committees

SHDs participate in local task forces and committees, especially when these groups have been formed to discuss issues that overlap with SHD activities. In this capacity, SHDs actively help LHDs build trust with their communities and incorporate community-identified needs into their planning and policy processes.

Attend & present at public meetings

SHDs regularly attend local public meetings, where they use their authority and technical knowledge to support local action. Establishing a regular presence at these events keeps community members informed about SHD initiatives and provides opportunities for collaboration and co-leadership.

Provide guidance & support to LHDs

SHDs provide technical assistance to LHDs to enhance their equitable engagement efforts. This support expands LHDs' capacity and improves local readiness for equity-focused community engagement. Through workshops, publications, policymaking support, and other forms of assistance, SHDs help LHDs build expertise and establish more efficient and effective frameworks for engaging their communities.

Barriers

Lack of coordination & collaboration between public health professionals & community leaders

Community-led efforts that offer limited opportunities for experienced public health professionals to contribute may have drawbacks. Community discussions may miss out on information about effective strategies to meet community needs. Public health professionals may not receive adequate guidance with regards to implementing and enforcing interventions in an equitable and collaborative manner. Communities and public health professionals alike may miss opportunities to pool resources, share information, and avoid duplicating efforts at the state and local levels.[84]

Failure to prioritize community-led, equity-driven projects

The effectiveness of community-led, equity-driven projects is, in many ways, tied to prioritization of those projects. If these projects are not prioritized by their SHD or LHD, it may be more difficult to achieve their goals.[85]

Reliance on state-level knowledge without gathering or understanding local context & experiences

SHDs bring valuable technical knowledge to local projects. However, relying on this state-level knowledge without taking the time and making the effort to understand local context can perpetuate or widen inequities. This is because macro-level

expertise can guide LHDs toward generic interventions that may not be relevant or effective in the local context.[86] This is especially true when the interventions were identified and designed by people who do not share the lived experience, values, or cultures of the communities most affected by them.

Opportunities

Support local attempts to center equity

Though different communities may communicate about health equity in different ways, at its core, health equity is concerned with fairness and justice. As experts, SHDs can help ensure that equity remains at the center of local projects. Without deliberately focusing on health equity, policy decisions may unintentionally widen inequities.[87] While the goal is for community engagement to be community-led, SHDs can help LHDs center equity in conversations and make sure that local decisions prioritize fairness and justice.

Highlight health equity best practices for local partners

When serving as experts, SHDs have opportunities to help local partners embed health equity best practices into their community engagement efforts. SHDs can describe how engaging communities without a mindset of mutual respect and co-learning can result in a loss of time, trust, and resources, potentially limiting the effectiveness of policy decisions and widening inequities.[88]

"Community engagement can only be sustained by identifying and mobilizing community assets and strengths."

Implementation actions

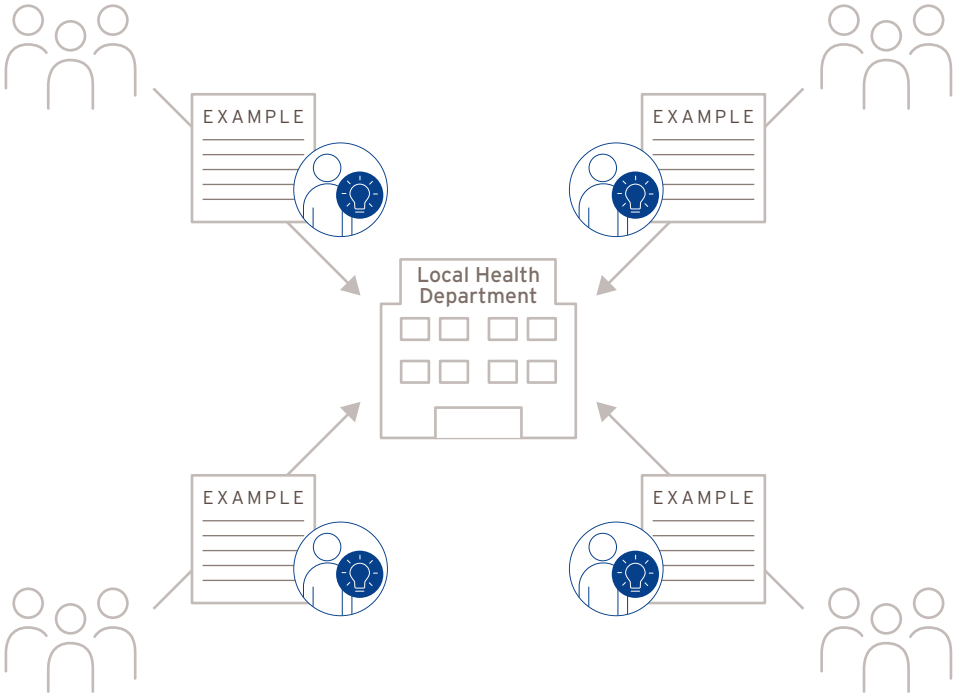
Provide technical assistance & training to support LHDs' community engagement planning activities

SHDs can reduce LHDs' barriers to community engagement by providing technical assistance and building their capacity to develop equitable community engagement plans and processes.[89] SHDs may consider maintaining flexibility to respond to LHDs' changing needs as projects evolve. However, they should also be mindful that "community engagement can only be sustained by identifying and mobilizing community assets and strengths and developing the community's capacity and resources to make decisions and take action."[90] So, SHDs can provide support that helps build both LHD and community capacity to sustain efforts long-term.

Participate in local projects with equity implications

SHDs can facilitate or participate in local projects focused on equitable policies and equitable decision-making, to the extent that they have capacity to do so. When participating in these projects, SHDs can flag inequitable decisions or decision-making processes. They can also check in with both LHDs and community partners to ensure that long-term community engagement projects continue to be prioritized and supported. By participating directly at the local level, SHDs can help LHDs build trust and take on larger-scale projects.

Establish best practices for LHDs to use in their community engagement efforts
While different communities will have different needs, SHDs can define a set of best practices that advance health equity. This will create consistency and efficiency as SHDs support LHDs across the state. The resources highlighted at the end of this document provide detailed tips and information for developing equity-centered processes and messaging.



The following are general topics for which SHDs can consider establishing best practices:

- **Assessing LHD capacity for equitable community engagement.** Assessing readiness is one key process for SHDs to uplift as a preliminary step for all LHDs and partners. SHDs may consider referencing tools such as the *Health Department Assessment & Roadmap* (mentioned earlier) to develop best practices for LHDs and the government agencies they partner with to assess their readiness to address health equity, SDOH, and equitable community engagement.
- **Developing community engagement plans for local projects.** Best practices for preparing community engagement plans and leading community engagement activities can help LHDs ensure that those most affected by the issue are actively involved in defining the problem, shaping the solution, and identifying potential unintended consequences. Community ownership can be encouraged up front to help address potential challenges in strategy design, implementation, and enforcement.[91] Developing criteria or questions that allow community engagement to play a central role in guiding and evaluating outcomes from policy implementation can also be helpful to ensure that efforts do not unintentionally shift away from priority populations.[92]

While each community may have different challenges and opportunities for collaboration, practical resources for planning and holding meetings can make it easier for LHDs to support more and better community engagement activities. This guidance might suggest methods for addressing common participation barriers, such as scheduling multiple in-person and virtual meeting times; providing childcare, transportation assistance, and compensation; and offering culturally and linguistically appropriate services.

- **Completing community health needs assessments.** SHDs may consider offering guidance to LHDs on best practices for completing community health needs assessments and community health improvement plans. This guidance can highlight how to maximize the role of community engagement in the development of these resources.

Revise existing resources to reflect an equity mindset

Lastly, SHDs can review their existing resources that support LHDs with an eye toward health equity and make revisions where appropriate.

CASE STUDY

WISCONSIN DEPARTMENT OF HEALTH SERVICES' OFFICE OF POLICY AND PRACTICE ALIGNMENT'S HEALTH EQUITY ASSESSMENT RESOURCE TEAM

The Wisconsin Department of Health Services (WDHS) Office of Policy and Practice Alignment established a Health Equity Assessment Resource Team (HEART) in February 2022. Wisconsin has 85 LHDs and 11 recognized tribal community health agencies. In partnership with other WDHS staff, HEART is working to build these entities' capacity to address SDOH and authentically and sustainably engage communities.[93]

HEART began by inviting LHDs and tribal community health agencies to complete a health equity strengths and needs survey.[94,95] Guided by survey findings, HEART developed a series of learning communities for LHDs and tribal community health agencies, as well as WDHS staff.[96] Each HEART learning community trains participants on a topic tied to advancing health equity, such as building an internal infrastructure to advance equity, engage communities, and address SDOH.[97] The sessions also encourage communities to share lessons learned and collaborate.[98] Recordings of each session are posted on WDHS's training webpage, along with various WDHS health equity resource guides.[99]

HEART has worked with WDHS's data management advisory team to create a database of county-, census tract-, and block group-level data on multiple SDOH domains, including housing, transportation, and childcare. Local and tribal health departments are encouraged to utilize this data to help inform priorities, tell stronger narratives, track progress, and spark ideas for qualitative community engagement.[100]

CONNECTOR

SHDs have relationships across multiple sectors, such as governing bodies (e.g., school districts, local governments, department of transportation), private companies, nonprofit organizations, and community-based and grassroots organizations. These relationships enable SHDs to connect LHDs with partners that can support their community engagement activities in various ways.

Current activities

Facilitate relationships between LHDs & local partners

SHDs can identify or listen to LHDs' needs and build relationships between them and potential community partners.

Barriers

Prioritizing credentials over lived experience

Inequities can be reinforced when SHDs connect LHDs with partners that do not center priority populations. Prioritizing formal education or credentials over lived experience can result in policies with poor community adoption. This is because the policies are created by people who do not share the lived experience, values, and cultures of the priority populations most affected by those policies.[101,102]

Opportunities

Prioritize lived experience & local knowledge

Increasingly large volumes of data on a wide range of indicators are now publicly accessible, often at small geographic levels like census tracts. This data can be incredibly valuable to partners with technical experience when assessing community health needs. However, quantitative data can only take one so far. Qualitative data, lived experience, and local knowledge are necessary to confirm and identify gaps in quantitative data and add nuance to SHDs' understanding of community health needs.[103,104]

Implementation actions

Connect LHDs with local partners & leaders that include, engage & represent priority populations

SHDs can proactively help identify, recruit, and build partnerships between community leaders and LHDs. In doing so, SHDs can help ensure that priority populations are included in community engagement efforts, represented in advisory groups, and collaborated with through proxies.

When making these connections, SHDs can make sure to prioritize partners that regularly engage with, represent, and include priority populations, especially those that will be most impacted by the project. SHDs can also make sure to value lived experience and local knowledge as much as technical knowledge or training; even where technical training is necessary, SHDs can ensure that partners with lived experience and local knowledge are also at the table.

This work involves constantly identifying priority populations and making efforts to build trusting relationships in those communities. The more that SHDs prioritize

supporting community engagement, the more community-level connection they will develop over time. SHDs can maintain those relationships and continually leverage them to expand representation in local community engagement efforts.[105,106]

Partners to consider identifying, recruiting, and building relationships with include:

- Churches/church groups
- Tribal organizations/leadership
- Neighborhood associations
- Foundations
- Community development corporations
- Organizations that advocate for issues connected to the health of priority populations and neighborhoods

Facilitate partnerships that support upstream efforts & health in all policy development

SHDs can build partnerships with entities beyond the health sector — including government bodies and private stakeholders in education, housing, media, planning and economic development, transportation, philanthropy, and business spaces — and train members of these partnerships in equitable community engagement practices. This can help increase cross-sector community engagement efforts and generate creative and collaborative solutions to community-identified health needs.[107] For example, SHDs could establish practicums for college students to learn about community engagement and support ongoing initiatives.

CASE STUDY

CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN: VANGUARD COMMUNITIES AND COMMUNITY NETWORKERS[108]

In its first decade, the Consortium to Lower Obesity in Chicago Children (CLOCC) decided to focus on 10 Chicago neighborhoods with disproportionate rates of childhood obesity. These communities are referred to as "vanguard communities" and are primarily low-income and communities of color. To ensure that the consortium developed and implemented effective strategies to reduce health inequities, CLOCC sought out meaningful ways to involve community organizations and residents in the design, implementation, and evaluation of obesity-focused initiatives.

Five community networkers, employed by CLOCC, served as liaisons to five of the vanguard communities. Other staffing and partnering models were developed for the remaining five neighborhoods. The community networkers spent most of their time in the field engaged in their assigned communities and brought each community's unique needs and strengths to the attention of the consortium. Because the community networkers had deep ties to their communities, they understood the context in which activities took place and were able to provide community partners and residents with resources, technical assistance, and other relevant information from the consortium.

This model was highly successful in connecting CLOCC to the community and developing a portfolio of effective community-based strategies for obesity prevention. As a result, CLOCC refined the staffing model and now deploys community program coordinators to serve several regions throughout the city. These individuals coordinate resources and bring intervention approaches to many neighborhoods throughout Chicago.

Conclusion

As leaders, investors, experts, and connectors, SHDs can play a key role in advancing equitable community engagement at the regional and local levels. This resource sought to provide real life examples, opportunities, and implementation actions that SHDs can take to most effectively support LHDs' efforts to address the SDOH through meaningful community partnerships. Engaged and empowered communities are foundational to addressing SDOH, building trust, achieving health equity, and ultimately improving population health.

Additional resources

Association of State and Territorial Health Officials

Incorporating Health in All Policies: Tips for Grantmakers

Provides strategies and tips for organizations considering integrating Health in All Policies and equity-centered approaches into requests for proposals and notices of funding opportunities.

Guidance for Integrating Health Equity Language into Funding Announcements

Serves as a resource for state and territorial health agencies seeking to incorporate health equity requirements into funding announcements and grant programs.

The Center for Wellness and Nutrition

Community Engagement Toolkit: A Participatory Action Approach Towards Health Equity and Justice

Offers local public health leaders, community liaisons, and coalitions step-by-step guidance towards integrating effective community engagement strategies into local programs.

ChangeLab Solutions

A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy

Presents legal strategies and best practices to help policymakers, practitioners, and communities work locally and collaboratively to improve health outcomes.

Health Department Assessment & Roadmap: A Tool to Assess Organizational Readiness to Address Equity Through Legal & Policy Approaches

Supports health departments in gaining a baseline understanding of their organizational readiness to address SDOH and equity through law and policy change and to identify what activities can advance their work, depending on their level of readiness.

Community Commons

Engaging People with Lived Experience Toolkit

Includes strategies, tips, and resources to effectively engage and partner with people with lived experience of inequities.

Contra Costa Health Services

Community Participation in Public Health

Provides a framework and strategies to help local health departments improve community engagement efforts around existing and emerging public health issues.

The de Beaumont Foundation

Nothing About Us Without Us: Compensating Community Members

Discusses the importance of compensating community members and community-based organizations for the time and expertise they provide to health departments.

Urban Institute

Fostering Partnerships for Community Engagement: Community Voice and Power Sharing Guidebook

Offers best practices for researchers, policymakers, direct service providers, and technical assistance providers seeking to build and maintain meaningful community partnerships.

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