Engaging Communities

IN DIALOGUE AND DECISIONMAKING

Improving health and health care requires a combination of fresh ideas, community priority setting, and public support. Community engagement is an effective tool for bringing about the social, political, and behavioral changes that will improve the health of a community and its members (CDC/ATSDR 1997). Grantmakers are experimenting with a range of techniques to involve communities in outlining goals and values, and developing potential solutions and policy recommendations. While acknowledging that they are still refining these processes, some foundations and corporate giving programs have begun to identify a few key lessons about how best to engage communities in dialogue and decisionmaking.

Communities are multifaceted, and in a near constant state of change. A community is far more than a geographic locale; it consists of relationships among a group of people whose lives are inextricably linked and who, for all of their differences, have many aspirations and values in common (The Boston Foundation 2005). But communities are almost always made up of groups competing for authority and control (CDC/ATSDR 1997). Some institutions that are *in* the community are not widely considered to be *of* the community. Some people who are viewed as leaders and spokespeople by outsiders do not represent the opinions and desires of other community members. So who should funders involve in dialogue?

Just who is invited to participate in an engagement effort depends upon the issue being discussed and the engagement technique being used. Some grantmakers have found success reaching out to a broad range of formal and informal leaders and organizations. Their goal is to work with all groups, include a wide diversity of opinions, and steer clear of being identified with any particular faction. Others find that singling out key stakeholders is the best approach. Their goal is to develop deeper relationships with a more manageable number of community members (CDC/ATSDR 1997). Regardless of which path a funder chooses, any engagement effort should attempt to reach out, beyond the usual suspects, to individuals and organizations that may not be members of traditional power structures.

Funders interested in cultivating ongoing working relationships with community members have also learned that it is wise to be open and specific about whether they are seeking facts and advice to help set priorities and design initiatives; or are planning to partner and share control with others (CDC/ATSDR 1997). For some funders, this has meant conducting difficult internal conversations about how best to work with

FACTORS CONTRIBUTING TO THE SUCCESS OF COMMUNITY ENGAGEMENT EFFORTS

- History of collaboration or cooperation in the community
- Favorable political and social climate
- Mutual respect, understanding, and trust
- Appropriate cross-section of participants
- Benefits of engagement outweigh costs
- Ability to compromise
- Participants share stake in both process and outcome
- Broad participation in decisionmaking
- Flexibility
- Clarity of roles and guidelines
- Ability to sustain relationships in midst of changing conditions
- Open and frequent interaction, information, and, discussion through both informal and formal channels of communication
- Goals clear and realistic to all partners
- Shared vision
- Sufficient funds
- Skilled convener

Source: CDC/ATSDR 1997.

communities on projects that often require a great deal of flexibility and compromise (Brown et al. 2003).

OPPORTUNITIES FOR GRANTMAKERS

Positive change is more likely to occur when community members are an integral part of defining problems and identifying solutions. Health grantmakers are experimenting with new ways to engage communities by facilitating strategic conversations, using scenarios as planning tools, and measuring progress toward mutual goals.

➤ *Facilitating Strategic Conversations* – In 2004, the Consumer Health Foundation (CHF) hosted a community

speakout as part of its 9th Annual Meeting. The event was designed as a town-hall gathering in an effort to bring together consumers, advocates, providers, and policymakers to discuss solutions to the health care crisis facing metropolitan Washington, DC. Moderated by the host of a local radio talk show on regional politics, the conversation began with the presentation of two scenarios of health care consumers who faced the all-too common barriers associated with being uninsured or lacking access to care. Audience members were then asked to comment on the scenarios and offer suggestions for how the DC health care system could have served each person more successfully. The result was a passionate and wide-ranging discussion that yielded various ideas for remedying DC's health care crisis. Since then, the foundation has held a series of speakouts, focus groups, and interviews across the region to hear solutions to the problems facing the metropolitan Washington, DC area offered by hundreds of people of all ages and backgrounds. The foundation will now compile the conversations, comments, and suggestions from these events into a call-to-action white paper that CHF will release to the community, advocacy groups, and local policymakers.

➤ *Using Scenarios as Planning Tools* – Together, Foundation for the Carolinas and the John S. and James L. Knight Foundation are supporting *Crossroads Charlotte*, a two-year civic engagement project that aims to shape the future of Charlotte, NC. Throughout 2004 and 2005, organizations heard and responded to four different stories depicting plausible futures for the community in the year 2015, and are collectively deciding in which direction they would like to steer. The ultimate goal of this communitywide project is to collaboratively choose and pursue a future for Charlotte, NC, based on intentional choices and creative foresight. A group of 21 prominent community members developed the four scenarios: one in which the city becomes gripped by racial division and fear, and the economy falters; a second in which Charlotte emerges as a truly world-class city and offers a quality of life second to none, but with the persistence of old patterns of racial, ethnic, and social divisions; a third in which the status quo continues; and a fourth in which Charlotte has found new ways to govern itself, and has succeeded in making collective decisions and is creating a city where diversity is the rule, not the exception. In the first phase of the project, members from Charlotte's corporate, nonprofit, and community networks used the scenarios to role play and develop possible organizational responses. In the next phase of the project, each organization worked to determine what they could do to guide the community, during the next 10 years, toward a positive future. Consultants worked closely with each organization's staff to develop a realistic strategic plan; a goal for the group that was within their normal scope of work. The project is currently in its final grassroots phase. The *Crossroads Charlotte* scenarios are being unveiled to the public in a traveling dialogue series, stopping at local venues around the area such as libraries, museums, and churches.

➤ *Supporting Public Deliberation and Decisionmaking* – As part of DirigoHealth, a broad strategy to improve Maine's health care system, the state government committed to generating public input into the draft state health plan. With the support of the Maine Health Access Foundation, the governor's office of health policy and finance held *Tough Choices in Health Care*, a large-scale public engagement process in which Maine residents deliberated and made decisions about how best to pursue health care reform. More than 300 individuals, randomly selected to reflect state demographics, attended two simultaneous all-day meetings designed and facilitated by America*Speaks*. Prior to the meetings, each participant received a detailed background guide that outlined Maine's current health and health care situation. Once at the meeting, participants first identified values that should guide Maine's health reform policy decisions, and then began discussing options to improve health status, reduce health care costs, improve quality, and increase access to health insurance coverage. Throughout the day, the ideas generated in small table discussions were collected through networked computers stationed at each table. An off-site team simultaneously reviewed comments from both sites, and reported back the emerging opinions and recommendations. Periodic polls were conducted through the use of keypads given to each participant, which gave the groups the ability to prioritize options. At the end of the day, participants were asked to review all of the choices they had made and explore whether they would work well together, which called for systemwide reform, and which were incremental strategies. A majority of meeting participants reported that they learned something new during the session, and over half indicated that their opinions had evolved during the day. For the grantmakers and policymakers who observed the process, *Tough Choices* was valuable as both an education and engagement tool, and demonstrated that people outside of the health care field are willing and able to participate in meaningful discussions about complex policy issues.

This article is part of GIH's portfolio, From the Ground Up: Improving Community Health, Inspiring Community Action. Each article focuses on an approach grantmakers are using to improve health in communities. The entire portfolio is available at the GIH Web site, www.gih.org.

SOURCES

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