



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

REVIEW SUMMARY

COMMUNITY ENGAGEMENT TO REDUCE INEQUALITIES IN HEALTH



Based on:

O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, et al. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Res* 2013; 1(4).

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ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury, infectious diseases, and health inequities. The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

BACKGROUND

Community engagement has been increasingly recognized as important to understanding and addressing the determinants of health and health inequalities. However, broad-scale evidence as to the effectiveness and cost-effectiveness of community engagement has been limited.

This document summarizes the major findings of a recent multi-method systematic review by O'Mara-Eves et al.¹ The summary focuses on the conceptual framework developed, and its corresponding recommendations. It then discusses the potential implications of these results for public health research and practice in Canada.

The review examined existing literature on community engagement and presented findings as to whether or not it can be effective, and under what circumstances. Specifically, the review aimed to

- identify community engagement approaches that can improve the health of disadvantaged groups and/or reduce health inequalities;
- describe the populations and contexts in which such approaches are effective; and
- understand the costs associated with implementing these approaches.

To achieve these aims, the review used four different strategies which included: a) theoretical synthesis of community engagement models; b) meta-analysis of effectiveness studies; c) thematic synthesis of process evaluations; and d) economic analysis of costs and resources data. Based on the results, the authors developed a broad conceptual framework for community engagement.

Key messages for practice

- There is solid evidence that community engagement interventions have a positive impact on a range of health and psychosocial outcomes, across various conditions for disadvantaged groups
- There is weak evidence as to the cost effectiveness or sustainability of different community engagement interventions, as well as the implementation factors that may affect the success of interventions
- There is insufficient evidence – particularly for long-term outcomes and indirect beneficiaries – to determine whether one particular model of community engagement is likely to be more effective than another

Key recommendations for researchers

- Assess the impact(s) of community engagement interventions by incorporating a spectrum of outcome measures and planning long-term evaluations
- Incorporate process, costing and resource collection, and economic evaluation into research evaluations (which could also be prioritized by funding agencies)
- Conduct mixed-methods research to establish intervention effectiveness as well as participant experiences of an intervention
- Use detailed and robust search and identification strategies within other systematic reviews of evidence on hard-to-identify topics such as community engagement and health inequalities (and formally evaluate these strategies)

REVIEW RESULTS

Models of Community Engagement

The review highlighted the varied ways in which community engagement has been conceptualized and defined. These differences are linked to the objectives of the engagement activity. For instance, some activities have the sociopolitical goal of community empowerment, while others have more utilitarian goals such as making health services more effective for participants.

Three overarching ways of thinking about community engagement emerged from a theoretical synthesis of the literature reviewed. Each is supported by a theory of change:

a) Theories of change for patient/consumer involvement

- Engagement with communities in strategies for service development, including consultation or collaboration about the intervention design
- Based on the belief that an intervention will be more appropriate to participant needs because it incorporates stakeholder views
- The need for ongoing investment or partnership depends on the nature of changes made (may not be necessary to continue engagement to sustain change)

b) Theories of change for peer-/lay-delivered interventions

- Engagement with communities to deliver interventions
- Based on the belief that change is facilitated by the credibility, expertise or empathy that community members bring to the delivery of an intervention
- Needs ongoing investment for services for subsequent generations

c) Theories of change for empowerment to reduce health inequalities

- Health needs are identified by a community that mobilizes itself into action
- Based on the belief that a community that strengthens its own mutual support and mobilizes resources for change results in empowerment
- Investment in activities have the potential to be largely sustained by the community

COMMUNITY ENGAGEMENT EFFECTIVENESS

A **meta-analysis** of the effectiveness of community engagement was based on a subset of evaluation studies focused on a health priority identified within the Marmot Review, a review of health inequalities in England.² The assessment produced the following findings:

FINDING	IMPLICATION
It was unclear whether one particular model of community engagement was more effective than another. Evidence was especially lacking with respect to long-term outcomes and indirect beneficiaries (e.g. community, service providers, government, and researchers).	Public health research should continue to evaluate the effects of different forms of community engagement, particularly with respect to long-term outcomes and indirect beneficiaries.
Public health interventions that used community engagement for disadvantaged groups were effective with respect to health behaviours, health consequences, participant self-efficacy, and perceived social support outcomes.	Public health should integrate community engagement into interventions with disadvantaged groups.
Community engagement improved both the outcomes of those engaged in the initiative (e.g., skills acquired) as well as the broader community (e.g., perceived increased access to services).	Public health interventions should employ community engagement to positively impact communities in ways beyond improving health behaviours and health outcomes.
Improved health behaviours were related to increased self-efficacy within community engagement evaluations.	Public health engagement activities that improve health behaviours can also improve participant self-efficacy.
Interventions delivered within community and non-community settings were successful in improving health behaviour outcomes. However, those not conducted in community settings were more effective.	Public health interventions should involve communities in both community and non-community settings (e.g., primary and secondary care settings). Continued evaluation of engagement effectiveness in both settings is needed.
Longer interventions were less effective in improving health behaviour outcomes than those that were shorter in duration (though this is likely influenced by level of contact with those providing the intervention).	Public health initiatives should integrate short term community engagement interventions to improve health behaviours. Thorough evaluation of longer term intervention effects is needed.
The effects of a community engagement intervention – though generally smaller – were still present long after an intervention was over.	Public health should integrate community engagement to promote long term positive effects for participants. More evaluation as to the sustained benefits of engagement is required.
Evidence was insufficient to test the effects of community engagement on health inequalities.	Public health should prioritize evaluations that seek to identify the relationship between community engagement and health and social inequalities.



A **thematic synthesis** of the same studies found that process evaluations (conducted alongside outcome evaluations) were largely absent. In addition, the authors found it challenging to capture the complexities of engagement processes due to the varied nature of engagement activities. However, they were able to conclude that the following factors can potentially strengthen engagement and in turn, outcomes:

- **Acceptability** - community-designed/delivered interventions, and/or culturally-relevant materials tended to be more acceptable to communities, which improved program success
- **Consultation and collaborations** - relationship building and partnerships seemed to influence program outcomes
- **Costs** - providing compensation to community members and participants improved participation; sustainable funding beyond the initial engagement activity helped programs be 'owned' by communities
- **Implementation** - appropriate intervention timing, frequency, duration, and extent of an intervention influenced outcomes; accessibility was affected by the scope of the intervention (e.g., a media event vs. 1:1 counselling); good relationships between the people engaged and those providing an intervention were important
- **Management and responsibility** - implementation was influenced by strong project management as well as tailored and ongoing training and support for those who were engaged

Public health interventions should carefully consider these factors when planning and evaluating community engagement activities.

RESOURCE IMPLICATIONS OF COMMUNITY ENGAGEMENT

The **economic analysis** looked at the resource implications of various approaches to community engagement. This included a consideration of trends across the studies related to costs, resource use, cost-consequences and economic evaluation methods, as well as an exploration of findings within individual economic evaluations. The authors explored the extent to which community engagement approaches had been evaluated for cost-effectiveness by analysing information provided within the review studies as well as from supplementary studies and community engagement implementers.

Overall, individual economic evaluations showed positive economic analyses of engagement mechanisms. The authors could however not make any firm conclusions about the economic case for community engagement. Only a quarter of the studies reported any type of cost analysis, and when costs were reported they were not disaggregated, making it difficult to separate engagement costs from other aspects of health interventions. Similarly, few studies distinguished between the costs of conducting community engagement activities from the costs of research activities more generally. Further, studies that reported costs mostly looked at training and staff

expenses, and rarely discussed the influence of all resources involved, such as volunteers or in-kind contributions. There was also a lack of consideration as to how community contributions as a whole can add value to community engagement.

Of the studies that included some kind of economic evaluation, most were of limited quality, with none involving analysis of sub-groups (e.g., cost-effectiveness of targeting particular population groups vs. a larger group). In addition, long-term assessment of the costs and benefits of community engagement was lacking, which is important to highlight given that the effects of engagement activities (e.g., health behaviour changes) may take time to become evident. Only a few studies discussed costs associated with losses in the productivity of people engaged and impacts on family members. Lastly, few studies examined economic impacts beyond the health system.

Public health should prioritize evaluation of how costs, financing, resource allocation, and sustainability relate to community engagement and health equity and its short-term and long-term effects in health and non-health sectors.

A BROAD CONCEPTUAL FRAMEWORK FOR COMMUNITY ENGAGEMENT

The authors developed a conceptual framework for community engagement in public health interventions. The framework illustrates the conceptual and operational overlap between community engagement and health interventions more generally. These areas of overlap include: how need and communities are defined, reasons for stakeholder engagement, activities and actions involved, and the impact of providing the intervention. In addition, the framework identifies how community engagement interventions are dynamic and may differ across various dimensions.

The framework (see Figure 23 of review) includes the following dimensions which differ across community engagement approaches:

- the extent to which those involved were concerned with community engagement broadly or health outcomes more narrowly (e.g., how was the purpose defined?);
- who identified the need for the intervention;
- reasons why people might be motivated to become involved;
- how and where the community was involved in the design and delivery of the intervention;

- the conditions that mediated or moderated engagement;
- the types of actions and resources involved in engagement activities;
- the impacts of the intervention in terms of outcomes and beneficiaries, and their long-term sustainability.

Public health stakeholders should use this conceptual framework to help guide future community engagement approaches, processes, and evaluations.

A NOTE ON REVIEW METHODS

This review is an important step in systematically examining community engagement in public health. However, the review was critically appraised and given a moderate quality rating.³ This appraisal highlighted that the search strategy described was not comprehensive, the methodological quality of the included studies was not assessed, and appropriate methods for combining and comparing results were not used.³ Some of these weaknesses are presumed to

be linked to the challenges in synthesizing and evaluating a very diverse but limited evidence base. However, **future public health research and reviews on community engagement should address the evidence and method-based limitations demonstrated in this review. Emerging methods for evidence synthesis on the social determinants of health and health equity will be useful in addressing these limitations.**⁴⁻⁶

IMPLICATIONS FOR COMMUNITY ENGAGEMENT IN CANADA

Ensure engagement reflects community contexts and needs

Though the review discussed trends in the evidence – for example, that peer-/lay-delivered interventions might be more effective than interventions based on an empowerment approach or involving community members in their design – such trends were often not statistically significant. It is thus important to further examine how particular interventions align with community contexts and needs, before making conclusions as to the effectiveness of any one approach or model. Central in this is meaningfully involving community in the development and design of an intervention.^{7,8} Ensuring communities shape the scope and direction of activities has been outlined within numerous community engagement guides focused on addressing health and social inequities.⁹ Without this, engagement activities may not be valued or relevant to participants, and in turn, well-intentioned interventions may risk maintaining or exacerbating health inequalities.

Broaden evaluations of community engagement in Canada

Given the potential of community engagement to improve the health and well-being of populations, it is clear that engagement activities should continue to be integrated into public health initiatives. At the same time, further evaluation and knowledge translation is necessary with respect to the factors influencing engagement design, participation and effectiveness within the Canadian context. This is particularly relevant, given that most of the evaluated studies included in the review were from the US. Research

must involve more process and cost/resource evaluations, but qualitative and mixed-method evaluations should also be prioritized. Such methods can explore the multi-level factors shaping the meanings, experiences, and outcomes of engagement over time for diverse stakeholders.¹⁰⁻¹² Understanding the factors that can help or hinder engagement initiatives is central to the success of future public health interventions.

Critically evaluate engagement activities and current evidence

The review highlighted the difficulty in understanding the relationship between interventions and inequalities. However, the authors found some evidence that interventions that improve social inequalities (measured by social support) can improve health behaviour for disadvantaged groups. It is important to evaluate such evidence with a critical lens – particularly by considering both inequity and disadvantage as shaped by both social location and power dynamics. For instance, the review defined disadvantage based on individual-level variables such as socio-economic status or gender¹³ and failed to mention the socio-structural factors that shape disadvantage (e.g., gender discrimination and patriarchy, racism, ableism, colonialism). Overlooking these complexities can result in initiatives with a limited focus on ‘problem populations’ rather than on structural inequities.¹⁴ Awareness and intervention as to how power operates to shape community engagement and its effects on populations is essential to address disadvantage, and in turn, reduce health and social inequities.

CONCLUSION

This review involved the challenging task of assessing the concepts, models, and impacts of diverse forms of community engagement on health inequalities. It is an important foundation for future research and practice seeking to improve health outcomes for diverse populations. Beyond the implications of the review, it is recommended that future research and practice be informed by a critical analysis of power, and the meaningful input of those involved. In this, community engagement initiatives can address health and social inequities, as well as foster relationships and networks of mutual support.

REFERENCE LIST

1. O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, Matosevic T, Harden A, Thomas J. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Res* [Internet]. 2013 [cited 2015 Feb 26]; 1(4):[548 p]. Available from: www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0006/94281/FullReport-phr01040.pdf
2. Marmot Review Team. Fair society, healthy lives: the Marmot review. Strategic review of health inequalities in England post-2010. London: Marmot Review; 2010. 242 p.
3. Health Evidence [Internet]. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. McMaster University, Hamilton, ON: Health Evidence; [date unknown] [cited 2015 Feb 24]. Available from: www.healthevidence.org/view-article.aspx?a=26409
4. Pawson R, Greenhalgh T, Harvey G, Walshe K. Realist review – a new method of systematic review designed for complex policy interventions. *J Health Serv Res Policy*. 2005;20 Suppl 1:21-34.
5. Tiritis D, Husson H, DeCorby K, Dobbins M. Missing and accounted for: gaps and areas of wealth in the public health review literature. *BMC Public Health*. 2011;11:757.
6. Petticrew M, Roberts H. Perspective systematic reviews – do they 'work' in informing decision-making around health inequalities? *Health Econ Policy Law*. 2008; 3:197–211.
7. Bishop BJ, Vicary DA, Browne AL, Guard N. Public policy, participation and the third position: The implication of engaging communities on their own terms. *Amer J Community Psychol*. 2009 Mar; 43(1-2):111-21.
8. Fridkin AJ. Addressing health inequities through Indigenous involvement in health-policy discourses. *Can J Nurs Res*. 2012 Jun; 44(2):108-22.
9. National Collaborating Centre for Determinants of Health. A guide to community engagement frameworks for action on the social determinants of health and health equity. Antigonish (NS): National Collaborating Centre for Determinants of Health, St. Francis Xavier University; 2013. 32 p.
10. Brolan CE, Hussain S, Friedman EA, Ruano AL, Mulumba M, Rusike I, Beiersmann C, Hill PS. Community participation in formulating the post-2015 health and development goal agenda: reflections of a multi-country research collaboration. *Int J Equity Health* [Internet]. 2014 [cited 2015 Feb 25]; 13(66). Available from: www.equityhealthj.com/content/13/1/66
11. Jain S, Draper A, Clow A, Lynch R, Derges J. OP07 What shapes participation in a community-based intervention? Evidence from a qualitative evaluation of the Well London Project. *J Epidemiol Commun H* [Internet]. 2012 [cited 2015 Feb 19]; 66(A3). Available from: http://jech.bmj.com/content/66/Suppl_1/A3.2.abstract
12. South J, Phillips G. Evaluating community engagement as part of the public health system. *J Epidemiol Commun H* [Internet]. 2014 [cited 2015 Feb 19]; 68(7). Available from: <http://jech.bmj.com/content/early/2014/03/26/jech-2013-203742>
13. O'Neill J, Tabish H, Welch V, Petticrew M, Pottie K, Clarke M, Evans T, Pardo Pardo J, Waters E, White H, Tugwell P. Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. *J Clin Epidemiol*. 2014 Jan; 67(1):56-64.
14. Hankivsky O, editor. An intersectionality-based policy analysis framework. Vancouver: Institute for Intersectionality Research & Policy; 2012. 212 p.



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