



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé



LET'S TALK
COMMUNITY ENGAGEMENT
FOR HEALTH EQUITY

PART OF THE LET'S TALK SERIES

Community engagement has a positive impact on physical and psychosocial health and well-being,¹ but engagement efforts often do not represent or include communities that live with inequities.² Given the important role that public health plays to address the social and structural determinants of health and health inequities, new strategies for community engagement for health equity are crucial.

COMMUNITY ENGAGEMENT

A community is defined by shared interest, connection, occupation, place in society, health status and other common bonds, in addition to geography.³

Community engagement involves multiple levels and types of interaction between service providers and community members. Public health engages with communities by telling people about an initiative, inviting input, collaborating to generate solutions and partnering from the start.⁴ Community engagement includes collective action on the social determinants of health and has a direct community influence on the health system.⁵

Common levels of engagement such as *inform* and *consult* represent minimal interaction and are primarily driven by organizations, with less impact on health and social outcomes.² Public health engagement efforts are often focused at these levels, where the community has minimal influence on decisions made.

Public health has a responsibility to practice deeper levels of community engagement to identify priorities, organize support, initiate programs and evaluate initiatives.⁶ These types of engagement include listening to concerns of the community and getting input and feedback directly from community members to inform the plans and priorities of the organization.⁷



COMMUNITY ENGAGEMENT FOR HEALTH EQUITY

Authentic engagement with community members who live with inequities is essential public health practice to achieve health equity. **Community engagement for health equity** means that community members who live with inequities influence the health system⁵ and inform decisions about population and public health initiatives.¹ Relationship-building is at the core, where public health considers community members as partners and stakeholders⁸ rather than as service recipients. This approach recognizes that community members know best about what they need to be healthy and to identify solutions to address inequities.

COMMUNITY ENGAGEMENT IS VITAL TO ACHIEVE HEALTH EQUITY

“What is needed is a paradigm shift from viewing the involvement of communities as an errant form of public health action, to seeing communities as an essential part of the public health system.”^{5(p692)}

COMMUNITY KNOWLEDGE IS EVIDENCE

The knowledge of people who live with inequities is grounded expertise⁹ that shapes how service providers approach questions of equity.¹⁰ Community members who live with inequities are ‘context experts’ who know how the issues affect their everyday life, health and well-being.¹¹ They understand how public health efforts influence factors such as their social and emotional health, outcomes that are not typically considered to be part of a professional framework. Professionals, by contrast, are ‘content experts’ who have power, tools and access to resources and information about an issue.¹¹

COMMUNITY ENGAGEMENT IMPROVES HEALTH

Meaningful community engagement in decisions about health priorities positively impacts individual and population health outcomes.¹² Moreover, organizations must define and align their conception of health with issues that communities care about.¹³ Interventions that are codesigned between public health and communities can, therefore, reduce negative health consequences, improve social outcomes and increase self-efficacy for those who participate.¹⁴

EQUITABLE ENGAGEMENT IS INCLUSIVE

To correct power imbalances in community engagement, it is critical to confront racial and other structural inequities.¹⁵ By addressing racism and other isms that harm health, public health can build trust with communities¹⁵ that historically have felt excluded due to past injustices and continuing inequalities.⁶ Community engagement is grounded in relationship-building and the spirit of reconciliation as “a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.”^{16(p3)}

MEANINGFUL ENGAGEMENT REQUIRES COLLABORATION AND SHARED LEADERSHIP

Collaboration means partnering with the public and incorporating the priorities of the community into decision-making.⁷

Shared leadership happens when community members actively participate in decision-making and the organization acts on the issues identified and prioritized by the community.⁷

As the level of engagement deepens, the leadership, control, knowledge and skills of community members increase as well.²

AUTHENTIC COMMUNITY ENGAGEMENT FOR HEALTH EQUITY IS BUILT ON FIVE KEY PRACTICES



VALUE ENGAGEMENT AS CORE PUBLIC HEALTH PRACTICE

Successful engagement with communities that live with inequities is rooted in ongoing communication, collaboration and innovation.¹⁷ For this reason, public health practice must consider community engagement as core business and not just confine it to individual community projects.¹⁸ Engagement is a fundamental aspect of public health professional ethics and duty to care. Strong public health leadership and an organizational culture that affirms the value of community collaboration will ensure that community engagement continues as a priority even in times of fiscal and resource constraints.¹⁷

STRATEGIES TO STRENGTHEN A CULTURE OF ENGAGEMENT

- » Make community concerns, input and feedback a public health priority.
- » Identify and revise organizational processes where community members who live with inequities can make sustained contributions as experts.
- » Require information-sharing between public health and community members and ensure staff and community share training on health equity.
- » Support community-based organizations to build engagement strategies and principles into what they do.³
- » Formally and publicly recognize community member contributions to public health work.³

IN PRACTICE

The [Canadian Partnership Against Cancer](#) has a [commitment to reconciliation](#). It has created a dedicated division for engagement with Indigenous Peoples, with the principles of engagement cocreated by Elders and advisors. First Nations, Inuit and Métis Peoples are each represented by an advisor in the Partnership governance structure. The advisors bring a strong level of trust from — and engagement with — their communities, which has led to Indigenous partnerships in every province and territory.

SHARE POWER WITH COMMUNITIES

Public health organizations need to support community members to feel safe, capable and heard¹⁵ by providing supports and training to develop their skills and competence in a variety of settings. Bureaucratic structures reinforce power imbalances and are not always safe or comfortable for community members, leading to feelings of tokenism.¹³

STRATEGIES TO DEVELOP SKILLS AND KNOWLEDGE OF COMMUNITY MEMBERS

- » Engage community members in decision-making and governance roles,¹³ such as the chair of an advisory board or steering committee. Provide skills training on how to run meetings and facilitate group discussions.⁸
- » Employ, train and support community members as facilitators to bridge conversations between public health and the community.¹⁹
- » Provide training on conducting peer interviews and group conversations to get feedback from community members to bring back to the organization.¹⁹
- » Establish peer-led community councils — consisting of an expert panel of people with lived expertise of inequities that meets regularly with community organization representatives and professionals — with an official role to give advice and shape decisions.
- » Pair engaged community members with others who are not yet connected to codeliver supports and connect with public and community health services.¹³

IN PRACTICE

The [PEEP Consultation and Advisory Board](#) at the BC Centre for Disease Control includes peer workers with lived/living experience of substance use who act as provincial consultants in harm reduction. Their work has also led to the development of best practice guidelines²⁰ and considerations for equitable compensation²¹ for peer engagement. Another initiative, the [Peer2Peer Project](#), employs peer workers with lived/living experience of substance use as service providers in overdose response.

BUILD TRUST FIRST

Trust is a prerequisite for community engagement.⁶ To nurture strong relationships that build trust, public health must work through established connections with people and organizations,¹⁷ know about existing community relationships and networks,⁸ and meet in person with communities that do not trust authorities.¹⁷ Building relationships requires sustained communication and effort over the long term. Offering members strategies for self-care and access to supports if the work becomes overwhelming or triggering shows that their emotional work is valued and helps to build trust.

STRATEGIES TO BUILD TRUST WITH COMMUNITIES

- » Adopt participatory approaches and two-way knowledge exchange from the very start.²²
- » Solicit input from community members to provide lived context to statistics and situate public health issues within community-identified priorities for health and well-being.⁸
- » Bring community members together in settings alongside professionals to develop and advise on programs and initiatives, such as a community health board that brings community members and decision-makers together at the same table.

IN PRACTICE

[Homeless No More Annapolis Valley](#) is a strategy to end youth homelessness. This collaboration includes organizations that represent health, justice, policing, municipalities, housing and youth centres, as well as youth themselves who experience homelessness. They work to codevelop solutions and strategies for housing and related supports, developing relationships, trust and a mutual understanding of challenges and solutions.

CODEVELOP STRUCTURE AND EXPECTATIONS

Public health practitioners and organizations need to be transparent with community members about their own motivations and challenges¹³ and how much community members' feedback will influence decisions.¹⁸ A truly collaborative approach involves mutual accountability. In this type of situation, public health and communities share power and resources and codevelop roles, responsibilities, expectations, goals and objectives. When public health organizations are accountable for developing and maintaining community partnerships⁸ and conveying back to communities how their input was used,¹⁸ they are compelled to take leadership from community input.¹³

Evaluation supports accountability to meet the needs of both the communities and the professionals involved.⁵ Measures of success include how participants have understood their role and how the engagement affected decisions, as well as the opinions and stories shared by community members about living with inequities.²³ They can also include community processes, physical and social health, stakeholder perceptions,¹² capacity and partnership development,²² and how community members' contributions have impacted the structural and social determinants of health at the community level.⁵

STRATEGIES TO SUPPORT CODEVELOPMENT

- » Codevelop expectations,¹³ respective roles and contributions to the work,²⁴ as well as the goals, objectives and budget.
- » Use community-level indicators (such as the number and type of relationships built between community members and organizations) along with other quantitative and qualitative data.⁸
- » Choose evaluation indicators that reflect capacity and partnership development²² and how community member contributions have impacted the social determinants of health at the community level.⁵
- » Communicate engagement results to local communities through a variety of communication styles and channels, including print media, social media, websites, community groups and public events.³

IN PRACTICE

Horizon Health New Brunswick conducts a standardized community health needs assessment every five years. Over several months, community developers facilitate conversations based on the social determinants of health to identify community-based priorities and needs, which sets the strategic direction for the organization. Accountability to communities is practiced by producing community reports on regional priorities and activities to address them, in addition to meeting with community members to report back on progress.

USE LANGUAGE THAT VALUES COMMUNITY

The words that public health organizations use to describe communities reflect how much they value community priorities¹³ and how they view community members. Institutional language can convey “a clear division between a ‘powerful us’ and disempowered ‘others,’ which makes it harder to correct power imbalances.”^{13(p13)} For community engagement to be effective, language needs to reflect a shift toward an authentically engaged *with* whom approach to working in partnership with communities and away from a *to/for* whom approach to providing service.¹⁰

STRATEGIES FOR COMMUNITY-FOCUSED LANGUAGE

- » Ask community members how they want to be described. For example, use *people with lived/living/grounded expertise* or *those who live with health and structural inequities every day*.
- » Choose language in conversation and writing that reflects a value for shared leadership, such as referring to community members as *partners* or *collaborators* rather than *patients* or *clients*.

IN PRACTICE

RentSafe is an intersectoral collaboration in Ontario to address housing adequacy and conditions. Community members who live with housing insecurity are “coresearchers”⁹ on the research team, with their names included as co-authors on academic publications, often before those of academics. These coresearchers, who are also Tenants’ Rights Advocates, represent RentSafe at intersectoral tables with partner organizations. Their knowledge is described as “grounded expertise”¹⁰ in recognition of their experiences as a legitimate and evidence-based source of knowledge.

POORLY IMPLEMENTED ENGAGEMENT CAN CAUSE HARM

Unintended harm can be caused by engagement that is framed as empowering but, in reality, gives community members minimal influence in decision-making, making them feel that they lack any ability to effect change and reinforcing their sense of powerlessness. Inconsistent engagement that fails to act on community input leads to feelings of tokenism and distrust, as well as withdrawal from the engagement altogether.¹ The toll of engagement on the well-being of some community members may be too high due to stress, consultation fatigue and demands on their time and financial resources. Preventing unintended harms from community engagement activities requires genuine connection with communities, accountability to people and processes, and support for community members to mitigate the financial, physical and emotional costs of engagement.¹

BUILD PUBLIC HEALTH CAPACITY IN COMMUNITY ENGAGEMENT FOR HEALTH EQUITY

1 DO THE NECESSARY PRE-ENGAGEMENT WORK

A community's history of colonialism, structural inequities and layers of intergenerational and community trauma is essential knowledge for practitioners who may not have similar experiences and, therefore, will lack an intimate understanding of the circumstances faced.

REFLECT

- Which populations living with inequities will be impacted by specific issues?
- Is engagement happening early enough in the decision-making process?
- Are there other events or activities that might prevent community members from participating?
- Are there opportunities to leverage resources of other agencies?
- What has the community said about their need and desire for engagement?

GET TO KNOW THE COMMUNITY

- Research the community's history of marginalization, inequities and current socioeconomic conditions.

- Use community asset mapping to learn about trusted communication channels and value systems.⁶
- Identify existing relationships, networks and planning resources.⁸
- Understand what engagement strategies the community prefers²⁵ and their previous experience with public health.

DETERMINE A REALISTIC LEVEL OF ENGAGEMENT

- With the community, use the *Capire engagement triangle*²⁶ or the *IAP2 spectrum of public participation*⁷ to determine a starting place for engagement and develop strategies to move towards collaboration and shared leadership.

2 ANCHOR ORGANIZATIONAL COMMITMENT

Organizations that prioritize community expertise will demonstrate buy-in at all levels, including senior leadership,¹⁷ to create and implement a vision for community engagement that uses culturally safe approaches.⁶ When leaders and staff interact directly with communities, they model their value for community engagement.^{17,18}

CREATE POLICIES AND PROCESSES TO ESTABLISH COMMUNITY ENGAGEMENT WORK

- Use tools that support community engagement, such as reflection sheets to gather community input²² and consistent engagement strategies,¹⁷ across departments and programs.
- Include a standing item at every staff meeting for reports from staff about what they have heard in the community. Leaders can also report on how ideas shared at a previous meeting were taken forward.
- Involve (including compensation) community members directly in organizational processes, such as program and strategic planning.
- Establish a council of community members with lived experience of inequities as a peer-led group that convenes regularly, with an official role to advise on relevant issues.
- Create guidelines to compensate community members. For example, a project budget needs to cover community members' contributions and efforts, including preparation time, implementation, transportation, food and childcare.

DEVELOP LEADERSHIP AND STAFF CAPACITY TO SUPPORT ONGOING ENGAGEMENT

- Develop organizational plans for community engagement that apply across program and practice areas.
- Dedicate staff, time, resources and participation to community engagement^{8,17,22} across departments and programs.
- Draw upon the leadership of staff who have experience in community development, are currently engaged with communities or have their own grounded expertise of living with inequities.
- Require staff to share how community feedback has influenced their work and to communicate back to communities how their input was used.¹⁸
- Use community engagement as a performance indicator to promote professional ethics¹⁷ and meet accreditation and professional standards of practice.

DISCUSSION QUESTIONS

- How do the five key practices to build authentic community engagement for health equity (p. 2) apply to your work?
- What do people who live with inequities need to feel safe to engage with your organization? Who is missing from the table and why?
- How can community members influence public health priorities? Can you apply resources from another program area to support this?
- Read the *Calls to Action* from the Truth and Reconciliation Commission of Canada.²⁷ How can you use them to guide your approach to engagement with Indigenous Peoples?
- Consider a recent project where your organization engaged community members. Does the level of community engagement need to go deeper? What would support deeper community engagement?

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ACKNOWLEDGEMENTS

This document was written by Dianne Oickle, National Collaborating Centre for Determinants of Health (NCCDH). The advisory group who guided the creation of this document included Christian Hui, Keegan Prempeh and Andrea Bodkin. Internal reviewers were Claire Betker, Pemma Muzumdar and Sume Ndumbe-Eyoh. External reviewer was Gail Turner and editorial support was provided by Suzanne Schwenger.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2021). *Let's Talk: Community Engagement for Health Equity*. Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-989241-45-5

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca.

La version française est également disponible au www.ccnds.ca sous le titre *L'engagement communautaire axé sur l'équité en santé : Parlons-en*.