COMMUNITY ENGAGEMENT & COLLECTIVE IMPACT

Phase 1: Environmental Scan

Supported by the Michigan Health Endowment Fund

OVERVIEW

Phase 1 included a national environmental scan of literature, resources, and subject matter interviews in order to understand approaches to community engagement. These approaches will be studied in action in Phase 2: Case Studies.

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MICHIGAN HEALTH ENDOWMENT FUND

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PROJECT OVERVIEW

Authentic community engagement is a key part of the work that needs to be done to increase health equity. Health equity is when everybody in a community has the opportunity to be healthy, no matter who people are, where they live, or how much money they make. Community engagement is a diverse set of practices and strategies to involve community members in efforts that are trying to improve the health and well-being of communities.[1] The Collective Impact and Community Engagement project will explore the practices and ideas that make community engagement work "authentic." The goal of this report is to provide information that can be applied to community engagement in Michigan across different areas and populations, including urban, rural, youth, Black, Indigenous, and persons of color, and more. In this report, we also emphasize the role of people with lived experience of inequities in community engagement. By people with lived experience of inequities[2], we mean individuals and groups whose expertise comes from being directly impacted by unjust systems. For example, in the United States, persons of color are disproportionately targeted by the prison system, and unhoused people are often subjected to predatory housing practices.

Figure 1: Important Definitions

Health Equity

When everybody in a community has the opportunity to be healthy, no matter who we are, where we live, or how much money we make.

Community Engagement

Set of practices and strategies to involve community members in efforts that are trying to improve the health and well-being of communities.

People with lived experience of inequities

Individuals and groups whose expertise comes from being directly impacted by unjust systems.

During the first phase of this project, we collected reports, webinar videos, articles/blogs, and other materials on community engagement from across the United States. We also interviewed experts in the field of community engagement. The goal of this first phase was to learn about strategies, practices, and principles that people across the United States are using to authentically engage communities. During phase 2, we will conduct interviews and focus groups with people participating in community engagement projects making a positing impact on health and well-being (also called "bright spots") in order to learn from their work. During the final phase of the project, we will put all the lessons we have learned in a final report. We hope that the final report will be helpful to people working in organizations and agencies that are committed to improving their community engagement practices and to working towards health equity.

In this report, you will find the words "we" and "you" are used often. "We" refers to the authors of report. In some instances, "we" may also be used more broadly to refer to people in the field of public health – which includes the authors. "You" refers to the readers of this report. We acknowledge that a very diverse group of people – with different interests and experiences – may be reading this report and therefore will interpret this material using different sets of viewpoints and assumptions. Throughout this project, we will include our own tensions/discomfort as we consider the material and experience the work. Therefore, it is important to know who "we" are.

Who should read this report?

This report is intended for any person, group, or other organization who wants to learn about how to engage community members and other key players involved in making communities healthier.

Possible Readers of this Report

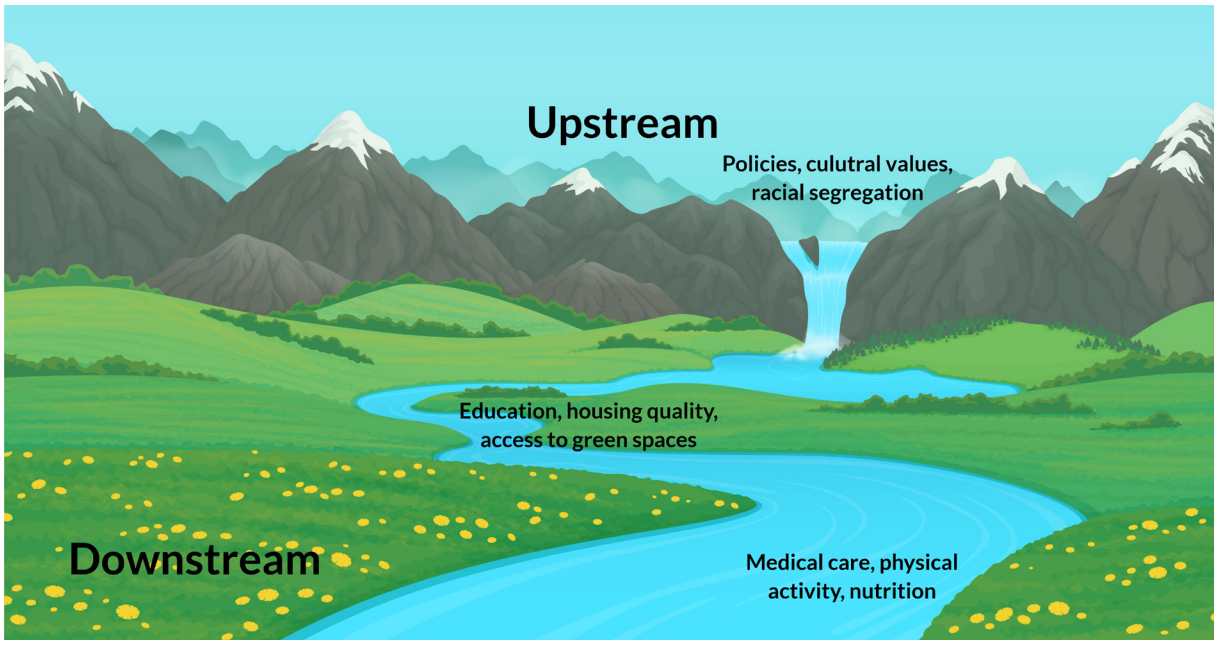
- People with lived experience of inequities
- Community-led initiatives
- Non-profits
- Public health
- Universities
- Healthcare
- Small businesses
- Social services
- Government

BACKGROUND

What Influences Health in Our Communities?

There are many factors that influence the health of individuals and communities. While medical care is very important, public health researchers estimate that medical care is only 10% of what makes a person healthy or unhealthy. The biggest contributor to health and well-being are factors like income, housing conditions, and the quality of the air people breathe. In public health, this large group of social factors is called the social determinants of health.[3] When we think about how social determinants are related to health, it is often useful to use a stream metaphor. When we talk about the impact of "downstream" factors on health, we mean things that impact individuals like medical treatment, physical activity and nutrition. As we move "upstream," we look at factors like educational opportunities, access to parks and other green spaces, and housing quality. The factors that are the furthest "upstream" are those like land use policies, racial segregation, and cultural values. These factors that are farthest upstream are often called "structural" because they shape (or "structure") the conditions of communities and society. These factors are related to who has and can use power, as we will describe below. Sometimes people will also use a tree metaphor to talk about the social determinants of health, where the roots of the tree are the structural factors.

Structural determinants of health are important in efforts that aim to improve health equity[4] because they shape the communities that people live in. This connection between structural determinants and community conditions is one of the reasons that community engagement is so important to improving health equity. In order to actually influence the structural factors that shape community conditions, community residents must be involved in defining the problems their community faces and identifying the ways those problems can be addressed.



Another important structural factor that research has shown is connected to health is racism. Dr. Camara Jones explains how racism can operate at many different levels using a garden as an example[5] (see Figure 2 below highlighting the importance of soil). In her example garden, one area has rich soil where red flowers are planted, and another area has rocky soil where pink flowers are planted. If the gardener only looks at the flowers, she might start to prefer the red flowers that grow well over the pink flowers that struggle to grow – and she might even start giving the red flowers more attention and care. This is a lot like the way racism works on the personal level: it can show up as both intentional and unintentional individual acts, like lack of respect, suspicion, and purse clutching. When we think about structural racism, we are looking at the soil and asking why the quality of the soil is different across the garden and how did it get that way? We are also asking other questions like "who is the gardener?" In the real world, this means addressing how racial segregation, voting rights, and the prison system and other factors create different opportunities for groups to be healthy and thrive based on race. It also means thinking about who has decision-making power in society. Importantly, structural racism is usually **not intentional**. Over many centuries, complex systems – including 250 years of legalized slavery in the United States – have made ideas and actions that are harmful to people of color as a group normal or unspoken. As we show later in this report, community engagement is an important tool for disrupting the "everyday" stories or narratives people tell about different racial groups that lie at the root of racial and health inequity.

Figure 2. The gardener's tale depiction from Dr. Camara Jones[5]

What is Community Engagement?

As we described above, community engagement is a diverse set of practices and strategies to involve community members in efforts that are trying to improve the health and well-being of communities. Even though approaches to community engagement varies widely, studies do show that it is very important to improving the health and well-being of communities. Researchers have linked community engagement directly to improvement in a range of health and social outcomes, including breastfeeding practices, health literacy, social capital (positive social connections and resources available to individuals and groups), and community capacity building, and more.[6–9] Importantly, these studies show that specific components of community engagement, such as collaborative partnerships[10] and power sharing– as opposed to more surface level versions of community involvement – better promote community health and well-being.[6]

> ***The people closest to the problem are closest to the solutions.***
>
> **– JustLeadershipUSA**

Community engagement also plays a significant role in health equity. First, health and health equity are strongly influenced by where people live, work, and play.[3, 4] Therefore, the voice of people with lived experience of inequities is required to define the problems that harm their communities, and to create community change. This point is summed up best by **JustLeadershipUSA**, an organization led by formerly incarcerated people: "the people closest to the problem are closest to the solutions."

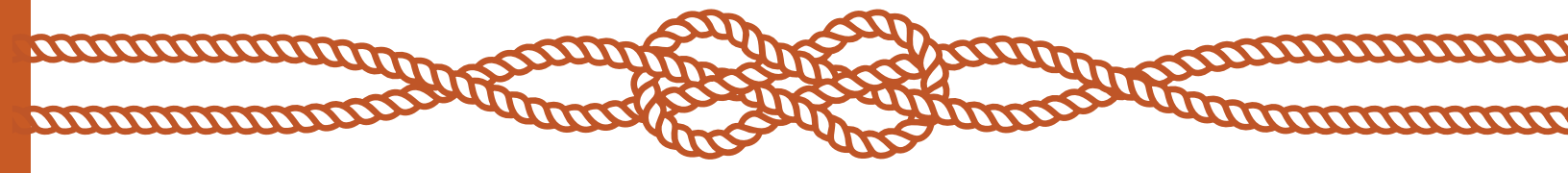
What is Collective Impact?

Collective impact[11] first came into the spotlight when Kania and Kramer (2011) argued that long-lasting, large-scale social changes need many organizations and institutions to come together around a common goal.[11] Collective impact can be used to solve complex issues within unknown solutions. They stress the importance of going above 'collaboration' or making 'coalitions' so that organizations can shift and align their work with others.

Collective impact is a commitment from a group of players to solve a complex, social problem so their work adds up to *more than the sum of its parts.*

Five conditions of collective success:

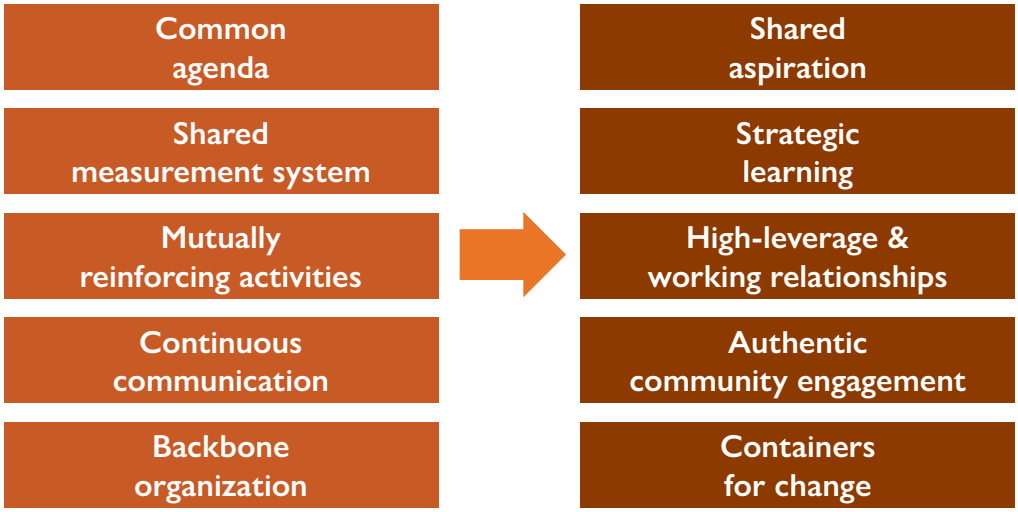
1. **Common agenda**: all organizations create a shared vision for social change with a shared approach
2. **Shared measurement system**: organizations agree on how success will be tracked and reported
3. **Mutually reinforcing activities**: diverse partners coordinate their activities by creating a joint action plan
4. **Continuous communication**: regular talks, meetings, updates with all partners for a long time to build relationships, trust, and adjust as needed.
5. **Backbone organization**: paid staff support the project, typically staff within an established institute or organization



Collective impact gained popularity with many proposals asking for grantees to use this specific approach. Over time, lessons have been learned about collective impact being used in the real-world. In 2016, "Collective Impact 3.0"[12] was written to show how collective impact had shifted over the past five years while considering lessons learned to rename the five conditions of collective impact (see Figure 3 below).

Figure 3. Shift in Original Five Conditions of Collective Impact

Collective impact 3.0 explained the new names and shift in the five conditions as:

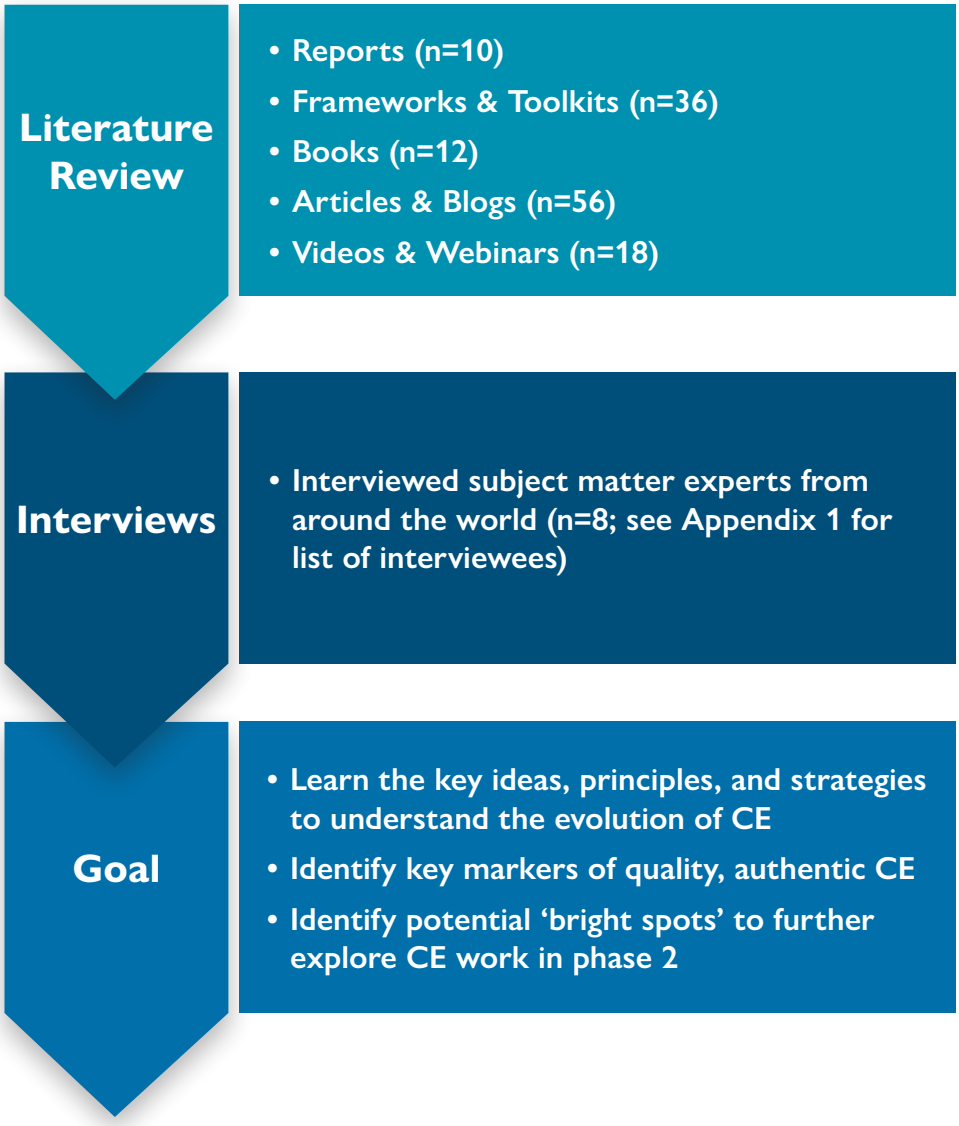


1. **From 'Common Agenda' to 'Shared Aspiration'** – focusing on community aspiration puts community at the center of the process, rather than at CEO-level directors.
2. **From 'Shared Measurement' to 'Strategic Learning'** – including measurement as part of the strategic planning so partners are more involved in tracking progress when its part of their own learning.
3. **From 'Mutually Reinforcing Activities' to 'High-Leverage and Loose/ Tight Working Relationships'** – focusing on opportunities for change so that programs can be designed by the communities which requires working closely with partners as well as working separately to try out different activities.
4. **From 'Continuous Communication' to 'Authentic Community Engagement'** – centers community and those affected by the issue in collective impact so they are at the center of every decision.
5. **From 'Backbone Organization' to 'Containers for Change'** – creating a strong container with boundaries so all partners can be involved in backbone activities focused on cultivating trusting and empathetic relationships.

Centering Equity in Collective Impact

The major criticisms of collective impact explained by Wolff (2016)[13] focused on the lack of true community engagement because of the top-down model initially outlined by Kania and Kramer[11]. The backbone organizations, by design, are part of a large institution that is also confined by the systems in place and often resist change. The initial five conditions of collective impact outline a management approach so each staff from each sector leads their piece, with minimal input from the larger community since staff from the sectors are the leaders. They argue that collective impact does not build community leadership or allow them to make the decisions and does not align with community engagement principles. For additional viewpoints on centering equity in collective impact, check out: The Components of Collective Impact[14] Equity: The Soul of Collective Impact.[15]

METHODS: HOW DID WE DO THE ENVIRONMENTAL SCAN?



KEY FINDINGS: WHAT DID WE LEARN?

Themes

Through our **Phase I** environmental scan, we identified several key themes that are common across community engagement efforts.

Terms, terms, and more terms!

When you read about or talk to folks about doing community engagement work, you will encounter a lot of different terms and phrases. In addition, you may find that people mean different things when they use the same terms – or they may mean same thing when using different terms. For example, one way that people doing community engagement talk about preparing for and supporting engagement activities is capacity building.[1] Capacity building often means developing sustainable skills, resources, and organizational structures in a community so that they are ready to engage and carry out other work. Some people find this idea of capacity building to be negative and even harmful to community engagement because it assumes that communities impacted by inequities don't have skills and resources. They prefer capacity bridging,[16] which is "the idea that everyone comes to the table with skills and capacity to make meaningful change." Therefore, the task is for everyone in a community engagement project to share knowledge and skills to support community engagement, rather than having "experts" teach community members. You may find that when some people may use the term 'capacity engagement' they are actually referring to the activities of 'capacity building.' **The main lesson here that it is that when doing community engagement, it is important to define the terms that are being used.** This practice will both help avoid confusion and make planning the work clearer.

Diversity of approaches

We found that there are several sets of ideas, frameworks, principles and strategies that are guiding community engagement work in the United States. These approaches differ in terms of where and how they start the community engagement process, the players that are involved, and the goal of engaging community members. For example, as we described above, a collective impact[12] approach starts by bringing together organizations and individuals from different sectors to work towards a shared vision for solving complex problems. All the activities of a collective impact project are managed through a central team – also called a "backbone." For example, in Grand Rapids, Michigan, KConnect[17] is a non-profit organization that coordinates a network of other non-profits, businesses, and educational institutions to work towards economic prosperity for children in Kent County. On the other hand, community organizing[18] involves residents coming together to define and address a common set of issues. Community organizing practices are based on the idea that a collective group of people with shared values, goals, and resources

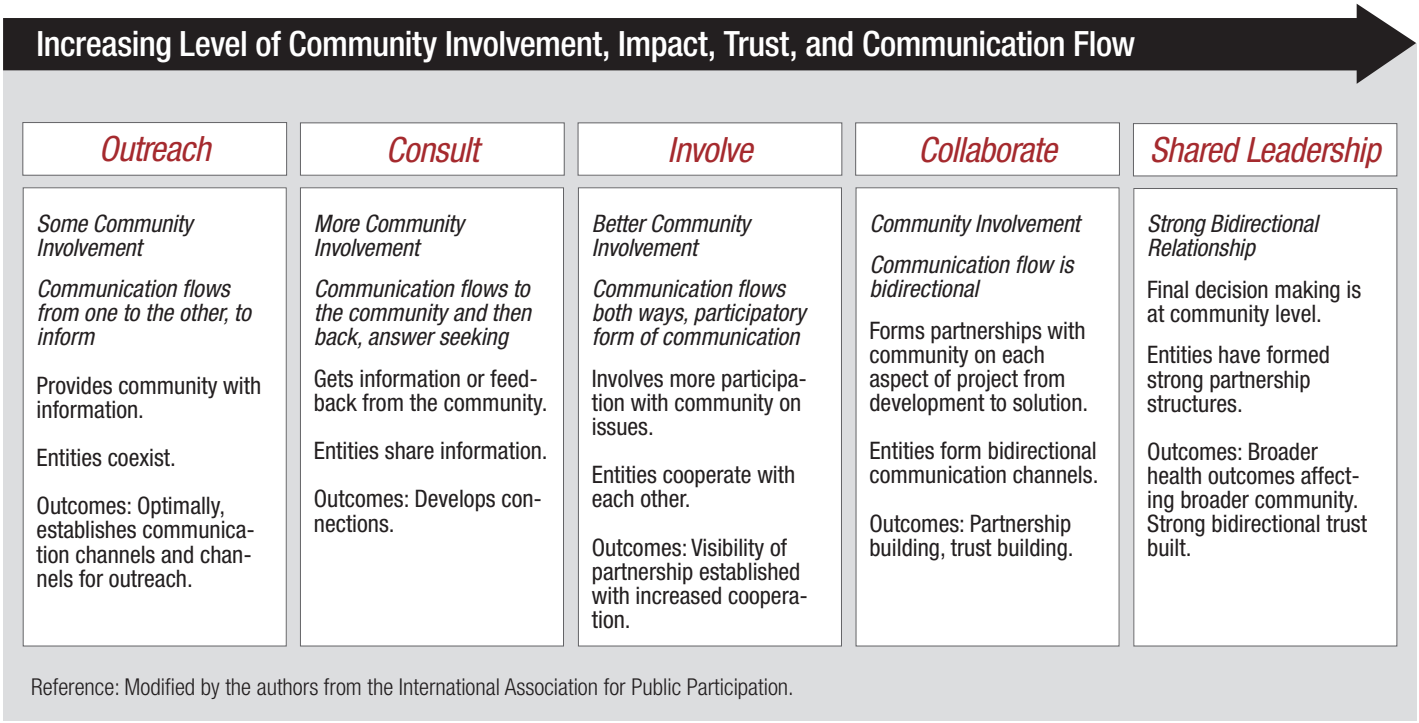
can build more power to create change than individuals alone. (We discuss more about what it means to "build power" later in the report.) One large community organizing project in Michigan is MichiganUnited[19], which works on a variety of campaigns to prevent homelessness and create policy changes that improve the lives of workers and immigrants (such as ordinances related to wages and municipal IDs), and more. Public participation[20] focuses on getting meaningful input from the public on issues that impact their own lives, so that those insights can be used in decision-making processes. This can involve a variety of activities. For example, the Michigan Department of Environment, Great Lakes, and Energy[21] hosts a number of opportunities for residents to get involved in the development of rules, comment on proposed permits, and learn about the state's efforts to protect public and environmental health.

We've highlighted a few examples here to show the ways that community engagement approaches can differ from each other. There are many more ways to engage community members that we will discuss throughout this report.[22]

The "engagement spectrum" remains common

In community engagement work, you may often see the ***community engagement spectrum*** used to describe different levels of engagement. The idea behind the spectrum is that engagement ranges from very superficial or minimal (such as informing the public about an important health issue) to deeper forms of engagement like shared leadership (we discuss more about what shared leadership can look like below). The spectrum also generally describes engagement activities from the perspective of organizations rather than community members. The Centers of Disease Control and Prevention (CDC) spectrum[23] (Figure 4 on the next page) and other similar versions are generally used in reports or toolkits that guide community engagement within public health and other similar fields. However, there are several variations that make major changes to the traditional spectrum, especially to the "lowest" and "highest" ends.

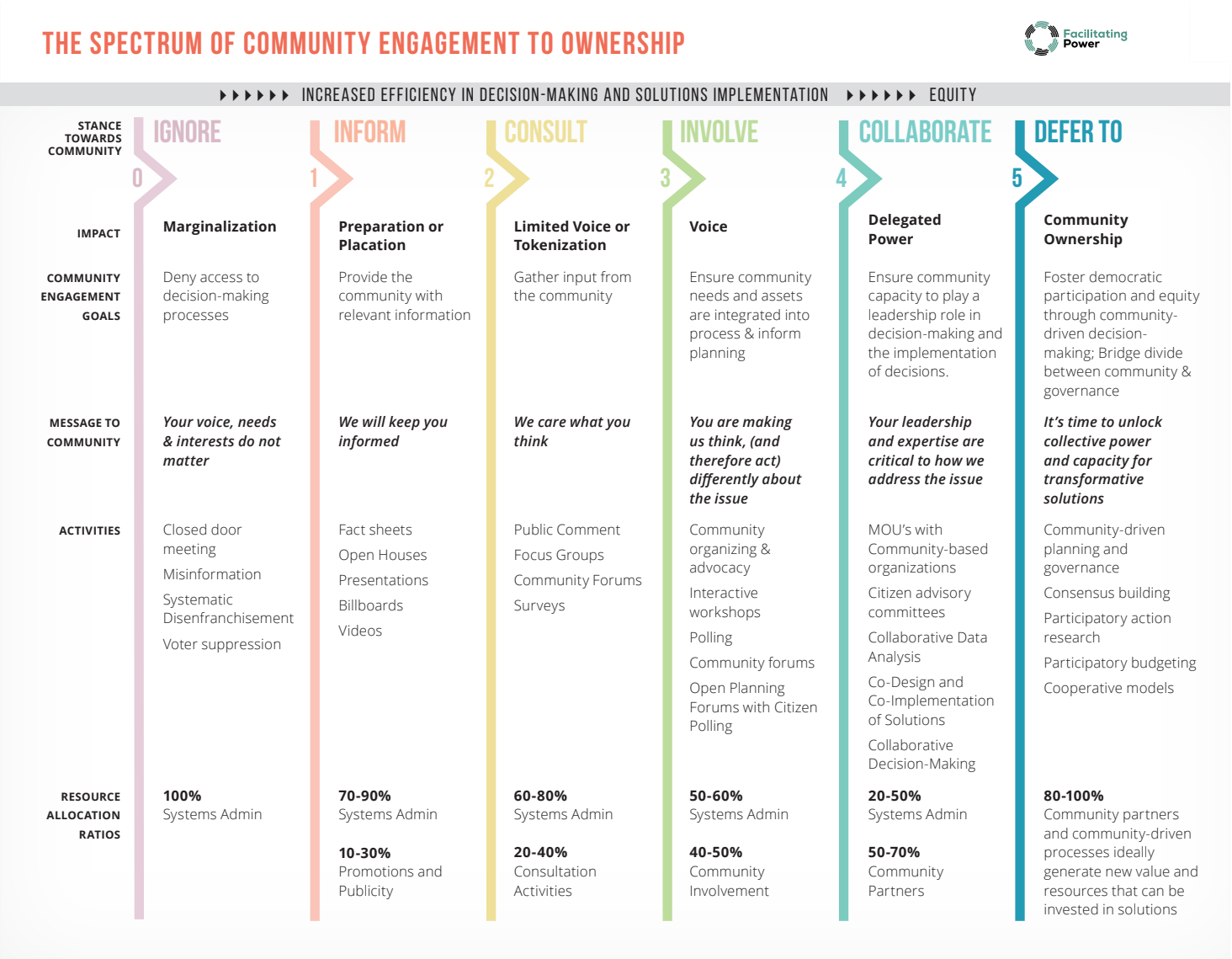
Figure 4. CDC Community Engagement Spectrum



Reference: Modified by the authors from the International Association for Public Participation.

For example, in the version of the community engagement spectrum from Facilitating Power[24] (Figure 5) starts before the "inform" step with "ignore."[24] (Figure 5 on the following page) starts before the "inform" step with "ignore." This ignore step is recognizing that marginalization – which includes exclusion from economy and other parts of society – is status quo for many groups in the United States. According to this model, as you start the community engagement process, you must address how current and historical marginalization in your region or city has created harmful relationships between the groups that are being engaged. For an Austin-based organization, MEASURE,[25] this means creating a funding model that allows Black and Brown-led community groups to learn how to use data to further social justice causes with other folks of color and without relying on traditional philanthropy models. Comparing the Facilitating Power spectrum with the CDC spectrum we can also see that Facilitating Power goes one step beyond "shared leadership" (or "delegated power") to "community ownership." Community ownership emphasizes the need to sustain decision-making roles and equitable (or fair) relationships more than shared leadership.

Figure 5. Facilitating Power Community Engagement Spectrum



Health is holistic

> **[healthcare systems] are just trying to include people of color into white systems and institutions, not actually change those systems that were the root cause of the problem in the first place.**
>
> **— Lena Hatchet, KII**

Health can be defined in many ways in community engagement. Sometimes groups or projects will work to change how a medical condition impacts their community. For example, the Motion Coalition[26] brings together organizations and individuals in Michigan to advocate for policies that will reduce childhood obesity in Michigan. However, we also found that there are community engagement projects that are using broader definitions of health to guide their work. For example, community engagement work led by Indigenous peoples often focused on healing or health justice. These ideas are often used to connect health and well-being to historical and inter-generational traumas, including being disconnected from ancestral lands and practices through the colonization. Therefore, this work is often centered around reclaiming cultural practices and knowledge as part of the community engagement process and to improve the health of Indigenous communities. Check out the Native Health Coalition[27] (Michigan) and the Youth Cultural Healing Summit[28] (Minneapolis) for more on this topic.

The role of culture is relative

Culture can be thought of as a group's beliefs, value systems, and assumptions about how the world works.[29] In community engagement guides, toolkits, and other materials you will find that culture is commonly understood to be an important component of the process. However, there are differences in the ways that culture is talked about and the guidance that is offered. More often in public health and other similar fields, culture may be understood as a barrier that health departments or non-profits need to navigate (example: Washington State Department of Health Community Engagement Guide[30]). For example, some resources will advise people doing the community engagement to be aware of cultural and religious holidays, translate materials into appropriate languages, and work with community leaders to identify the most affirming cultural practices. All this guidance is important. However, this approach tends to assume that culture is a "barrier" to community engagement and that institutions involved in community engagement work do not have a culture. These ideas contrast with some of the Indigenous-led community engagement efforts we described in the paragraph above. For these groups, culture is not a barrier but is the foundation to the community engagement process. Connecting with

> **Part of our research ethics is that lived experience is data. People of color know what works for their community, their lived experience should be respected and as credible data to inform policy programming to inform progress.**
>
> **— Meme Styles, KII**

culture practices and beliefs helps to bring community together around common ideas and is also a key part of improving the health of Indigenous communities. While all community engagement will not be led by Indigenous people, it is important to consider the ways that ***cultural practices of different groups are assets in community engagement.*** In addition, people who work in groups and organizations that have access to resources and power should ***consider how their own organizational culture impacts the ways they do community engagement work.*** This may include developing hiring and retention policies[31] that explicitly address equity. There are also toolkits[32], guides[33], and services provided by groups like Coalition of Communities of Color[34] and that can also help organizations better orient their practices toward health equity.

Power isn't a dirty word

As we described in the section "What Influences Health in Our Communities?", the structural factors that shape the conditions of communities and society are related to differences in power. When people think about power sometimes it brings to mind negative ideas, like corruption, oppression, or domination. However, in many approaches to community engagement, power is central to the process.

> **Unless you're talking of power, you're not really talking about the problem.**
>
> **— Pritpal Tamber, KII**

As with many terms in community engagement, you will see different words used to refer to power. By ***power***, we mean the ability to make choices about your life and the lives of others, and to act collectively (as a group) on those choices. Power sharing is one approach to addressing power dynamics. Power sharing[35] means more than organizations asking for feedback from community members. It is an on-going process that requires time and space for community residents and organizations in positions of power to build relationships. You can read more here[36] about how the Cook County Department of Public Health developed relationships with a local restaurant worker's rights organization to support their campaigns for safer and healthier work places. Power sharing also means that organizations in positions of power and community members participate in shared decision-making processes. Many resources discuss the importance of ***shared decision making*** and its challenges – such as addressing power dynamics between and within groups involved. However, the processes that are put into practice are not often described in detail. We look forward to exploring shared decision-making processes in more detail in the next phases of this project.

Another set of approaches to addressing power dynamics is building community power.[37] This means creating connections between people with lived experience of inequities, sharing knowledge and resources, and developing shared understandings to challenge sources of inequities and create change. Strategies to build community power[38] are generally used by people with lived experience of inequities to create groups of people who can act together to influence decision-making. You can think of building community power as one way that community

members prepare to engage with more powerful organizations – and potentially participate in power sharing. Other benefits[39] of building community power include bringing more voices to conversations about health inequities, creating spaces to heal from intergenerational traumas, and connecting action to the history and culture of communities. Check out this report[40] to learn more about how tenants associations and other community groups have organized to improve housing conditions – and made connections with local health departments to enhance their work.

Finally, you will also find that some people will talk about empowerment[41] as a way to improve the health and well-being of communities by transferring power and resources to persons with lived experience of inequities. In some ways, empowerment strategies can overlap with building community power and power sharing in that they try to increase involvement of different groups in decision-making processes. However, some people make the critique that the idea of "empowering people" is harmful because it assumes that some people have no power and that others must give power to them. All these different terms and strategies for addressing power dynamics bring us back to a key message of this report: ***it is important to clearly define the words you use and how they relate to the strategies and activities of your community engagement work.***

More resources on community power here: Community Power: Approaches & Models[42]; Community Power in the Context of Population Health[43]; Amplifying the Empirical Base Linking Community Power and Health Equity[44]

Narrative change is connected to power

As we discussed in the "What Influences Health in Our Communities?" section, there are "upstream" factors that influence health by shaping different conditions of living for different groups – also called structural factors. One of these important factors are dominant narratives.[45] Narratives can be thought of as everyday stories that get told about how the world works on a large scale. Narratives are dominant when they benefit people who are in positions of power or groups who enjoy social advantages in a society. Unfortunately, dominant narratives often benefit certain groups by making harmful ideas about other groups seem normal and objective – or that they are true and do not favor any group. In the United States, "pulling yourself up by your bootstraps" is a common dominant narrative. Just looking at this phrase, it does not seem like it benefits one group or another – it doesn't even name a group. However, the idea that "if you

> **"Any changes that advance equity, we need to go back to correcting that power imbalance to shifting power.**
>
> **— Jonathan Heller, KII**

work hard enough, you will succeed" does not consider the systematic discrimination and other barriers that people of color, disabled people, and other groups face. It also does not consider the systematic advantages that white, able-bodied and other groups enjoy. Therefore, "pull yourself up by your bootstraps" often tells a story that certain groups have not "succeeded" because they do not work "hard enough."

Because these dominant narratives often lie at the root of inequities that community engagement is trying to change, ***changing narratives*** is a key part of the community engagement process. When marginalized groups are able to tell their own stories, they are able to ***build power*** – which means the ability to act as a group to challenge unequal dynamics and hierarchies – to create positive change. Here are a few examples of groups that are working on narrative change to build power and create change: Positive Women's Network USA;[46] Our Healing in Our Hands;[47] and Truth, Healing, and Transformation.[48] You can also find more information about narrative change work through the National Academies of Science, Engineering and Medicine's workshop on community-led initiatives: Building Healthy Communities Long Beach,[49] Sankofa,[50] Del Norte and Adjacent Tribal Lands [51]

Leadership matters

Each of the themes described above touches on the idea that the group that starts and leads the community engagement process is important. The social positions of the people who are leading community engagement – including their identities, access to resources, and how they are impacted by inequities – all shape how problems get defined, how solutions are identified, and all the steps in between. The Principles and Practices section will address specific ways that the themes above can be addressed to promote equitable and authentic community engagement, that includes the leadership of people with lived experience of inequities.

> **"We need people in positions of power and authority who can allocate resources and make policy changes around the table with people who have lived experience of inequities and whatever system they're trying to change.**
>
> **—Laura Brennan, KII**

Principles and Practices

The most common, important principles we discovered during the first phase of the project are listed on Table 1 below and on the following pages.

The table describes how the principles are used in communities, both problematic and promising practices, as well as quotes from our interviewees highlighting the importance of the principle. We understand these are a starting point that will be continually refined as we work alongside community advisors in the next phase to understand how these principles are applied in real-life.

> **I think there's a lot of hypothetical in theory about best practices, I think that in putting them into practice is incredibly challenging.**
>
> **—Lori Peterson, KII**

Table 1. How to Apply Principles and Practices

Principle	Problematic Practices	Promising Practices	Real-life Examples
Avoid tokenizing	Only allowing 1-2 PWLEI to join group puts pressure on them to represent everyone from their community and creates competition for these limited seats. Asking the same community member to share their story at different conferences/events.	Employ multiple methods and forums for community involvement, one of which could be community advisory boards; Including PWLEI on the team early so they are involved in determining goals.	"But then there's sometimes, and particularly when folks are tokenized. They'll identify one person who they'll just always call upon because they were great public speaker or they connect to the audience. And quite often sometimes people are chosen because they can move the room to tears. And I've definitely seen folks be exploited, particularly for fund raising purposes." —Diane Sullivan, KII "You don't invite one white male to represent all white men. You don't invite Jeffrey Dahmer to represent white men." —Laura Brennan, KII

Table 1. How to Apply Principles and Practices (continued)

Principle	Problematic Practices	Promising Practices	Real-life Examples
Avoid harm /mitigate trauma	PWLEI quickly invited to join professional projects/ committees and asked to share their personal experiences which can trigger a trauma response. PWLEI are invited to a committee but not given an opportunity to speak or heard when they do share.	Prepare the professionals: understanding the key principles, trauma, structural racism impacting the community in the past, today, and the future. Remain open, ask questions, and step back.	"The work is upon us to get people to understand that we belong in these spaces when there's a conversation about us that we absolutely need to be in these spaces. But we have to consider the trauma that that brings on us when we have to constantly be looking for outside validation that we have value, that we're worthy because in these spaces some people just don't see us an equal human being." —Diane Sullivan, KII
Build trusting relationships	Building relationships takes time, clear communication, setting of expectations, recognition of power dynamics, and accountability. When this process is rushed, relationships often become transactional and tokenizing.	Transparency on roles, responsibilities, timelines, budgets, etc. Allow ample time, space, and resources; follow through – don't ignore the input; acknowledge missteps, including past marginalization; minimize communication of hierarchy.	"You have to ensure adequate time and space for building strong relationships and trust…you have to clarify the purpose and importance of working together and hear from everybody when you're working on what that purpose is. You have to discuss your values and your priorities and your perspective. You have to be transparent and community centered when your co-designing." —Laura Brennan, KII
Be accessible	Meetings often happen at times and locations that are best for professionals (conference centers, business day hours, etc.). Partners at meetings tend to use terms and acronyms common in their sector but that is not familiar to everyone attending.	Develop and use shared language (avoid jargon). Accessible location and time; consider childcare, transportation, and technology needs.	"[the goal is] not to fill in peoples' emptiness, but it's [to] remove barriers so people could be part of the solution." —Dan Duncan, KII "We make sure that research findings are presented in ways that community members understand they can access it… and why the dredging up of this pain matters." —Meme Styles, KII

Table 1. How to Apply Principles and Practices (continued)

Principle	Problematic Practices	Promising Practices	Real-life Examples
Be fair	Professionals with schooling, credentials, and certificates are often thought of as the only 'experts' and everyone listens to their opinion.	Everyone deserves to be compensated for their time; professionals meeting during work hours are paid for their time and expertise as part of their job. PWLEI should not be asked to volunteer. People with lived experience of inequity are valued and treated as experts.	"It's tough for me to even think about the trauma that I've been through in sharing my story, which is why I'm super cautious." —Diane Sullivan, KII
Shared power	Democratic voting practices for 'shared decision-making' does not usually allow PWLEI to vote honestly.	Practice collaborative leadership – lead the process, not the group. Practice active coalition maintenance. Avoid overly narrow goals. Social capital creation/ community organizing. Preparing people with lived experience of inequity to lead.	"Nobody empowers me, I have the power, I just have to make sure that I can connect with the power and that I've got the tools and the supports in place so that I can exercise my power. I can lend power. I can share power, but I can't empower people. They have the power." —Diane Sullivan, KII

Acronyms used in this table:
KII = Key Informant Interview
PWLEI = People with Lived Experience of Inequity

CONCLUSION AND NEXT STEPS

So, what makes community engagement ***authentic?*** "That depends" isn't a very satisfying answer. What we have found, however, is that there are many ways to do community engagement. No one practice or strategy makes the engagement process reflect a real commitment to power sharing in a way that honors the histories, cultures, expertise, needs, and desires of people with lived experience of inequities. Rather, it is a combination of intentional practices and commitments to an ***equitable and on-going process.*** Some key practices for organizations in positions of power include:

- Going through an honest assessment of the organization's readiness and capacity to participate in community engagement";
- Being clear about the terms and definitions you are using to describe the community engagement process – and how they relate to actions and strategies;
- Preparing to build relationships with community members and community organizations – from providing trainings on engaging community to re-evaluating hiring and retention process from an equity perspective;
- Investing the necessary time and resources to build on-going relationships with community groups;
- Building relationships by actively acknowledging the way community members have been *(and will be)* harmed by organizations in positions of power, understanding the agendas of community groups, showing up to community events *as participants*, and strategizing how power can be leveraged *with* community organizations to support their agendas;
- Understanding the roles of culture in the process of community engagement and working towards health equity – for both organizations in positions of power and community groups; and
- Providing support and resources necessary for *people* (not *a person*) with lived experience of inequities to influence decision-making processes and agendas for change.

With all that was learned throughout this first phase, there's still much more to explore. The next phase of the project involves observing the principles in practice by selecting six bright spots that appear to demonstrate more promising and fewer problematic practices as listed in Table 1. In this phase we will reach out to community advisors to co-lead the design, data collection, and sharing of findings. By working alongside community advisors, we hope to gain insight into actionable steps and tips from innovative community engagement efforts. Some questions we will explore with community advisors in the next phase of the project include:

- What principles and practices make community engagement “authentic”?
- How do the specific histories, cultures, and other characteristics of your community shape how you do engagement work?
- What practices do you use to create an environment that facilitates shared decision-making? (Are there practices that you have found less useful?)
- What practices have you found best supports the leadership of people with lived experience of inequities? How do you address the way that trauma and harm show up in the community engagement process?
- What does it look like to actually share power with organizations that have more access to resources and influence over important decision-making processes?
- What challenges and successes in authentic community engagement have you experienced? What have you learned that others could benefit from?
- How are authentic relationships sustained over time?
- Are there policy barriers or other barriers to working this way? How can funders be supportive?
- How as working in this way affected the outcomes that the community can achieve?
- Are there other important aspects of your community engagement work that we haven’t discussed?

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APPENDIX 1:
KEY INFORMANT INTERVIEWEE INFORMATION

Name	Organization	Topics Addressed
Johnathan Heller	Human Impact Partners	community organizing and public health; narrative change; power building
Lena Hatchet	Proviso Partners for Health	community partnerships; community assets and wisdom
Laura Brennan	SCALE/ RELAC	community advisory committees; community health collaboratives; health equity
Lori Peterson	Collaborative Consulting	"medical-social" integration; healthcare and community engagement
Pritpal Tamber	Bridging Health and Community	community agency and power; healthcare and community engagement
Dan Duncan	ABCD	asset-based community development; residents as co-producers
Diane Sullivan	Witnesses to Hunger	equitable community engagement; centering persons with lived experience of inequity; food policy
Meme Styles	MEASURE	community-led, data-driven; critical race theory; narrative change; power building

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