

COMMUNITY ENGAGEMENT & COLLECTIVE IMPACT

Phase 2: Michigan Experience



Supported by the
Michigan Health Endowment Fund

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March 2023

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THANK YOU

Eight organizations agreed to share learnings with each other and with MPHI. We are grateful to each person from these organizations who talked with us—for sharing their expertise, experiences, time, and energy as well as for their honesty and willingness to guide and challenge our learning and practice. For the purpose of this report, they are:

- Alianza Washtenaw Project
- Detroit Disability Power
- Good Works Lab
- Groundwork Center for Resilient Communities
- Manistique Community Treehouse Center
- Native Justice Coalition
- Northwest Michigan Community Health Innovation Region & North Central Community Health Innovation Region
- Thumb Community Health Partnership



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Introduction

Authentic community engagement means including community members when making decisions about improving the health of the community. This is sometimes called shared decision-making or shared power. It is a key part of the work that needs to be done to increase health equity. Authentic community engagement requires time and space to build relationships. Also, it must honor the histories, cultures, knowledge, needs and desires of people who have been most affected by inequities. Some go further and call for ‘power shifting,’ which refers to when community members become the primary decision-makers. Not all efforts described as ‘community engagement’ include power sharing or power shifting.

The Michigan Public Health Institute (MPHI) set out to bring more understanding of authentic community engagement in this two-phase project. In Phase 1, we scanned written materials and spoke with experts on community engagement. Our Phase 1 report described important actions to make community engagement more authentic and promoted an understanding of how to reduce unfair barriers to being healthy.¹ We described promising and problematic practices. We noted there was not a ‘one size fits all’ way of community engagement.

For Phase 2, we wanted to know how Michigan organizations engage authentically with communities to promote health equity. Health equity refers to people having access to what they need to live healthy lives. This report describes the experience of eight diverse organizations who agreed to learn together and share learnings with others. Some participants are grassroots community-based organizations led by people who are part of the community they serve. Others are “grass tops” organizations that have some power over investments in the communities. Leaders may share fewer personal experiences with parts of the communities they serve.

We hope this report provides a starting point for many types of Michigan organizations that are trying to strengthen how they support community-driven solutions to advance health equity.



Key Definitions

Collaborative Design/Co-Design	An approach to designing programs and projects in which community members are treated as equal collaborators in the design process. ⁱⁱ
Community	A group of people with something in common such as a practice, interest, location, history, or identity. Members of a community have connection or belonging. People may belong to multiple, often overlapping communities.
Community Engagement	A diverse set of actions to involve community members in efforts that are trying to improve the health and well-being of communities.
Health Equity	When everybody in a community has a chance to be healthy regardless of who we are, where we live, or how much money we make.
Health Inequities	When people don't have a chance to live a healthy life, due to unfair social systems or history.
Root Causes	An underlying, historical condition – unequal distribution of power and resources—that influences whether or to what degree people can access all that they need to live healthy lives.
Power	The ability to make choices about your life and the lives of others, and to act as a group on those choices. Power can have negative or positive effects on health. You can think about there being four kinds of power: power over, power with, power to, and power within. ⁱⁱⁱ
Share Power	To foster honest, trusting relationships and collaborative processes of decision-making between organizations and communities ^{iv}
Shift Power	To establish communities as the primary decision-makers and drivers of the work in their communities by building up community assets. ^v
Social Determinants of Health (SDOH)	The conditions in which people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality-of-life. These conditions include economic stability, education, health care, the environment, as well as social and context. ^{vi}
Strengths-Based Language	Language that emphasizes strengths and opportunities, rather than absences and deficits.

Approach

MPHI became better at authentic engagement and shared power when learning from organizations in this project. We wanted to make sure that none of the activities were purely about taking information from the participants in ways that provided no benefit to them. Through conversations with these organizations, we designed activities that would be valuable to them and to the project learning. Along the way, we reflected on and asked for feedback so that we could improve our approach. We had conversations, adjusted, and had more conversations to co-design the learning.^{vii} The eight participating organizations are described in [Appendix A](#).

Each organization chose a project that we could support with funding. In exchange, each organization had conversations with MPHI staff to talk about how they were including community members in their work. They discussed difficult topics and shared how they were trying to solve these challenges. In three instances, we were invited to be a part of a community activity. MPHI also hosted two conversations to introduce the groups to each other so they could share experiences. During the group conversations, organizations identified common difficulties and things they could improve upon to make sure community members were able to make decisions about their own communities.

MPHI compiled all the information and wrote this report. Each participating organization provided feedback and approval on what we learned and on the report. The MPHI role in the project is described in [Appendix B](#).

Relationship Building Conversations

- 9 initial conversations about engagement strategies and goals for this project
- 9 follow-up conversations to solidify goals and project activities

Reflection Sessions

- 11 reflection sessions to discuss their community engagement projects (at least 1 session per organization)
- MPHI participation in 3 project activities

Facilitated Conversations

- 2 conversations for all participants to make connections between groups and discuss power sharing challenges and strategies

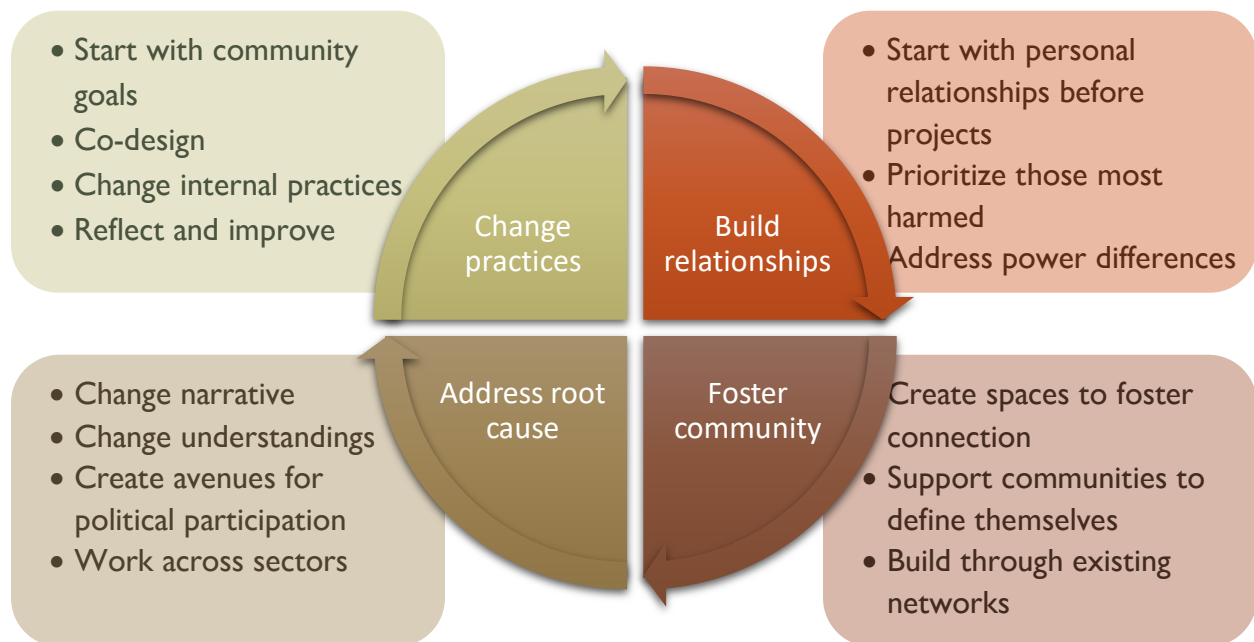
Guidance

In our Phase 1 report, sharing power was identified as a key engagement practice.^{viii} A guiding question for our Phase 2 work was: **“What does it look like to share power?”** All participating organizations were working towards more authentic ways of engaging with communities. They recognized that much of what they were doing was more like ‘consult’ on the spectrum shown below (surveys, focus groups, public comment). This did not allow community members to set priorities or make decisions. The organizations were trying to increase sharing resources and shifting power to community groups.

The Spectrum of Community Engagement to Ownership^{ix}



In Phase 1 of this project, we identified important principles for community engagement. Phase 2 work supported these principles. In fact, the principle of shared power became the guiding question of Phase 2. Among all the principles in the Phase 1 report, participants stressed **building trusting relationships** as a key ingredient for shared power. Other themes that were common among participants included fostering community, addressing root causes of inequity, and change in internal practice. In each area, organizations shared examples of specific practices.



Build and Sustain Relationships between Organizations and Communities

Genuine relationships between organizations and communities formed the basis of all community engagement. Strong relationships enabled working through disagreements and identifying community needs.

Start with Personal Relationships before Projects or Programming

Personal relationships were an important basis for building and sustaining relationships between organizations and communities. Many organizations described times when personal relationships led to honest conversation and feedback. The North Central Community Health Innovation Region described first developing trust between staff and people with lived experiences (of substance use) before inviting them into action meetings. Some organizations made sure their staff had time and support to be present in the communities. Groundwork Center for Resilient Communities made community meeting attendance required so staff could listen and form relationships.

A number of organizations described how **building trust and relationships within communities** is the first priority. Planning programming or services came later. The Manistique Community Treehouse Center, for example, held community events for families so that parents and guardians could get to know them. As a result, they are trusted to work with community youth on mental health issues. In a different way, Groundwork Center took steps to prioritize local Native communities in their strategic planning by first building relationships outside of any particular projects. These relationships establish trust for working together.

Prioritize Those Most Harmed by Inequities

A critical aspect of sharing power is to **prioritize the needs of those most harmed by health inequities**.^x Groups that have been most excluded, or who experienced multiple forms of discrimination, are also likely to have greater needs for resources, and may have less capacity to seek out and secure resources.

For example, to advance racial justice, Native Justice Coalition works to build relationships between people in different contexts and with institutional allies. They also create spaces of sharing and healing that are for rural and remote Anishinaabe communities, such as their annual [Anishinaabe Racial Justice Conference](#).



As an Anishinaabekwe (an Ojibwe woman) and President of the Native Justice Coalition, we strive to create safe places for people to heal from historical trauma and to address issues of oppression. Practicing our traditional ways and teachings brings many of us a great deal of comfort and just what we need to maintain a healthy outlook on life." – *Lori Sherman, President of Native Justice Coalition*

The Thumb Community Health Partnership (TCHP) started working with grassroots organizations first to gather input about the design of a task force to address social determinants of health. They are working with “people with lived experience” (for instance, poverty). TCHP compensates participation of people with lived experience, but more importantly seeks to understand and work on their priorities. TCHP started working with smaller, local organizations first before working with larger, regional organizations connected to decision-makers.

Acknowledge and Address Power Differences and Past Harm

The Phase 1 report highlighted the importance of recognizing and addressing a **community’s historical experiences and trauma**. To do so requires both understanding a community’s historical experiences as well as of your own organization’s relationship to the community. Many members of marginalized communities have had bad experiences with government agencies, social service organizations, and researchers. This includes historical policies and practices, such as redlining in Detroit, and US government policies to destroy Native peoples and their cultures, such as the Indian Civilization Act of 1819 that established Native American Boarding Schools in Michigan.

Current practices that exclude certain groups continue to undermine trust in government and institutions in addition to silencing or erasing these groups. Such practices include barriers to access, tokenizing, and extractive practices that ask community members for their input for community programs or research, but then provide few benefits in return.

Because of this, **many community members question whether their engagement will be respectful, inclusive, equitable, or beneficial**. Washtenaw Health Plan described the difficulties engaging Latinx communities due to the political climate around immigration: fears that in seeking services they could be harmed – even deported – by US immigration services.



“The chilling effect...” refers to the fear that immigrants have to seek medical attention, to leave their house because of the fear of ICE and detainment and deportation ... It took a very long time for the community to warm up to me as a new Spanish speaker on the block... So, we had my other coworker... everyone trusted her. They only wanted her and until she began to say “you can go with Angélica... It's okay.” That is when we finally...broke through some of those walls that were put up. – *Washtenaw Health Plan*

Because of prior experiences, community members and organizations that work with them are sometimes conflicted about how to engage in larger systems. There is a desire for greater inclusion, but there is also a concern about how that inclusion will take place.



We get a lot of requests [for perspectives or representatives of persons living with disabilities] from outside institutions, and I think it makes us feel conflicted because it does feel extractive. It does feel like tokenizing. Often, it's not for a terrible reason. Often, it's because somebody's trying to do research on something that would presumably make the world better for disabled people. Or they're looking for someone to help diversify their board or their whatever, which is also a good thing as long as it's not tokenizing. – *Detroit Disability Power*

Foster Community

The term “community” refers to a group of people who share a common trait, such as living in the same neighborhood or sharing a common identity. The term also refers to a sense of connection or belonging to a larger group. Individuals may belong to multiple, often overlapping communities.

Create Spaces to Foster Connection

Opportunities for individuals to **experience connection or belonging to a community** may take the form of **creating shared language, understandings, healing, and experiences**. Individuals recognize what they have in common and how they differ. The Manistique Community Treehouse Center is an example. It was designed to be “an oasis for nurturing and growth, where the community can connect with nature and one another.” A primary goal of the Center is to provide a place where “people can feel good about life and

living” while gaining access to health and mental health services. The Native Justice Coalition created conditions for engagement, such as through their 2022 Anishinaabe Racial Justice Conference. One NJC team member reflected on their experiences: it “allow[ed] people to be in their process,” meaning “in process” of understanding and claiming Native identities, varied beliefs, learning, healing from generational trauma, and to “open to *zaagidewin*” (love) of oneself and others. Detroit Disability Power also described intentionally creating opportunities for individuals, grounded in their bodies, to recognize and experience one another in community.

Support Communities to Define Themselves in Strengths-Based Terms

Groups working closely with communities made clear that individuals should **define their own community and their own relationships to that community** rather than being defined by outsiders. Manistique Community Treehouse Center, Detroit Disability Power, and Native Justice Coalition described an “opt-in” approach to community that encourages individuals to identify their own fit in particular communities. For example, Detroit Disability Power’s website explains that they welcome those who share the organization’s values and goals; individuals are not required to define their relationship to disability to join or work with the organization.^{xi}

Detroit Disability Power further showed how important it is to use strengths-based language and build a positive sense of community. This is in contrast to defining community in terms of its vulnerabilities.

“Justice in practice is ... being grounded in the body, being grounded in our feelings and our emotions as a way of modeling a different world where people can actually have that whole part of themselves, but also connecting with people on an emotional level.

Because most people don't have the opportunity to talk about these things or relate to people in this kind of way. That's very affirming of that part of themselves, as opposed to the kind of average message around disability [as] being a deficit.... –
Detroit Disability Power

Build Community through Existing Networks

Several organizations emphasized that, in many cases, **effective community engagement strategies are built upon existing trusted relationships and networks**. For example, the NWCHIR convenes a Learning Community, a safe and neutral space for cross-sector

partners to come together around three mutually reinforcing priority areas; resident voice and engagement, health equity, and cross-sector communications. Through a shared exploration, the group uncovered various existing engagement opportunities that could be supported, instead of creating something new. In this way, they could use “limited resources and time [to] support [and] leverage what’s already there.”

Good Works Lab develops community connections by building networks of people and organizations, and fosters group learning and action to work towards a shared purpose.^{xii} In attempts to reach farmers and veterans, the Thumb Community Health Partnership (TCHP) has created partnerships with entities like the Farm Bureau, farm equipment dealers, veterans’ associations, and motorcycle clubs, to support rural men in sharing and comparing their experiences with mental health.

Address Root Causes by Building Community Power

In our Phase 1 Report, building community power was highlighted as a method for addressing power imbalances and root causes of inequity. Building power 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.”^{xiii} Promising strategies were highlighted, including creating narrative change and engaging in community organizing. In our Phase 2 work, we found several organizations building community power. Their goal was to change the conditions that create inequities across different communities.^{xiv}

Change Understandings

As highlighted in the Phase 1 report, **changing the dominant understandings or interpretations that contribute to inequities** (also described as narratives that reinforce oppression), improves community health by making clear how root causes lead to health inequities.^{xv} Many participants in this project are working to change popular understandings that justify health inequities, marginalize people with disabilities, and stigmatize mental health disabilities. One aspect of the Native Justice Coalition’s [Truth and Reconciliation Commission](#) work is to surface historical truth about harmful US government policies through a healing process and uplift Native people’s experiences of intergenerational trauma to educate non-Native people and governments. Good Works Lab, which is addressing the issue of youth suicide in Traverse City, explained how misunderstandings pose a barrier to their work:



It is critical, how we tell stories, and...not reinforcing myths... like talking about suicide. We were hosting a training, and a guy didn't want to talk about suicide because [he believed] it would put it in kids' brains, and then kids will start killing themselves. And that's a myth, but I've heard that. And then people don't talk about suicide. – *Good Works Lab*

To address this issue, Good Works Lab is creating spaces for community members to learn, connect, and think critically about social problems and policies that impact community members such as [Everyone A Changemaker Northern Michigan](#). This is a series of monthly, community workshops to boost knowledge, shift attitudes and build support for social change. Framing issues, or narrative change, using research-based messaging, facilitates collective knowledge, community building, and collective action.

In many communities, mental health disabilities are stigmatized, and many people do not want to talk about needs for mental health care. This then makes it difficult to engage. Manistique Community Treehouse Center focuses on trust and community building, as well as nonclinical approaches that foster community, economic stability, and creativity in order to address the root causes of mental health challenges.



In our community, the African American community, mental health is like a stigma. People don't want to get mental health [treatment]. They shun away from that, but if it is somebody they can trust, they will get the help that they need.
–*Manistique Community Treehouse Center*

Create Avenues for Political Participation

Another method that participating organizations use to address root causes of health inequities is community organizing to **create avenues for political participation**. In this way, communities aimed to influence decision-makers to change policies that influence root causes. For example, Good Works Lab found that existing mechanisms for community input into local policy making (for example, the use of long surveys and the reliance on neighborhood associations) do not reach low income and younger residents. Instead, these methods often capture the experiences and desires of more affluent and older residents.

“ So, the way our city engages with citizens is you have to be an organized association.... And as you can guess, most of these [neighborhood associations] are all the affluent neighborhoods. So, Traverse City is becoming more and more like places like Aspen, Colorado.... there’s a lot of haves and have nots. So, I think the way we engage with communities is unfair and unjust because, again, the retired folks who have time could engage and the people in Traverse Heights who have to work two jobs to make ends meet don’t have time to show up for open houses.
–Good Works Lab

Good Works Lab has been addressing this by organizing neighborhood associations in less affluent areas. These associations create a link between community members and local government. This is part of a larger effort to engage community residents to become more connected to avenues for civic and political participation. Also, Detroit Disability Power (DDP) works extensively on voter information to connect personal experiences with policies that affect people with disabilities. DDP’s “get out the vote” efforts aim to elect decision-makers at all levels of government who will prioritize the needs of people with disabilities.

Work across Sectors

Another key approach is **to draw links between the organization’s goals and the influence of policies across sectors or systems**. For example, DDP advocates for policies that directly impact the health of people with disabilities in the housing, healthcare, and transportation sectors. DDP holds anti-ableism workshops about the impacts of policies on communities with and without disabilities.^{xvi} DDP’s community conversation series and anti-ableism workshops help participants connect the dots between their experiences and broader societal impact.

“ Most people understand disability through a medical lens, rather than a social one. Therefore, they offer an individualized health solution, not a systemic solution, not a cultural solution. And so, we’ve done quite a bit of work over the last few years to try to get funders to understand that the disability community is a marginalized community that needs money for organizing and building power and changing policy so that we can actually do systems change as opposed to individual health work. – Detroit Disability Power

Good Works Lab also takes a multi-sector, systemic approach by working in school systems to address youth suicide, and with the Traverse City Planning Department to advocate for a healthier city. The Thumb Community Health Partnership and the North Central CHIR are both addressing social determinants of health (SDOH) by establishing processes for sustained community involvement in identifying SDOH priorities. Washtenaw Health Plan is making needed connections between health and social service providers to improve health outcomes in Washtenaw County's Latinx community.

Change Practices

Many organizations worked with community members to find ways to collaborate that were meaningful and valuable to them. In the Phase 1 report, we described this as 'being accessible.' Practices included holding meetings in an accessible location, providing childcare and transportation as well as providing compensation for time and expertise. In Phase 2, participants felt this was just the start. They learned that some of their practices were getting in the way of authentic engagement.

Start with Community Goals

Some larger organizations described an ongoing learning process that included reflection, feedback, and adjustment. The Northwest Community Health Innovation Region (NWCHIR) shared an experience of funding residents directly as they considered how to better support communities. With their regional Learning Community, the group leaned into the notion of intentionally closing the gap between traditional decision makers and those experiencing the problem. This resulted in the Community Empowerment Project, a pilot effort providing funds and support for community-based projects led by residents. Instead of defining priority areas for the funding, they decided to let potential grantees select the focus of their work and found that this also served as a means to learn about what is important to communities. Community members had more power over their work, and the NWCHIR found that "reimagining the power dynamics between your organization and community creates space for trust."

Manistique Community Treehouse Center (MCTC) shared a related story. They got residents involved in the organization's community gardening program through a neighborhood solar program. **Residents gained something that they cared about, and this led to more involvement in community engagement efforts.**

“You get them in with something that interests them, in the beginning, and then you can start the learning process, like the solar program...When I put the solar on their homes and they saw the savings, that made them want to learn about the environment...they would say “ok, we are saving money, this is environmentally friendly.” You have to have something that really interests them in order to engage them. – *Manistique Community Treehouse Center*

Co-Design

Several groups **designed projects or programs with community members as equal partners**. Detroit Disability Power (DDP) described how they did this. They created action teams in which members identified issues and worked on solutions with support from DDP staff. They held co-created workshops and events.

“Our members take on leadership roles within our organization and come up with their own projects or their own priorities within certain projects within the action teams... that process, I think, is one that we use fairly regularly...Getting some skeleton down, having people jump in, and us [staff] kind of being the wraparound support. – *Detroit Disability Power*

Organizations said listening, flexibility, patience, and adjusting are important to engagement. Shifting or sharing power required organizations to be **willing to adjust their own goals based on community context**, such as community priorities and existing networks.

Organizations often need to balance their own needs (which may include meeting the requirements of funders or government) with those of the communities with whom they work and serve. This requires making goals and outcomes that both the organization and the community find valuable. Organizations must be clear about their limitations and needs and find ways for communities to do the same. Also, organizations must ask for feedback throughout a project to make sure that communities continue to find value in the work. Creating agreements and understandings of community benefits, developing feedback processes, taking responsibility for effects of decisions, providing support for those harmed, and repairing relationships are all ways in which organizations can be accountable to communities.


Change Internal Practices

While community engagement is often thought of as an external process, we found that there are many **changes needed within organizations** to make authentic community engagement possible. Participants in this project described several obstacles in how their organizations did things that made engagement difficult:

- Policies that would not allow direct payments to community members,
- Lack of culturally appropriate services,
- And, strict ideas about how community programs should be funded and evaluated.

Participating organizations are changing their own practices to address these kinds of issues.

As a priority, DDP makes sure their staff has the **right conditions to do their work well**: “*How we do the work IS the work.*” DDP objects to workplace cultures that “grind out” employees or prioritize paid work above all else. Not only are these workplace cultures unhealthy for everyone, but disabled people face greater harm and risks of harm. DDP sees it as essential to create conditions for their employees to be successful and healthy in their professional work.



We try not to burn ourselves out... We support each other a lot.... So ... we tag team a lot of things. We are really kind of intentional about taking care of ourselves. We give each other props on Slack for taking a stretch break or going outside for some sunshine or having a snack. – *Detroit Disability Power*

DDP places the same importance on creating healthy conditions for the community members with whom they work. They model accessibility practices in community events. These include doing access checks at the beginning of meetings to ask whether participants need any support to readily be a part of all that happens and creating events that are accessible for people with a range of disabilities. DDP also has a process for reflecting on and addressing power differences that may exist between community members and staff so that both can participate as equal partners in work.

Groundwork Center for Resilient Communities found that there were varied understandings of what it means to prioritize equity across their staff, advisory council, and board. They needed a common understanding or language within their organization in order to be good partners with communities. They acted on advice from a Diversity, Equity, and Inclusion consultant. Groundwork Center worked to develop common understandings. They also created a workplace culture that would feel safe for everyone. These practices included a training, an

organizational assessment, equity committees, individual development plans based on personal assessments, and regular discussion groups. They also hired a local Tribal member to lead a learning series on [Anishinaabe history](#) in the area.

Northwest Community Health Innovation Region (NWCHIR) staff did not notice that their regular ways of partnering with community members posed any challenge until they tried to find ways for community members to lead their own projects. Staff then spent a lot of time talking with community members to determine their needs and working with their finance staff to figure out how to change regular practices. They described some of this process:

“ There is really [a lot of] internal growth for the organization that [leads the project] and has to distribute the funds. How can you change your practices and have it be more equitable to people who don't have a bank account? And not everybody has the Internet... They can't sign up for a project or for a learning opportunity [online].... It was very different for us and how we usually work.... Because we definitely didn't realize how many challenges there [would be] to funding residents.
– Northwest Community Health Innovation Region


Reflect and Improve

Several organizations talked about the importance of self-reflection – as an organization and as individual staff members – and recognition of **how they may be contributing to existing power imbalances and health inequities**.

For example, the Washtenaw Health Plan (WHP) wanted to refer clients to other social services. They recognized that they couldn't feel confident that these services would be safe and appropriate for the Latinx community. In response, WHP developed a guide for partnering organizations to assess their own capacity to provide services that meet the needs of the local Latinx community.

“ Alianza Washtenaw Latinx friendly agency assessment tool [is designed] so that we can have agencies complete a self-reflection about the quality of the services that they're providing to their Latinx clients. ... This tool can start conversations with organizations about where their agency could improve and that we can review and ... think about the way in which we're meeting our clients. Also, we hope the tool will inspire conversations beyond the Latinx community – Washtenaw Health Plan

An important part of critical reflection is making opportunities for staff to share their experiences, think critically about regular practices, and come up with new ways of working with communities. Some organizations we learned from did this within their organizations and some also did this reflection together with other organizations. For example, the NWCHIR convenes a learning community of organizations across ten counties in northern Michigan. Creating relationships between organizations through **the Learning Community provided a supportive network for reflecting on and changing internal practices.**



Critical reflection is necessary in our work. Through deep learning, we can reveal how we might contribute to perpetuating inequities. Collectively we also have the power to redesign system conditions for improved outcomes. – *Northwest Community Health Innovation Region*

It is important for organizations to always include processes for honest self-reflection and assessment. This helps in changing an organization’s regular ways of doing things to be more able to work authentically and meaningfully with communities.

Summary

This report focuses on guiding principles rather than specific strategies. We learned in Phase 1 there isn’t a “one size fits all” approach to community engagement. That learning was confirmed by the eight organizations who contributed to Phase 2 learning. How you engage with a community depends on things like the following:

- The power and connections of the organization seeking to engage community,
- Whether the organization is led or staffed by individuals of the community being served,
- An organization’s goals,
- And, community context and history.

The goals of organizations that participated in this project vary. Some are working towards civic engagement. Some organizations are creating connections across community resources and programs. Some are engaging people in mental health programs. Despite these differences, building relationships, fostering community, addressing root causes of inequity, and changing practices were overarching themes.

Power is the central challenge and opportunity for community engagement. Organizations aiming to work with communities authentically need to continually consider and address how power works across the range of community engagement efforts.

No organization fully embodies all the principles in this report. In fact, all of them continue to adapt and try to develop even more equitable practices. In the table below are recommendations for:

- 1) Organizations who are working on more authentic engagement processes and
- 2) Funders who wish to support organizations that are working to embody these principles.

Build Trusting Relationships

- ✓ Build and sustain relationships
- ✓ Prioritize those most harmed
- ✓ Address power differences and past harm

Organizations could ...
<ul style="list-style-type: none">• Include relationship building as part of strategic plans, policies, job descriptions.• Don't sacrifice relationships just to make progress on a project.• Understand the priorities of people with lived experiences first – before bringing policy makers or larger organizations to the table.• Be accountable to the goals of community members.• Be up front about how the organization benefits from community engagement, and what types of power they have.• Be transparent about how funds are disbursed and what can be paid for.
Funders could ...
<p><u>Grantmaking</u></p> <ul style="list-style-type: none">• Consider various phases of the work being funded: relationship building, developing collaborative processes to identify community needs and engagement strategies, and finally, the implementation of those strategies. <p><u>Internal</u></p> <ul style="list-style-type: none">• Supporting processes or policies that facilitate ongoing listening and relationship building with communities and organizations, outside of any particular funded project.^{xvii}• Begin or continue staff learning on internal bias to strengthen relationships.• Foster ongoing staff learning on trauma sensitivity and anti-oppression.• Increase transparency about how philanthropy, and/or your funding agency, has contributed to harm. Describe what your organization is doing to mitigate past harms and change practices going forward.

Foster Community

- ✓ Create spaces for connection
- ✓ Support communities to define themselves using strengths-based terms
- ✓ Use existing networks

Organizations could ...

- Create spaces for community connections.
- Communicate an “opt-in” approach to community.
- Use Strengths-based language.

Funders could ...

- Proposal sections that ask applicants to describe assets and aspirations, as well as historical harms, rather than ‘need.’
- Invest in grantee activities that support community connectedness and realization.

Address Root Causes

- ✓ Change Narrative
- ✓ Create access to political processes
- ✓ Work across sectors

Organizations could ...

- Work with community to draw links between community identified issues and root causes, and then co-develop strategies that address those issues.
- Create opportunities for community to build power.
- Work with community to reframe narrative(s) that perpetuate harm for community and support dissemination of new narrative(s).
- With community, identify systems that perpetuate inequities. Support opportunities for community to influence these systems.

Funders could ...

Grantmaking

- Ensure that grant periods and impact expectations of grantees are appropriate for programs addressing long-term solutions for root causes.
- Invest to support communities to advocate for their own needs, priorities, and ability to participate in policymaking (i.e., power building strategies across places).^{xviii}

Internal

- Consider how funders’ role can extend beyond financing (e.g., to foster collaboration across organizations and places).

- Educate donors about the impacts of inequitable systems, to help them understand root causes.

Change Practices

- ✓ Identify and address community goals
- ✓ Implement co-design processes
- ✓ Reflect and improve

Organizations could ...

- Reduce the burden of participation (provide childcare, stipends, etc.).
- Go beyond reducing the burden of participation by providing community defined benefits that are equal or more value to the cost and gifts of their presence, wisdom, experience, and time.
- Be receptive, flexible, and willing to adjust goals based on community preference.
- Be transparent about limitations.
- Allow time and resources for staff to reflect on personal and organizational practices.
 - Do staff have mindsets or practices that are hindering equity goals?
 - Do internal organizational practices (such as hiring practices, communication, support for staff, etc.) reflect equity goals?
 - Are there organizational policies that make it more difficult to engage with community, such as policies around reimbursement, lack of culturally appropriate services, or entrenched practices that do not facilitate co-design?
- Be open to learning by working with communities to co-create authentic engagement, which then leads to more reflection and change.

Funders could ...

Grantmaking

- Fund existing work that has laid a foundation for community engagement, rather than requiring organizations to create something new.
- Allow for flexibility and adaptation.
- Fund organizations who are led by people in the community. This could mean changes in:
 - How funds are disbursed
 - How organizations are supported in preparing their application
 - Reporting requirements
- Invest in shared services models (e.g., physical resources, administrative services).
- Develop shared goals, metrics, and reporting expectations.^{xix}
- Consider how funding applications may create barriers.
 - Are reviewers judging based on content or writing style?
 - Are applications difficult to complete for an organization that with few paid staff?
 - How is organizational capacity measured?
 - Are funders able to offset the costs of applying for funds?
- Audit grantmaking practices from a perspective of equity (e.g., categories of funds, types and sizes of organizations, regional equity, racial equity). Educate donors about the impacts of inequitable systems, to help them understand root causes.

Internal

- Engage community members and leaders in decision-making processes (e.g., setting program priorities, disseminating funding opportunities, contributing to grant decisions, creating community advisory groups).^{xx}
- Increase diversity of staff and strengthen organizational culture of belonging.
- Seek out and act on grantee feedback to create responsiveness and accountability.^{xxi}
- Dedicate time and resources for staff to reflect on personal and organizational practices that create inequities.
- Train staff on health equity.

Be open to transformation and honest about what is possible. Organizational change is a learning process that begins with addressing internal practices and incorporating the knowledge that is generated by working with communities. This then leads to more organizational reflection and change.

Appendix A – Participating Organization Summary

Organization	Community Engagement Practices	Challenges
<p><u>Detroit Disability Power</u></p> <p>“Detroit Disability Power’s mission is to leverage and build the organizing and political power of the disability community to ensure the full inclusion of people with disabilities in Metro Detroit.”</p>	<ul style="list-style-type: none"> • Building relationships and creating community are at the core of DDPs work. • DDP’s work is driven by member priorities, and members take an active role in planning and implementing DDP’s work. • When member needs and priorities are identified, DDP finds tangible ways to address those issues, both individually and collectively. • DDP approaches health and disability work using a structural, multi-sector lens that addresses root causes of inequity. • “How we do the work IS the work.” DDP models equitable practices, both externally and internally. 	<ul style="list-style-type: none"> • Relationships across systems have been challenging. • How to use relationships and position of organization in ways that do not cause harm. • Culture, policy makers, funders see disability in limiting terms, as a health deficit. • Funder requirements do not adequately support community engagement work. • Engaging community towards systems change approaches. • Creating community across intersecting identities.

Organization

Good Works Lab

“Good Works Lab is a one-stop shop, full-service social change agency for organizations, citizen-led initiatives, and philanthropic movements that are focused on making waves in community health and wellness, mobility, and environmental sustainability.”

Community Engagement Practices

- Create spaces for community members to learn, connect, and think critically about social problems and policies that impact community members.
- Leverage existing relationships and prioritize building new ones with the goal of creating networks of people that can take action.
- When deciding on programming, co-design, democratic decision making, and centering community priorities are key.
- Shared framing and self-organizing networks are key to building to action on collective problems.

Challenges

- Organizations working in public health are grappling with powerful narratives that make community members distrustful of scientific research and evidence-based practice. There is a need to change the narrative around public health.
- Existing mechanisms for community input into local policy making (e.g., the use of long surveys and use of neighborhood associations) do not reach low income and younger residents and tend to capture the experiences and desires of more affluent and older residents.
- Good Works Lab has been addressing this challenge by organizing neighborhood associations in less affluent areas. These associations create a link between community members and local government. This is part of a larger effort to engage community residents to become more connected to avenues for civic and political participation.

Organization

Groundwork Center for Resilient Communities

“For 27 years, Groundwork has empowered people who want to be part of creating a better Michigan with innovative, local-based solutions that create a clean environment, strong economy, and healthy community.”

Community Engagement Practices

- Prioritize Relationships with Community
- Provide Value to and Decrease Burden of Participation for Community Participants
- Recognize Expertise of Individuals with Lived Experience
- Organizational culture aims to support equitable partnering.
- Support for Internal Learning and Critical reflection

Challenges

- How to serve particular communities while also trying to grow the organization.
- How to balance deep community learning with advancing work priorities.
- How to decide when and how to involve community. For example, a lot of time is spent on grant applications without any assurance that the proposed project will be realized. They would like to include community in designing proposed work, but also don't want to waste their time.
- How to balance (potentially conflicting) community preferences and priorities with organizational interests or capacity.
- How to practice inclusivity without putting off those who may not value this approach.

Organization

Manistique Community Treehouse Center

“To promote the diversity of individuals in our community, the mental and physical well-being of our youth, and inclusion of people of all ages and disabilities using holistic interventions. Our purpose is providing programs with a unique focus on inclusion for Persons with Disabilities, the promotion of collaboration with multicultural understanding, and diversity in the counseling process. We plan to provide a safe, creative, supportive, learning environment in this outstanding natural structure.”

Community Engagement Practices

- Listen to community members.
- Meet community “at their comfort level.”
- Communities need spaces to grow.
- Relationships are the basis of community work.
- Center people with disabilities.

Challenges

- Lack of access to systems institutions
- Low capacity to secure funding
- Stigma around mental health

Organization

Community Engagement Practices

Challenges

Native Justice Coalition

“Our goal is to provide a safe and nurturing platform for Native people based in an anti-oppression framework. We seek to collaborate first and foremost with Tribal governments, Native American non-profits, and other Native American led community organizations. Our goal is to bring resources, initiatives, and programming into our Tribal communities that are creative, engaging, and transformative.”

- Create spaces of inclusion and safety.
- Create opportunities to foster community.
- Strategic partnering with non-Native allies after meeting Native community needs.
- Adjust to community needs.
- Plan time for building relationships
- Create opportunities for systemic change.

- Majority (White/biomedical/colonial) concepts do not meet Native communities’ needs.
- Difficult to secure funding as small, marginalized group.
- Historical trauma impacts coalition building.
- Keeping justice work firmly driven by communities.

Organization

Northwest Michigan Community Health Innovation Region

“The Northwest Community Health Innovation Region (NWCHIR) is a cross-sector partnership focused on improving population health, increasing health equity, and reducing unnecessary medical costs through partnerships and systems change.”

Community Engagement Practices

- The process of implementing the Community Empowerment Project was a vehicle for creating more equitable organizational practices and deepening relationships with community members.
- Developing engagement opportunities that are built on existing relationships can facilitate more sustainable connections.
- Creating relationships between organizations through the learning community provided a support network for reflecting on and changing organizational practices.
- Adjusting plans based on community input and building from existing networks.

Challenges

- It can be difficult to connect with groups that you don't have relationships with, and your organization's position impacts how people view you, and, in some cases, whether they trust you.
- Organizational mindsets and practices can hinder connections to community. For example, the Community Empowerment Project, which provided direct funds for resident led initiatives, required different reporting requirements than a typical grant, and funding community members directly required the development of new financial practices.

Organization

Community Engagement Practices

Challenges

Thumb Community Health Partnership

“The Thumb Community Health Partnership provides an integrated approach to identify key issues and establish a coordinated response to regional community needs.”

- Partner with trusted community entities for more effective messaging.
- Conduct outreach activities in places that are already used by target population and in ways that are culturally appropriate for the target population.
- Make support available for community members to participate fully.
- Incorporate benefits for community participants.
- Plan for group power dynamics.

- Evidence-based practices expected.
- Participation of most marginalized/impacted community members.
- Reaching most marginalized communities.

Organization

Community Engagement Practices

Challenges

Washtenaw Health Plan's Alianza Washtenaw Project

"Alianza Washtenaw" will bring together community agencies and work to improve health inequalities for our Latinx community. The themes of this initiative are collaboration and creating a welcoming and friendly environment within social service agencies for our Latinx community.

- Build on organizational trust to connect community members to other organizations.
- Working with partnering organizations to ensure they are welcoming and have appropriate resources to address the needs of the Latinx community. This is done through self-assessment and internal reflection on policies and practices via the assessment tool.
- Building relationships among community-based organizations, beginning with one-on-one conversations, with the goal of creating a coalition of organizations that share resources and create a network of support for community members.

- Lack of trust amongst Latinx community towards government agencies and community service providers.
- Implementing outreach strategies that resonate with the community.
- Lack of coordination among service providers. This includes a lack of communication regarding referrals, but also the physical distance between service providers.
- Lack of Spanish speakers, Latinx engagement materials, and other practices at service provider sites that exclude the Latinx community.

Appendix B – MPHI Role

Michigan Public Health Institute (MPHI) participated in this project as a systems level organization that is also working and reflecting on our community engagement practices. An aim of MPHI learning on this project was to model authentic partnering and to reflect on that experience to strengthen our practice. We quickly learned that we could not enact an equitable approach outside of dialogues with those with whom we wished to learn.

We first envisioned creating a learning council comprised of collaborative partnerships – a systems level organization that works with a community-based organization – through which participating organizations would explore and reflect together about innovative, equitable models for partnering with communities to improve community health and wellbeing. Towards this end, we solicited and invited, organizations to share about how they work in equitable partnerships.

However, we listened and came to understand that a learning council as we envisioned was not an equitable request. First, marginalized communities have experience with research. They don't want to participate unless the research aligns with their needs and benefits their communities. Other groups were also reluctant to or lacked capacity to participate in a transactional research project that did not meet their own needs. Second, we quickly noticed that community engagement looked very different for more “grass tops”/systems-level organizations than it did for community-based organizations, and most especially for organizations led by and serving marginalized communities. Context, positionality, and power significantly influence what and how groups can build and mobilize partnerships across levels. Third, it was those with greater capacity (agencies and other organizations working at a similar level) who would be able to participate and who were interested in learning from organizations who do community engagement well. On the other hand, those who were most practiced with community engagement were typically grassroots-level organizations with little capacity to spare. A learning community was beyond the capacity of the more marginalized community groups and likely would have resulted in a greater burden on these groups as teachers.

Through one-on-one conversations—based in relationship-building and transparency—with groups, we set about reconceptualizing a model for research that would include a feedback process to try to ensure that there was value in participating for all groups involved. Two main interests we heard were that groups wanted to create connections with other organizations and to learn about ways to overcome challenges with community engagement. With these

interests and varying capacity in mind, we re-designed our research process to be one that (1) supported – through funds and reflection conversations – and learned from existing work that exemplified groups community engagement and (2) offered an opportunity for groups to learn about and with one another through participant-led, facilitated conversations that ultimately focused on power shifting challenges and assets. The reflection sessions were designed to benefit the organization (many orgs commented that it was really helpful to talk things through) as well as serve as a learning opportunity for us. The facilitated conversations were a response to several organizations asking for greater connection to other organizations across the state and to learn about “best practices.” Throughout these activities we also held one-on-one conversations to ask about whether these activities were proving to be sufficiently valuable to groups and we continued to focus on building relationships.

Across the activities, we prioritized those most marginalized as we considered how to design learning opportunities that would add value to participating organizations and as we allocated our time. We also recognized that those most marginalized may have the lowest capacity to ask for or make use of benefits.

Funding these existing programs and projects proved a significant challenge. First, determining how to allocate funding, recognizing that those who most needed resources were also those with the lowest capacity to give time to our project, led us to adopt an approach to funding allocations in which we aimed to balance both a group’s participation in the total activities and their capacity to do so. In other words, we accounted for our finding that those who were able to participate the most in the project activities were often those with the greater capacity to do so. By providing more funding to those with greater capacity or more support to those who felt comfortable and able to ask for what they needed meant that we would reproduce the power inequities we noticed across organizations. Second, we found it difficult to align our aim for a collaborative, emerging project with institutional contracting/auditing regulations. This resulted in very delayed payments to participating organizations. We spent a lot of time figuring out how to pay participants (an experience that was mirrored by one of the participating organizations). MPH’s sub-contracting and invoicing processes require a specific scope of work to execute a contract, but the goal of this project was to work with organizations to co-design the scope of work. There was not a one size fits all scope of work that we could use for each organization because the work we did with them was built on their existing efforts. We had several conversations with our finance team to determine how to describe the work that we were doing in ways that could be billable. This also meant that organizations had to wait until the end of the co-design process to receive their subcontracts. The organizations never voiced

a complaint about this, but we were very uncomfortable with the fact that organizations were essentially working without compensation during the co-design process.

Approaching this project with the intent of experimenting with more equitable practices of working with organizations meant that we achieved some small portion of our aim, but also recognized a number of shortcomings or failures. While we will take these learnings into future work with these partners and others, we expect many more mistakes to address and learning to carry forward.

Endnotes

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- ⁱⁱⁱ Stuart, G. (2019, January 31). 4 types of power: What are power over; power with; power to and power within? Sustaining Community. <https://sustainingcommunity.wordpress.com/2019/02/01/4-types-of-power/>
- ^{iv} There are numerous resources about power sharing including: HealthEquityGuide.org (n.d.). Share Power with Communities. A Human Impact Partner's Project. <https://healthequityguide.org/strategic-practices/share-power-with-communities/>
- ^v One of many discussions about power shifting: Urban Institute (2021, June 30). Power Shifting as a Form of Impact: Increasing the Transformative Potential of Impact Investing. <https://www.urban.org/research/publication/power-shifting-form-impact-increasing-transformative-potential-impact-investing>
- ^{vi} Healthy People 2030. (n.d.) Social Determinants of Health. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- ^{vii} Further detail about MPHI's process for strengthening our approach to equitable research is described in [Appendix B](#).
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- ^{ix} Gonzalez, R. (n.d.). The Spectrum of Community Engagement to Ownership. Facilitating Power. https://www.facilitatingpower.com/spectrum_of_community_engagement_to_ownership
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^{xii} Ehrlichman, D. (2022, January 18). Fostering Self-Organization. Stanford Social Innovation Review. https://ssir.org/books/excerpts/entry/fostering_self_organization

^{xiii} The Praxis Project. (2020, June). Measuring the Impact of Building Community Power for Health Justice: What? Why? And How?

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^{xiv} For a description of a “systems change” framework: Kania, J., Kramer, M., & Senge, P. (2018, May 15). The Water of Systems Change. FSG.

https://www.fsg.org/resource/water_of_systems_change/

^{xv} For more information about narratives and narrative change, see: Frameworks Institute. (n.d.). Changing Narratives and Moving Mindsets.

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