Healthy Community Grants Program

Early Lessons Learned From Community Engagement and Planning

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Maine Health Access Foundation
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Introduction

The Maine Health Access Foundation (MeHAF) is committed to improving the health of everyone in Maine, especially people who are uninsured and medically underserved. Our priority to *Improve Health* acknowledges that the promise of good health requires more than ensuring people can visit their doctor or go to the hospital when they're sick. The everyday resources that are available to us where we live, work, and play significantly influence our health and the health of people in our communities.

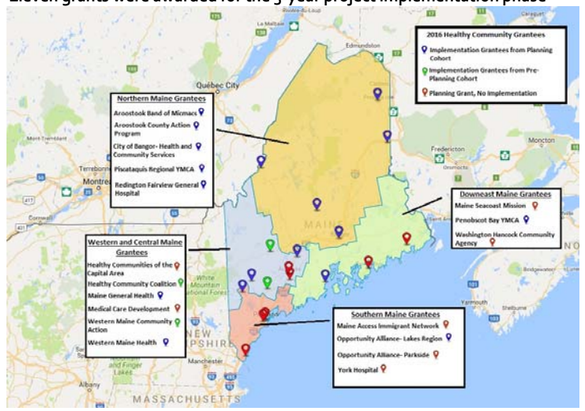
MeHAF believes no single organization or sector can be responsible for the health of a community, and that improving health requires us to think holistically in supporting coordinated action from businesses, nonprofits, educational institutions, hospitals, government, and economic and community development organizations, to name a few.

Improved health sits at the intersection of many systems and sectors within our communities. MeHAF's approach to improving health in communities supports place-based[1], collaborative, community-led efforts that can help transform communities into supportive environments that enable people to live healthier lives. Trying to improve, align and connect these systems is difficult, especially if done in ways that respect and accommodate themselves to the lived experience of marginalized populations. MeHAF is taking a long-term approach to *Improving Health* in communities, which encompasses three distinct phases:

Pre-planning, inquiry, and engagement process that facilitates discussions among diverse stakeholders in a community to identify no more than two priority health issues for their community, and how they will measure success;
Planning process where communities will be expected to develop a plan with a common agenda that aligns the programs and services of multiple partners/sectors to comprehensively address the selected health issue(s); and
Implementation phase that supports communities to implement a community-informed action plan that reflects partnerships, community engagement, system change, and learning and evaluation.

What follows is a synthesis of grantee data gathered through the completion of the Planning phase.

Eleven grants were awarded for the 3-year project implementation phase



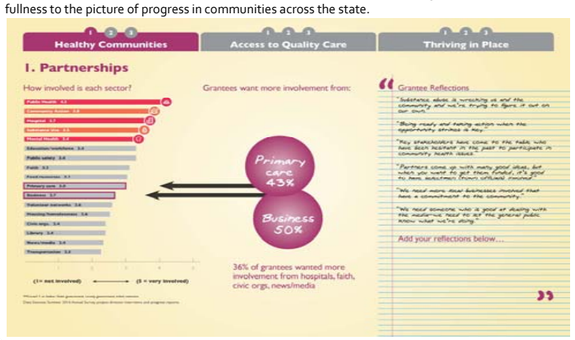
Evaluation Methods

The evaluation draws from multiple data sources , which were coded and triangulated to elicit key themes across grantees within the Planning cohort.

- Grantee interviews
- Project Director survey
- Document review Grantee meeting observation
- Site visits and case studies
- Data interpretation meeting using data placemats[2]

Evaluation Questions	Indicator Type and Description
How did partnerships develop over time? What was the perceived contribution of cross-sector partnerships to observed system changes?	Partnerships Relationship development, leadership, trust, participation, common sense of purpose
How were people who are most affected by the health issue involved in the process? What strategies were used to help remove barriers to participation? What effect did engagement have on community members?	Community engagement Community members' active participation in planning and implementation; roles; new skills, activities, leadership development
What system gaps are being identified? What system changes are being observed? What evidence is there that the changes are attributable to collective efforts?	System change Behavioral/structural/practice/policy changes within and across organizations and service systems that increase coordination, collaboration, and access for people who are most affected by health issue. regulatory and policy changes at local, state level
What are grantees learning from the process? How are they measuring success? How are they adapting based on lessons learned?	Learning and evaluation Learning gleaned from pilot and other short-term activities; progress on local evaluation; learning and adaptation from strategies that were less successful

The data placemat[2] below illustrates sectors represented among partner organizations, what additional sectors are desirable for additional involvement. Reflections from grantee coalitions add fullness to the picture of progress in communities across the state.



Findings

Partnerships
Healthy Community grantees successfully convened diverse sectors in an inclusive process to learn about which health issues to address as a community. They enhanced their relationships, increased communication and collaboration, and engaged in collective action. Most came to consensus on a priority health issue, but for some, the process was difficult. Grantees who sought outside facilitation, especially for key community events, seemed to benefit from this assistance.

Selecting a Health Issue
The majority of Healthy Community grantees (9) chose substance use as their primary health issue. The other grantees selected mental health (3), obesity/childhood obesity (2), improving access to healthy food (2), diabetes (1), and aging in place (1). Some grantees chose two issues.

Grantees convened diverse sectors
Public health, community action programs, hospitals, substance use prevention and treatment providers, and mental health providers were reported to be the most involved in the planning process. Half (50%) wanted more involvement from businesses, and 43% wanted more involvement from primary care providers, faith community, transportation, hospitals, town officials, and news/media.

Community Engagement
Grantees engaged a wide range of community members in the grant project. This is the area in which Healthy Community grantees reported great success—not only in the range of community members who became actively engaged, but in the creativity with which they helped reduce barriers to participation. Case studies showed that community members who received support and leadership training spoke out, put forth ideas for solutions, worked effectively alongside organizational representatives, and sometimes became avid data collectors and analysts.

Community participants are gaining leadership and other skills
Most grantees also provided transportation to meetings (87%) and meals (67%) to help community members overcome barriers to participation. Other supports include childcare, honoraria, grocery gift cards, interpreter services, culturally-specific outreach, and scholarships to workshops and conferences.

Systems Change
Grantees have only just begun to implement their plans, so there is not much evidence yet of changes in the way services are accessed or delivered . However, the survey findings on how organizations relate to each other were very positive, and interviews indicate that many transformative ideas are in the planning stages.

Relationships between organizations have been strengthened

Statements About Relationships among Organizations	Percent (%) Agree or Strongly Agree
Increased communication	93
Greater awareness of community resources	93
Wider community awareness/endorsement of project	92
New collaborative efforts are resulting in action that advances goals	92
Making more referrals across sectors than we used to	85
We are sharing resources, data, and/or other information more than before	85
There is increased trust among diverse and competing organizations	85
Partners are responding collectively to policy opportunities and challenges	54

Learning and Evaluation
At the time of the interviews and survey, none of the grantees had completed their evaluation plans, and 40 percent had not yet begun to plan their evaluations. Interestingly, 70 percent of grantees reported that they were collecting information on social isolation or community connectedness. Several grantees observed that they plan to pilot their ideas, evaluate them, learn from them, and adapt their strategies. They know that collecting information on what works and doesn't work at the pilot stage will help them determine direction and provide the evidence they need to advocate for expansion.

Discussion

The reorganization of state public health department and loss of Healthy Maine Partnerships (HMP) was a significant challenge for grantees. In rural areas, losing even one key partner can be extremely disruptive. In one county, the HMP director was a committed partner and critical link to food cupboards and wellness committees; with the elimination of the program, the director left the county to find work.

Many grantees linked the priority health issue to the root causes of social isolation, disconnection, and/or not feeling valued. This was particularly true of substance use, but it was also the case with grantees focusing on mental health and access to healthy food. These grantees observed that any activity they pursue must increase community connectedness. One community conducted root cause analysis on substance use disorders (SUD) with community members, revealing domestic violence, unemployment, physical illness and poor self-esteem as contributing factors.

Partners engaged in collective action during the planning phase. Grantees reported that they were engaging in a wide range of collaborative activities, even during the planning phase.

As their focus becomes clearer, grantees have become more nuanced and strategic about which partners should be at the table. They observed that at the beginning, they wanted as much diversity as possible, but during implementation it is more important to engage strategically placed organizations that are best positioned to contribute to solutions. This may mean that one has fewer, but more effective, partners. They suggested that some sectors may not sit at the table but may have specialized roles such as "champions" who speak out and advocate on behalf of the collaborative at critical junctures.[3]

Technical support made partnerships more effective. Grantees attribute some of their success in developing effective partnerships to techniques and exercises they incorporated into their research and planning. Training in the Constellation Model and Power Mapping assisted grantees to identify partners they needed to engage, and helped focus their strategy.

Community members are catalyzing stigma reduction efforts. Community members who get involved are benefiting from the experience by gaining confidence, becoming more comfortable with speaking in public, sharing their ideas, and increasingly working side by side with organizational partners to come up with creative solutions to complex health problems.

Other Key Lessons learned during the Planning Phase

- Building into the planning process small-scale tests or pilots of ideas generated by the partnership helped sustain momentum, increased shared learning, and strengthened relationships.
- A key to success is building leadership across the partnering organizations, and the lead organization must at times step back and actively develop and encourage others to step up.
- Determining what data to collect, when to collect it, and how to carve out the time and resources necessary to gather data, reflect on what's working and not working, and using that information for further planning is a serious challenge for nearly every grantee.

References

1. A funding strategy used by foundations that focuses on improving outcomes within specific geographic communities (neighborhood, city, county, etc.) rather than a specific issue or cause (*The Place-Based Strategic Philanthropy Model*, Center for Urban Economics at The University of Texas at Dallas)
2. Pankaj, V., & Emery, A. K. (2016). Data placemats: A facilitative technique designed to enhance stakeholder understanding of data. In R. S. Fierro, A. Schwartz,&D.H. Smart (Eds.), *Evaluation and Facilitation. New Directions for Evaluation*, *149*, 81–93.
3. Thinking more broadly about the roles multiple sectors can play (other than sitting at the table) is consistent with ReThink Health's "Conditions for a Healthy System of Health" tool. The tool is based on the theory that certain conditions are associated with efforts to change systems. They consider both multi-stakeholder leadership groups, and diverse, multi-sector champions as conditions and catalysts for developing better systems of health (www.ReThinkHealth.org)

Questions?
Contact Charles Dwyer, MeHAF Program Officer: cdwyer@mehaf.org
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