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Building Effective Health System-Community Partnerships: Lessons from the Field

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IN BRIEF

Health care organizations are increasingly seeking to meaningfully partner with community members to better address community needs and priorities, especially for patients with complex health and social needs. As health care entities prioritize strategies to address health disparities and advance health equity, it is particularly important to acknowledge the critical perspectives that patients and their families can bring to inform program and policy design. It can, however, be challenging to obtain and incorporate community voices in a sustainable and authentic manner. This brief shares considerations for health care organizations and government entities to build effective partnerships with the individuals and communities they serve to better address their health and social needs. It draws from the experiences of two sites — Hennepin Healthcare in Minneapolis and the Los Angeles Department of Health Services Whole-Person Care Program — that participated in the *Community Partnership Pilot*, a Center for Health Care Strategies initiative made possible by the Robert Wood Johnson Foundation.

In light of the disparate impacts of COVID-19 on communities of color and the calls for racial justice across the nation, health care organizations are increasingly focused on the need to meaningfully partner with community members to better address community priorities, especially for patients with complex health and social needs. As health care entities, including community clinics, hospital systems, and county health agencies, prioritize strategies to address health disparities and advance health equity, it is particularly important to acknowledge the critical perspectives that patients and their families can bring to inform program and policy decisions.

While a growing number of health care system leaders recognize the value of community partnerships, many are seeking better ways to ensure that community voice is incorporated at all levels of care delivery and institutional decision-making. Health systems, however, may face a number of challenges when engaging with individuals and communities, including: structural racism that has led to systemic power imbalances between health systems and the communities they serve; lack of trust; uncertainty of how to incorporate the feedback provided; cultural differences and limited cultural competency; the absence of infrastructure to support these connections; and deeply entrenched ways of operating at the health system level.

To better understand what it takes for health systems to meaningfully engage community members, the Center for Health Care Strategies (CHCS), through support from the Robert Wood Johnson Foundation, launched the Community Partnership Pilot (CPP). During this 18-month initiative, CHCS

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worked with two competitively selected sites — Hennepin Healthcare in Minneapolis and Los Angeles County Department of Health Services' Whole Person Care program — to identify best practices for engaging community members and building effective partnerships between health care systems and the communities they serve. This brief describes lessons learned throughout this project and offers practical considerations for health care systems as they look to bring community voice more front and center in identifying community priorities and co-designing strategies to address these priorities.

Community Partnership Pilot Overview

Working with Hennepin Healthcare and the Los Angeles County Department of Health Services' Whole Person Care program, the CPP project gathered information on ways health systems can:

- Co-identify community priorities;
- Obtain and integrate consumer input;
- Design and implement sustainable health system-based efforts to address community-identified health and social needs; and
- Understand and collectively promote more equitable and culturally relevant approaches to care.

Hennepin Healthcare: Engaging the Somali Population to Address Mental Health Needs

Hennepin Healthcare, a Minneapolis-based safety net health care system, identified mental health access for the Somali population as a priority health need through their 2016 community health needs assessment. The Somali population is one of the largest ethnic communities served by Hennepin Healthcare, and data from the community health needs assessment indicated that Somali patients access Hennepin's mental health services at lower rates when compared with other demographic groups in the overall patient population. Their CPP pilot aimed to use human-centered design to better understand and address the barriers to accessing mental health care by the Somali community. As part of this effort, Hennepin Healthcare employed Community Engagement Leaders (CELs) to serve as liaisons between the health care system and Somali community. The CELs were members from the Somali community who are passionate about eliminating health disparities and advocating on the behalf of the Somali community.

The Hennepin population health team and the CELs engaged community members to better understand: (1) current perceptions of mental health and related supports for the Somali community; (2) experiences with mental health services and barriers, both inside and outside the Hennepin health system; and (3) the ideal way to support mental health access in the future. From this process, the Hennepin team learned that the Somali community wanted providers to have more training on cultural preferences and staff empathy-building, and that there was a significant need to address the stigma surrounding mental health issues within the community itself.

Whole Person Care Program: Improving Access to Care Inside and Outside the LA County Jail System

Los Angeles County's Department of Health Services' (DHS) CPP pilot took place in the context of its broader Whole Person Care (WPC) program, which seeks to improve the coordination of services for vulnerable Medi-Cal beneficiaries, such as individuals with multiple chronic conditions and the justice-involved population. To further support the goals of WPC, the county at large, and efforts to design more equitable programs for the justice-involved population, the LA DHS collaboration team used the CPP pilot to launch the Reentry Health Advisory Collaborative (RHAC), an 11-member advisory board of formerly incarcerated individuals.

The RHAC provides input on strategies to address the health and social service needs of the reentry community, including: (1) capacity building of community organizations to support continuity of health and social services on reentry; (2) the equitable distribution of local funds to culturally competent providers who are serving the reentry population; (3) community asset mapping and a gap analysis of community resources that address the social determinants of health; (4) effective delivery of primary and behavioral health care services in community and correctional settings; and (5) support and institutionalization of community input into LA County's decision-making processes. The RHAC has provided critical feedback on the County Board of Supervisor's Alternatives to Incarceration Work Group Roadmap, an effort to expand diversion and alternatives so that care is provided first and jail is a last resort. Since the inception of the RHAC, the group has provided critical input on evolving the county's crisis response system, reducing the jail population during the COVID-19 pandemic and beyond, and closing Men's Central Jail. With the closure of Men's Central Jail, the RHAC has pushed for the resources previously used to fund the jail to be reinvested in expanding community safety net programs.

Key Strategies for Effective Community Engagement

While LA DHS and Hennepin Healthcare focused on very different populations and used different mechanisms to engage their community partners, both recognized common themes in their work. These strategies can inform health care systems and government agencies as they build their capacity to meaningfully engage with community members to create a more equitable health care system.

1. Secure Buy-In from Organizational Leadership

The desire to engage with the community often starts at the individual provider level, with clinicians seeking input from patients about their care experiences. Implementing and sustaining an organizational-wide patient engagement strategy, however, requires commitment and buy-in from health care leadership. Leaders throughout health care organizations, from administrators and executives to clinic leads, have a role to play in developing community engagement strategies, from setting the tone of engagement activities and goals to allocating health care dollars to executing engagement activities. Opportunities for health care organization leaders to support and sustain effective community engagement include:

- Establishing a phased-in approach to community engagement with the goal of learning, including through pilot projects;
- Communicating the importance of engagement efforts to staff at all organizational levels, including during leadership-level meetings and via organization-wide communications;
- Protecting time for organization staff to devote to this work; and
- Prioritizing employment of people with relevant lived experience (e.g., in job descriptions and hiring practices); and
- Institutionalizing community feedback into health care system policies and practices.

> *"In order to align all justice and health-related processes that impact current and formerly incarcerated individuals, there needs to be a long-term investment in developing and sustaining the RHAC."*
>
> *—Diana Zúñiga, LA DHS*

It is also important for health care leadership to consider input without expectations; decision makers need to be receptive to suggestions from community members that may not necessarily align with organizational priorities. Engaging with the community, for example, can lead to shifting of traditional organizational practices. Building off their CPP work, leaders at Hennepin Healthcare are exploring ways to move from a "Eurocentric model" of behavioral health care delivery that consists of diagnosis and medication and instead incorporate a holistic "culture of healing" into their organizational practices. Using a health equity lens, the Hennepin team seeks to empower community-based practitioners who are already rooted in a "healing as health care model." The Hennepin team learned from the CELs the Somali community norm of including spiritual care as a part of mental health treatment. Currently, Hennepin behavioral health providers and Open Path Resources, a nonprofit that advocates on the behalf of East African immigrants, are discussing strategies to further integrate spiritual care into specific psychiatric services, such as including Muslim spiritual care providers as part of the chaplaincy team. A behavioral health care approach that blends traditional spiritual care practices related to mental health with Western approaches to mental health treatment is an example of co-creating a culturally responsive approach.

The LA DHS collaboration team is in the early phase of institutionalizing the RHAC into the county government structure by embedding the RHAC more formally within the Los Angeles Department of Health Services and hiring members of the RHAC to serve as coordinators for the advisory committee. While there is engagement from DHS leadership and the Office of Diversion and Reentry to maintain the RHAC, the county is still working to identify financial resources to permanently support this work.

2. Commit to Long-Term Relationship-Building

Establishing meaningful and trusting partnerships with community members takes substantial time, effort, and a genuine commitment for long-term engagement. Given the historical power imbalances between large health care and government entities and the communities they serve, efforts to build trust with community partners are paramount. Health care organizations can consider leveraging the influence and power of trusted community figures, such as leaders of community-based organizations, religious leaders, community

organizers, or community volunteers, to serve as a starting point for understanding community need and perceptions. These leaders may be able to broker relationships with the community more broadly. Health care organizations can hire and meaningfully compensate community liaisons to act as go-betweens, translators, or engagement champions to participate in partnership activities, much like Hennepin Healthcare's CELs.

Health care entities should incorporate strategies to develop truly collaborative relationships and set a context for mutual benefit so that community members and health care partners will find value through partnerships rather than one-sided information gathering that community members often feel are extractive. Other strategies to build trust with community members include:

- Being clear about the goals and objectives of partnerships so that these efforts are mutually beneficial;
- Sharing decision-making power regarding use of health care resources; and
- Making an explicit commitment to improving health equity.

Hennepin Healthcare noted it was important to consider power dynamics upfront so that unbalanced power dynamics were not perpetuated in their human-centered design conversations. To address this issue, Hennepin trained the CELs on facilitation to give them skills to effectively lead co-creation sessions with health care clinicians and Somali community members (see page 8 for more on human-centered design). The Hennepin team also intentionally chose not to use formal titles during these sessions to remove the hierarchy inherent in the medical context and encourage people to share more freely. The Hennepin team found that storytelling can be empowering, healing, educational, and destigmatizing. For example, when clinicians shared their own mental health journeys, it created a safer environment for community members to be open about their own experiences.

> *"It's easy in health care to think we have the answers and the solutions. Engaging with community needs to be more than a one-time kind of check the box. It really needs to be active and ongoing."*
>
> *—Amy Harris, Hennepin Healthcare*

In Los Angeles County, the DHS staff coordinating the RHAC have a long history of community organizing and commitment to both racial equity and advancing justice transformation. As part of and prior to establishing the RHAC and Alternatives to Incarceration Work Group, LA DHS staff had been meeting with hundreds of community-based organizations and community members for years and already had deep connections to these communities. These long-standing relationships resulted in immense interest from the community in joining the RHAC, with many more applicants than available spots on the advisory board. Following a rigorous review process of the 68 applications that were submitted, 11 individuals, representing a diverse group of racial and ethnic backgrounds, geographic locations, genders, and sexual orientations were invited to participate in the RHAC.

Strategies for Engaging and Integrating Community Perspectives

Health care organizations can use various strategies to elicit and integrate input from community members. These include:

- Collective Impact: A structured form of collaboration to gain commitment from individuals of different sectors to coalesce around a common agenda for solving a specific social problem at scale.
- Community-Based Participatory Research: A collaborative research approach that equitably involves multiple partners in the research process with an end goal of integrating community expertise into policy or social change benefiting the community members.
- Consumer Advisory Boards: Formal groups of patients brought together to provide input on how health care systems can better understand priority health issues and improve care delivery.
- Human-Centered Design: A problem-solving approach that involves the human/patient perspective in all steps of the problem identification and solving process.
- Participatory Budgeting: A process in which community members determine how to spend part of a public budget, giving community members a role in community spending decisions.
- Patient-Centered Outcomes Measures: Measurement that is driven by patients' expressed preferences, needs, and values that informs progress toward better health, better care, and lower costs.
- Results-Based Accountability: A strategy to help communities and organizations get beyond talking about problems to action. It uses an outcomes-based approach to assess how much was accomplished, how well it was accomplished, and whether people are better off.

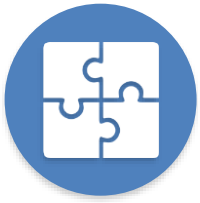
3. Promote Transparency and Accountability

Transparency around the goals of community engagement helps build trust in the process and can help create a clear vision for the purpose and potential impacts of community contributions. Community engagement goes beyond solely what the health system deems as goals; effective engagement requires prioritizing what the community deems as problem areas and collaborating toward a solution. To begin, health care entities and community member should clearly state their goals for this work upfront. Both the health system and the community should decide together what methods should be in place for communicating progress, decisions, pivot points, and timelines at every level of the community engagement process and with all participating stakeholders (i.e., health care leadership, providers, frontline workers, community-based partners, patients, their families, and their caregivers).

Another strategy to promote transparency and accountability is through the co-creation of written governance structures and group charters, which explicitly outline the mission and objectives of partnership activities, such as patient advisory councils. These documents also serve as external-facing overview materials for community members and describe the benefits of participation and partnership commitments (i.e., number of planned meetings). As part of the RHAC development, LA DHS staff and RHAC members created a group charter that includes the values and strategic guidance for participation in the advisory collaborative and provides parameters for participating in the Alternatives to Incarceration Work Group discussions.

Health care organizations should also consider how to assess community partner satisfaction with community engagement activities. CPP sites noted that communities often feel that health care entities are great at seeking information but are not as good at circling back to share how community knowledge is used. Engaging with communities should be more than a one-time event to check a box. Feedback loops that inform community participants how information is being used — or why certain decisions were not made — is an essential way for health care entities to demonstrate how they value the partnership.

4. Work Toward a Shared Vision



Engagement strategies, such as human-centered design, results-based accountability, participatory budgeting, and community-based participatory research (see sidebar on page 6) can support the shared development of health care delivery improvement initiatives and contribute to a mutual understanding for timelines and anticipated outcomes. Using these different strategies to collectively identify community priorities and co-designing solutions to address these priorities creates a shared vision for action and builds trust in the process.

Hennepin Healthcare's process for human-centered design is described on the next page.

A Deeper Look into Hennepin Healthcare's Human-Centered Design Approach

The Hennepin Healthcare pilot used a human-centered design approach to co-create ways for Somali community members to better access mental health services. A team of designers formally embedded within Hennepin Healthcare served as the lead facilitators of the human-centered design process for CPP. Hennepin's designers had experience working closely with diverse patient populations and are skilled at engaging patients who have been disenfranchised.

This human-centered design approach method supported an equal platform: Somali community members, including the CELs, were at the table with medical professionals, collectively sharing their insights throughout the process. The project used a train-the-trainer model to create a team of project facilitators, consisting both of Hennepin staff and the CELs, grounded in human-centered design philosophy, approaches, and skills. The human-centered design process used iterative listening sessions to identify the most salient barriers experienced by the Somali community in accessing behavioral health services, and co-identified strategies to address these barriers.

For this pilot, the human-centered design process included the following four phases:

1. ***Explore the problem***. The project team, consisting of clinical partners and the CELs, sought to gather insights about the Somali population's current perceptions of and experiences with mental health services and understand their vision for meaningful and effective mental health services via listening sessions and interviews with community leaders, community members, Hennepin providers, and community health specialists.

2. ***Analyze the Findings***. From the deep analysis of the qualitative research conducted in the first phase, the team identified the advantages and disadvantages of accessing and engaging in mental health services. This analysis identified key opportunities that were explored in the next phase.

3. ***Ideate on Solutions***. The human-centered design participants (community members, CELs, and Hennepin staff) prioritized a list of opportunities and partook in brainstorming sessions to co-create 2-4 solutions. The feedback from these sessions was used to refine the concept to be piloted.

4. ***Implement a Pilot***. The entire group chose the final concept solution to pilot and evaluate.

The group landed on wanting to hold a staff training and empathy-building event, with the objectives of: (1) creating a deeper understanding for health care professionals of Somali history and culture; (2) building sensitivity and awareness for health care professionals that will help them identify mental health needs in their Somali patients; and (3) destigmatizing mental health by creating a more welcoming health care experience. The culmination of this work was two *Eat for Understanding* events, a Somali-inspired dinner that brought together Somali community members and the medical community to discuss behavioral health care access. The first was a virtual Tea for Understanding in April 2020 due to COVID-19 restrictions, and then an in-person socially distant Eat for Understanding was held in September 2020.

5. Hire Those with Lived Experience into Positions of Leadership

The term "lived experience" refers to the knowledge or impressions individuals have because of living through a certain experience, condition, or life reality. Leveraging this firsthand expertise to better understand community priorities is vital to the success of initiatives designed to improve community health. One of the lessons from the CPP project was that hiring those with lived experience — especially into middle management and executive-level leadership positions — helps legitimize and sustain the incorporation of community voice into organizational processes and program decisions. Too often this work is viewed from a perspective of "us" versus "them," and thinking about communities in a siloed way reinforces systemic racism. This dynamic can be shifted by embedding those who have been disenfranchised by inequitable systems, such as racism, into decision-making processes. Hiring people with lived experience from the community allows for community members to have a permanent seat at the table and ensures that on-the-ground perspectives are considered when establishing programs and services. It also supports a more diverse and inclusive workforce that allows for health care systems to better reflect the communities they serve.

The lived experience of the LA DHS staff helped to drive a health equity agenda within LA County, and enabled LA DHS staff to engage with the RHAC on a deeper level and create an atmosphere of trust. The RHAC members appreciated how the DHS staff valued and encouraged their input during workgroup meetings and elevating and validating their contributions to these county-level discussions.

> *"This is more than a job. After years and years of multiple conversations and being present for each other in the trauma — in the success in the celebration and many times, in the pain and the frustration — we are family at this point."*
>
> *—Diamond Lee, LA DHS*

Having members of the team with lived experience can begin to alleviate imbalanced power dynamics. The health care experiences of participating CELs enabled them to exert their influence more effectively as they were able to serve as a liaison between both groups. As health care entities strategize ways to promote the CEL model to support community engagement activities both inside and outside the health care setting, it is important to not only consider the range of roles community members could play, but also ask them what role they want to serve to contribute to project success.

6. Use Consensus-Building to Create Shared Power

Creating structures and policies that encourage community members to feel free to share their experiences is vital to ensuring successful consumer engagement efforts. Even within a given community, there will be a diversity of views on what should be done, so it is important to encourage a wide range of experiences and then work toward consensus. Health care entities should consider not only soliciting input from the community, but also inviting the community into the decision-making process to establish a commitment to shared power. This way, the community can be involved in determining the future course of action while holding the health care system accountable for action.

For health care organizations convening consumer advisory boards, it is important to co-develop structures and policies that encourage advisory board members to feel free to participate and share their experiences. Health care representatives and community members can work together to develop advisory board expectations, such as how often the group will meet and attendance requirements, as well as a governance structure. It is also important to mitigate potential power dynamics between large health care systems and patients, especially among low-income and other marginalized populations, which can be done by co-developing agendas, sharing facilitation duties, and appointing community members to serve in leaderships positions on the board. This ensures that an environment is created where community members feel safe to openly share their thoughts.

7. Support Training and Capacity-Building Activities for Community Members

Depending on personal and professional experiences, many community members may be new to participating in formal consumer advisory boards or are likely to be unfamiliar with health care system decision-making processes. To that end, health care organizations can support capacity-building opportunities to help community members improve their leadership skills and facilitate productive and effective collaborations. Providing concrete training can improve consumer experience, promote teamwork, and develop mutual trust. Capacity-building opportunities can include training on key issues as well as communication, public speaking, and advocacy.

Train-the-trainer approaches allow community members to take ownership of the process, feel valued, and serve other members of their community. The Hennepin staff coached the CELs on human-centered design methods, empowering them to lead their own group sessions with other Somali community members. The RHAC members specifically identified facilitation training as a priority to better navigate working with government officials and design engagement activities in a collaborative way.

Health care organizations can support capacity-building opportunities to help community members improve their leadership skills and facilitate productive and effective collaborations.

Additionally, with the closure of the LA Men's Central Jail, DHS staff and the RHAC are urging the County Board of Supervisors to commit to reinvesting any savings from closing the facility toward activities that improve health and community safety throughout the county. To participate in the resulting budget discussions, the RHAC received training on county budgeting processes, which has been provided by Californian's United for Responsible Budget. In addition, through collaboration with the Participatory Budgeting Project, the RHAC is developing participatory budgeting processes to guide county budget decision making.

8. Compensate Consumers in an Equitable Way

Acknowledging the value of community members' time and expertise through some form of compensation is essential. Health care professionals are often paid for their participation on advisory boards or technical advisory committees, and it is important to value the time and expertise of community members in a similar manner. Health care organizations can pay

people with lived experience in various ways, including hourly wages, honoraria, gift cards, as well as providing meals and/or childcare during meetings.

The type of compensation provided should be administered in a way that works for all involved and health care organizations should ask consumers about the best way to issue reimbursements. In particular, health care entities and county agencies should consider any possible tax implications consumers might face. Another lesson from the Hennepin team is that the compensation structure allowed for the human-centered design facilitators to hold more decision-making power than intended, so in the future to ensure shared power, Hennepin might consider better aligning its compensation structure for human-centered design facilitators and CELs.

RHAC members were reimbursed a $1,500 stipend for their participation, originally to be paid in equal lump sums throughout the project. In light of the COVID-19 public health emergency, which has severely impacted people of color in the Los Angeles region, the DHS staff elected to front load the stipend to provide additional support to RHAC members during an economically precarious time. Recognizing the RHAC's participation across several county meetings— more than originally anticipated— the DHS also secured an additional $1,000 per RHAC member from other LA initiatives to augment the stipend. The LA DHS team also developed a creative compensation strategy in the form of gift cards for a RHAC member who is undocumented.

9. Develop Sustainability Structures

The above commitments to advancing a community engagement strategy cannot be implemented effectively without a sustainability plan. Newly formed community engagement activities, such as a consumer advisory board, need a long-term vision for how this feedback will be incorporated and maintained. This includes having dedicated staff to oversee consumer engagement work, as well as committing financial support to cover personnel time and consumer reimbursement. In the absence of health care leadership commitment to sustain these ventures, the exchange of information can be disrupted, which can diminish the trust established with community members who may feel that their input is often sought but no meaningful change is enacted. When planning community engagement efforts, it is important to emphasize that these larger systems of inequity were not built in a day, so collaborating to dismantle them will not be done in one either. Setting this long-term expectation upfront will allow for the foundation of trust with the community to be built over time.

The RHAC, which was initially supported through CPP, has begun to demonstrate a proof of concept as an influential platform for how government agencies can pursue ongoing engagement of community members. However, given its status to date as a "special project," it is not yet to the point of being fully embedded within the ongoing operations of LA County. The county staff that oversee the RHAC continue to advocate for institutionalizing the advisory group into the county structure to ensure that county policymaking and program design continues to be informed by the individuals they aim to serve.

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Conclusion

With COVID-19 and racial justice uprisings in 2020, the landscape of health care has changed significantly over the past year. For LA DHS and Hennepin Healthcare, these events pushed them to honor lived experience and be more purposeful about understanding community needs and collectively harnessing community member knowledge to address identified priorities. The murder of George Floyd in Minneapolis caused the Hennepin team to reflect on their role in the community and the work needed to repair trust and build relationship with the local Minneapolis community, including the Somali population. Similarly, the LA DHS team and the RHAC doubled down on their efforts to advance health equity measures and policies to improve the health and well-being of those in and out of jail settings.

As demonstrated by the Community Partnership Pilot, community engagement is critical for health care organizations to address larger structural inequities. To do this work meaningfully, it takes time, dedication, and a commitment from both a financial and human capacity perspective. Meaningful engagement also requires an unlearning of ingrained practices to make a long-lasting cultural change.

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center committed to improving health care quality for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit **www.chcs.org**.