ReThink Health
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Keep Three Approaches in Balance for Successful Resident Engagement

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Part 2 of a 4-part blog series exploring resident engagement

In the life of a multisector partnership (MSP) focused on health system transformation, someone at the table inevitably will ask, "How can we be sure that we're doing the work that the community wants and needs if we are missing authentic voices from the residents of the community?" Typically these types of "aha" moments result in the group agreeing that, "yes, we need to engage residents in our work." This is followed by the question: "But what is the best way to involve residents?" And so begins the quest for the one magical resident engagement practice that addresses all problems perfectly.

As mentioned in our previous blog, "resident engagement" is a catch-all phrase that is often used interchangeably with similar terms, like "community outreach." In fact, one MSP participant, when asked how engagement is different from resident involvement or community organizing, laughed and said, "As far as I'm concerned, they are all the same, it just depends who you are talking to."

But are they all the same? If they're not, and we continue to talk about "resident engagement" as if it is a one-size-fits-all activity, how will we ever improve and get better at it? Another approach could be to unpack the actual practices associated with the word "engagement" and learn more about the outcomes partnerships can expect to achieve by choosing any one of those practices.

With this second approach in mind, ReThink Health interviewed a diverse group of more than 50 stakeholders to hear first-hand their goals, methodologies, challenges, and successes when engaging residents. These stakeholders included representatives from hospital systems, philanthropy, community-based organizations, public health departments, insurers, and resident leaders themselves. Not surprisingly, we found that there is no single best way to involve residents and that practices and outcomes varied depending on the type of stakeholder, their capacity, and support from their leadership.

Using the findings from these interviews, we have created a **Resident Engagement Practices Typology** (click the image below to access the full PDF) and classified the practices based on the three outcomes that partnerships or other organizations could actually achieve:

- Increase resident **awareness and participation** in the services provided by organizations
- **Secure feedback and input** from residents to improve services, processes, or policies
- Support **active resident leadership (community activation)** by creating conditions for large groups of residents to lead and be involved in transformational efforts

Resident Engagement Practices Typology

"Residents" are those who live and work in the community and are not professionally involved in a multisector partnership.

Outcomes	Practices	Description
Resident Awareness and Participation	Provide services and programs in the community	Provide services and programs to residents in the community (e.g., cooking classes, farmers' markets, mobile vans, etc.)
	Incentivize behavior	Offer incentives to residents with the intention of changing their behavior (e.g., health care organization pays patients to show up for appointments)
	Share information	Share information about services, programs, and healthy behaviors with residents through flyers, blogs, reports, social media, and more
Feedback and Input from Residents	Conduct surveys, interviews, and focus groups	Gather feedback and input from residents on specific projects, services, or programs through in-person urveys, interviews, and focus groups
	Invite feedback via social media	Gather feedback and input from residents on specific projects, services, and programs through social media
	Invite representation on advisory committees and governing boards	Invite residents to serve on advisory committees and governing boards to gain their perspectives and input
	Host community meetings/town halls	Receive input from a broad group of residents through community meetings or town halls.
	Conduct listening campaigns	Organize a focused effort to build community and identify concerns and priorities in a specific region through one-on-one or house meetings
	Organize public deliberation processes	Organize public deliberation processes for the discussion and decision-making necessary to solve community problems
	Co-design of services and/or programs	Facilitate resident input in the design of community-related services and programs
Active Resident Leadership	Provide grants for resident-driven initiatives	Invest financially in resident-driven and -led initiatives (e.g., grants for programs or for hiring and training community organizers)
	Open opportunities for shared decision-making	Provide opportunities for a large number of residents to participate in decision-making on specific issues (e.g., participatory budgeting)
	Offer physical space for community gatherings	Provide free access to community spaces for residents to gather and self-organize
	Deploy a cadre of residents as community organizers	Recruit, hire, and train residents as community organizers to build community power
	Open opportunities for residents' to build their capacity for leadership	Offer training in leadership and other skills to residents seeking to build their capacity for leadership positions

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While constructing the Typology, we learned two major lessons that could enhance your partnership's work. They are:

1. **Partnerships could do much better at ensuring their practices are aligned with desired outcomes**. If your goal is to cultivate active resident leadership, for example, providing community services cooking classes or zumba classes may not achieve this (that practice is associated with another outcome–resident awareness and participation). You'd do much better by providing an open space and inviting residents to to use it for their own community-driven activities, including to gather and hold meetings. For an example of an organization providing space where residents are creating and leading all the programs and activities, take a look at Como Clinic in St. Paul, Minnesota.

2. **Partnerships should invest more in supporting active resident leadership (community activation) in order to create a balanced set of practices that could achieve health system transformation**. One finding from our research: the vast majority of partnerships and organizations involved in resident engagement are focused on increasing resident awareness and participation and/or getting feedback and input from residents; rarely are they pursuing active resident leadership. This lack of balance in their resident engagement portfolio creates consequences, include diminishing trust of the MSP within the community. Residents sense an inability to influence things, which creates a sense of being excluded and powerless.

Resident Engagement Outcomes

Transforming a region's system for health requires the balance between practices across all three outcomes.

If any one outcome is not pursued, there is an imbalance.

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A great example of an organization broadening it's practice to balance between the three outcomes is Public Health Department from Alameda County, CA. In addition to offering the most common public health interventions like risk factor screenings, immunization, and disease-specific educational campaigns, they've established Resident Action Councils, which are resident-led teams organized by neighborhood. They also operate a mini-grants program to support leadership training for organizers of resident-driven initiatives. This allows them to work with residents when tackling some of the most pressing and challenging issues affecting health in their community.

How can partnerships use the Typology?

The Typology is not only a collection of practices, but can be used to initiate a conversation within your partnership to align your goals around resident engagement, strategize a portfolio of activities appropriate for achieving those goals, or identify the gaps in efforts or initiatives you are currently implementing. In practice, the Typology has already been used to initiate a solid resident engagement conversation among the members of the Healthy Roanoke Valley Coalition in Virginia. With more than 100 local stakeholders convened by the local United Way, ReThink Health presented the Typology and conducted a sharing exercise with a few simple questions:

- What needs to shift for your practices to balance your resident engagement portfolio?
- Can your organization actually make that shift? What are the limitations (e.g., state regulations, resources) How can you partner with someone else to overcome any limitations?

Answering these questions enabled participants in the room to identify a need to support initiatives that create conditions for active resident leadership. They also identified the need to create more intentional collaboration between the partners in their coalition as a means to minimizing the duplication of efforts in pursuit of that goal.

Check back next week as we continue our blog series exploring resident engagement for health system transformation.

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