

## Rural Community Engagement Resource Guide

Community engagement is a critical function for identifying needs, gathering feedback, and securing community and partner involvement in strategies that improve health, increase value, and drive equitable care delivery.

This resource guide provides rural health care leaders a variety of toolkits, strategies, and information to help initiate, improve, and inspire community engagement strategies that support value.

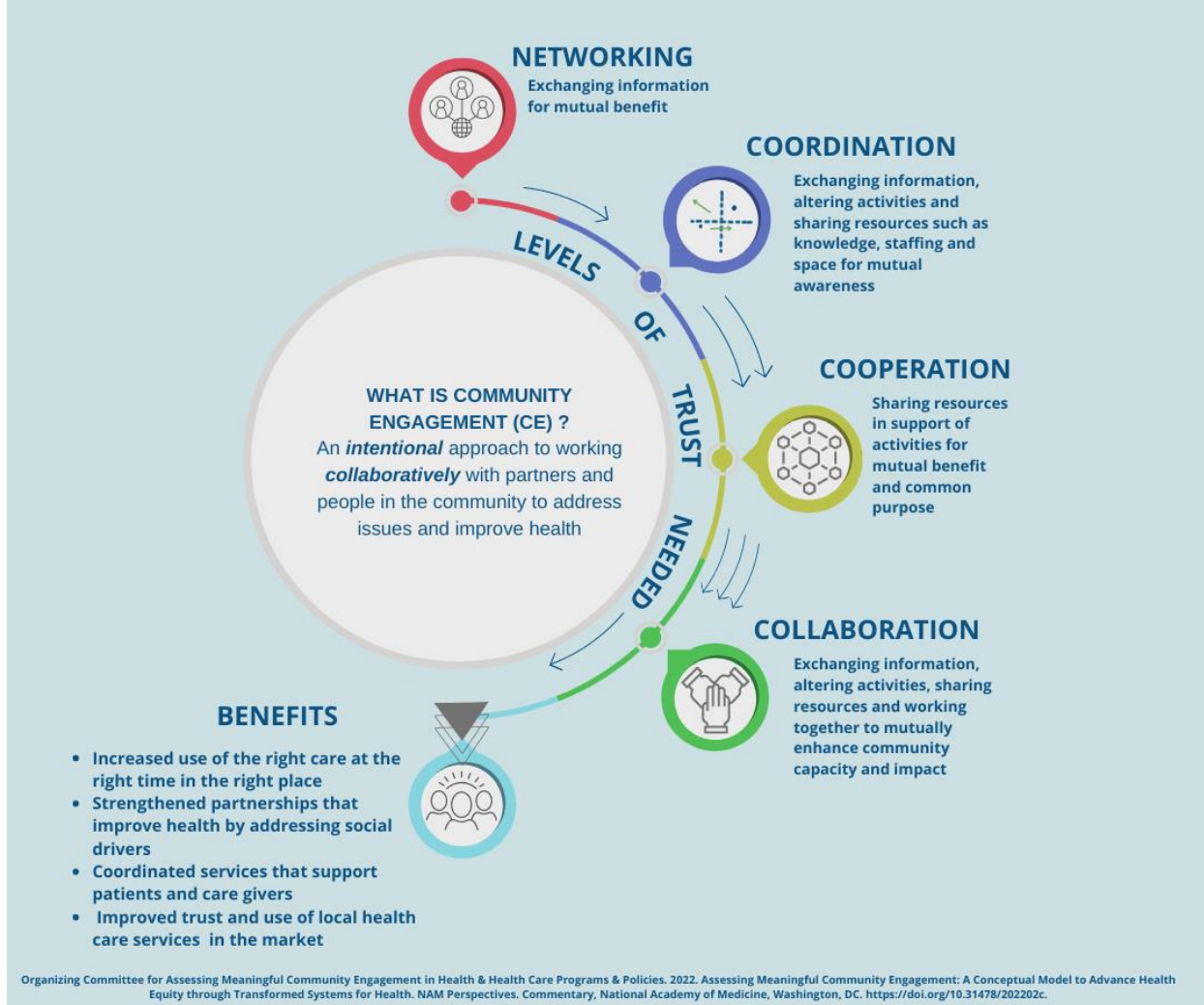
Through intentional and collaborative approaches to health improvement, community engagement fosters unified and cross-cutting efforts to help people get the right care in the right place at the right time. Engaging with partners at the right level based on their power and influence requires leaders to be intentional about their shared purpose. This intentionality strengthens the ability of rural health leaders to deliver patient-centered care and support that is attentive to the full spectrum of needs thereby increasing value.

The [Collaboration for a Change model](#) developed by Arthur Himmelman, a nationally recognized consultant on community and systems change collaboration, describes four strategies for community engagement that involve progressively increasing levels of trust and investment. All strategies are implemented for the mutual benefit of the partners involved.

- **Networking:** involves the exchange of information among different parties, in an informal way even when there is a low level of trust.
- **Coordinating:** calls for an alteration of activities as well as information exchange in the interest of achieving a common purpose. Coordinating involves more time and a higher level of trust than networking but does not require access to each other's turf.
- **Cooperating:** requires increased organizational commitment and may involve written (perhaps, even legal) agreements. Over and above the investments made in networking and coordinating, cooperating involves sharing resources such as knowledge, staffing, physical property, access to people, money, and others.
- **Collaborating:** involves exchanging information, altering activities, sharing resources, and working together to help each other do their best work in the interest of achieving a common purpose. This strategy reflects the highest level of trust, time commitment, and access among organizations as well as sharing risks, responsibilities, and rewards for a common purpose. Often, collaborations may include in written agreements that express the desired outcome and roles and commitments between partners.

Choosing the appropriate level of engagement requires understanding of the goals to be achieved, what is needed to be successful in achieving those goals, and willingness (or lack thereof) to share information, resources, and risk to achieve the goals.

## LEVELS OF ENGAGEMENT AND VALUE BASED CARE BENEFITS



### TERMINOLOGY TO KNOW:

It is important to understand certain terms that may be encountered when participating in groups, meetings, or partnerships between community partners. This is not an exhaustive list and further reading is available for these terms or related concepts.

- ❖ **Community** is a group of individuals organized into a unit or manifesting some unifying trait or common interest. Community need not be defined solely by geography. It can refer to a group that self-identifies by age, ethnicity, gender, sexual orientation, special interest, faith, life experience, disability, illness, or health condition; it can refer to a common interest or cause, a sense of identification or shared emotional connection, shared values or norms, mutual influence, common interest, or commitment to meeting a shared need.<sup>1</sup>

<sup>1</sup> Principles of Community Engagement, Centers for Disease Control and Prevention, 1997

- ❖ **Community Engagement** is a collaboration within groups of people that have similar interests or situations and who work together to address the issues that affect the wellbeing of their communities or groups. Community engagement brings behavioral and environmental changes that can improve the health of the community and its members.<sup>2</sup>
- ❖ **Social Drivers of Health**, also known as Social Determinants of Health, are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. These factors are systemic such as racism, social norms, and socioeconomic status. Preferred terminology has shifted from using Social Determinants of Health as it frames health as determined vs a driver approach that promotes accessibility and capability of change.<sup>3</sup>
- ❖ **Health Disparities**- Healthy People 2030 defines a health disparity as a “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” They typically affect groups of people who have systematically experienced broader inequities.<sup>4</sup>
- ❖ **Health Equity**: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.<sup>5</sup>
- ❖ **Community Partners vs. Stakeholders**: The Rural Health Value team strives to use non-stigmatizing language that reflects and speaks to the needs of people in the audience of focus. The term “stakeholder” can suggest a power differential between groups and has a violent connotation for some tribes and tribal members. Preferred terms when discussing organizations or individuals involved in advocacy and collaboration are partners, community members, and contributors.<sup>6</sup>
- ❖ **Health-Related Social Needs (HRSN)** is a term developed by the Centers for Medicare & Medicaid Services (CMS) for use in their Accountable Health Communities (AHC) Screening Tool. HRSN applies to five core domains—housing instability, food insecurity, transportation problems, utility help needs, and interpersonal safety—and eight supplemental domains: financial strain, employment, family and community support, education, physical activity, substance use, mental health, and disabilities.<sup>7</sup>
- ❖ **Community Based Participatory Research (CBPR)** is a “collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process”.<sup>8</sup> “CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.”<sup>9</sup>
- ❖ **Program evaluation** is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies, and programs, particularly about their effectiveness and efficiency. In both the public and private sectors, partners expect to be regularly updated on programs that they are either funding, implementing, or supporting.<sup>10</sup>

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<sup>2</sup> Community Engagement Resource, Oregon Health & Science University, 2023

<sup>3</sup> Social Drivers & Social Determinants Using Clear Terms, National Association of Community Health Centers, 2023

<sup>4</sup> Health Equity in Healthy People 2030, Office of Disease Prevention and Health Promotion, 2023

<sup>5</sup> Health Equity in Healthy People 2030, Office of Disease Prevention and Health Promotion, 2023

<sup>6</sup> Preferred Terms for Select Population Groups & Communities, Centers for Disease and Control, 2023

<sup>7</sup> Social Determinants of Health 201 for Health Care, Magnan Sanne, 2021

<sup>8</sup> Assessing Partnership Approaches to Improve Public Health, University of Michigan School of Public Health, Israel, Schulz, et.al, 1998

<sup>9</sup> An Effective Approach to Understanding Communities, W.K Kellogg Foundation, 2009

<sup>10</sup> The Program Manager’s Guide to Evaluation. Chapter 2: What is program evaluation? Administration for Children and Families (2010)

## COMMUNITY ENGAGEMENT AND VALUE-BASED PAYMENT FOR RURAL PROVIDERS

Community engagement activities can help support rural health care organizations be successful in a value-based care environment. Intentional and strategic community engagement activities may lead to:

- ❖ Increased community focus on prevention, wellness, and chronic disease management
- ❖ Improved performance on quality measures
- ❖ Better understanding in the community of available services and care management supports can drive more appropriate utilization.
- ❖ More appropriate utilization impacts the cost and outcome of care
- ❖ Engaged partners advocate for increased access to care and services

For information about value-based payment models: [Catalog of Value-Based Initiatives for Rural Providers \(uiowa.edu\)](https://uiowa.edu)



## RESOURCES FOR GETTING STARTED

If you are beginning your journey towards stronger community engagement strategies, here are knowledge resources to help you get started:

- ❖ [Community Engagement: Definitions and Organizing Concepts from the Literature](#): An introduction to community engagement, this reading describes concepts, models, and frameworks to guide relationship-building. Dept. of Health and Human Services, National Institutes of Health, and Centers for Disease Control and Prevention (2011)
- ❖ [Community Engagement Toolkit for Rural Hospitals](#): This comprehensive toolkit outlines what community engagement is and how to engage community partners along with interactive worksheets and tools to keep developing relationships with community members. Washington State Hospital Association (2014)
- ❖ [Community Participation for Rural Health: a review of challenges](#): This article highlights gaps and challenges inherent in rural communities when attempting to engage community participation. There are also practical strategies that may resolve some of these challenges. Health Expect, Kenny A, Farmer J, Dickson-Swift V, Hyett N. (2015)
- ❖ [How Can Rural Community-Engaged Health Services Planning Achieve Sustainable Healthcare System Changes?](#): Study that used qualitative data to interview rural communities on successful engagement to identifying healthcare priorities and build relationships. BMJ Open Johnston CS, Belanger E, Wong K, et al (2021)
- ❖ [Assessing Meaningful Community Engagement/Organizing Committee for Assessing Meaningful Community Engagement in Health and Health Care Programs & Policies](#): Though various models exist for discussing and shaping community engagement processes, this article highlights one that can be used to tie the groups of people and communities to the restructuring of the programs that hope to benefit them. National Academy of Medicine (2022)
- ❖ [A Guide for Rural Health Care Collaboration](#): Discusses how rural providers can work together to identify the health needs in their communities, create partnerships to address those needs, and develop a “community-minded” approach to health care. It includes key lessons learned from rural health leaders on implementing collaboration and coordination strategies. U.S. Department of Health and Human Services (2019)
- ❖ [Community Engagement Toolkit](#): A comprehensive toolkit that helps those seeking to engage their community and establishing trust among new and present relationships with partners and organizations. Center for Rural Health, University of North Dakota (2015)

## PERFORMING NEEDS ASSESSMENTS WITH COMMUNITY ENGAGEMENT

If you are a population health manager or working to build or strengthen your Community Health Needs Assessment, here are resources that can help build your assessment or propose solutions to address challenges that may arise.

- ❖ [Conducting Rural Health Research, Needs Assessment, and Program Evaluation Overview](#): This guide offers a comprehensive approach to addressing community needs assessments relative to rural. Challenges, considerations, and other requirements for hospitals are also addressed. Rural Health Information Hub (2021)
- ❖ [Assessing and Addressing Community Health Needs](#): This document describes how certain hospitals conduct community health needs assessments and the implementation approach they use to successfully meet requirements. Catholic Health Association of the United States (2015)

- ❖ [Community Health Assessment Guidebook](#): This guidebook outlines tools and strategies to complete a CHA and addresses other resources to address certain concerns or barriers that may be encountered. North Carolina Department of Health and Human Services (2014)
- ❖ [Principles to Consider for the Implementation of a Community Health Needs Assessment](#): This document identifies principles to inform the implementation of the Affordable Care Act on community health needs assessment applicable to not-for-profit hospitals. The George Washington University, Rosenbaum S (2013)
- ❖ [Conducting Community Health Needs Assessment: A Ten Step Process](#): This guide offers a concise outline for developing a needs assessment and timelines attached to each step. Center for Rural Health, University of North Dakota (2016)
- ❖ [Resources for Rural Community Health Needs Assessments and Community Health Improvement Plans](#): This factsheet was developed to help rural partners understand the differences between needs assessments and improvement processes. Resources to support both are included. National Organization of State Offices of Rural Health (2019)

## FOSTERING AND IMPROVING COMMUNITY RELATIONS

Developing collaborative relationships with external partners and organizations is a critical component of effective community engagement. Whether you are a part of the C-suite (CEO, CFO, Medical Director) or the patient/community-facing team, understanding how to build effective partnerships is important. Below are resources to help providers and staff engage authentically, systematically, and in a mission-driven way.

- ❖ [Building a Better Bridge Between Funders and Communities](#): This article brings in various perspectives regarding funder and intermediary roles and discusses the conditions to inform community health and well-being with an understanding of what works, for whom and under what conditions. Grant Makers in Health, Erickson J. Fassbender J. et al (2022)
- ❖ [Developing Effective Coalitions](#): For building stronger coalitions, this eight-step process is a great resource on getting started. Prevention Institute (2023)
- ❖ [Mobilizing for Action through Planning and Partnerships](#): This interactive framework can help those hoping to apply strategic thinking to prioritize and identify resources to address them. National Association of County and City Health Officials (2023)
- ❖ [Conducting Needs Assessment](#): Those seeking to strengthen their needs assessments can use this resource. Another resource to help you think about the people in your community who make positive changes happen, and tips for reaching out to new partners is [here](#). North Carolina Department of Health and Human Services Division of Public Health, (2014)
- ❖ [IAP2 Spectrum of Public Participation](#): This framework is used to determine the level of participation that defines the targeted audience's role in any participation process. International Association for Public Participation Framework for Community Engagement (2018)
- ❖ [Principles of Authentic Community Engagement](#): For those seeking to strengthen their work with community to build trust and lasting partnerships, authentic engagement can be summarized with the principles in this document. Minnesota Department of Health (2018)
- ❖ [The Role of Small and Rural Hospitals and Care Systems in Effective Population Health Partnerships](#): This guide describes how rural hospitals and care systems can develop effective population health partnerships that balance the challenges and barriers encountered. Health Research & Educational (2013)

- ❖ [Value of Social Networking in Community Engagement](#): Growing demands for technology as a tool to refer patients, expand service offerings, and develop meaningful feedback and patient engagement are described in this chapter. Those hoping to use social networks to enhance engagement or looking to form such networks will find this useful. Centers for Disease Control and Prevention (1997)
- ❖ [Health Affairs: Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health - de Beaumont Foundation](#): This article addresses the importance of addressing SDOH at the system levels in order to support the disparities that arise despite work to meet individual needs. De Beaumont (2019)

## EVALUATION OF COMMUNITY ENGAGEMENT

There are several things to consider when participating in community engagement activities. It is important that you have discussions on how to evaluate strategies, processes, and goals for success. Below are resources to help someone leading a community health assessment or engaging in engagement work.

- ❖ [Evaluating Rural Programs](#): A rural-targeted resource that includes modules to support design and implementation of an effective evaluation plan. Rural Health Information Hub (2023)
- ❖ [Principles of Community Engagement](#): This chapter focuses on what community engagement evaluation is, phases and processes, methods, and other recommendations. Centers for Disease Control and Prevention (1997)
- ❖ [Community Engagement Toolkit for Rural Hospitals](#): This toolkit offers a comprehensive view of strategies to develop and implement a community engagement structure along with tools on evaluating those efforts. Washington State Hospital Association (2014)

## COMMUNICATION AND CROSS SECTOR COLLABORATION

Communication between systems and outside organizations on tools or resources that may impact the community are critical to community engagement work. Below are some resources to databases, data management, and communication strategies that can guide leaders of Community Engagement to refer and expand their reach beyond their own clinic, hospital, or system.

- ❖ [Create a Citizen Email Notification Strategy that is Relevant, Actionable, and Valuable](#): A short guide on how to establish and frame emails for community to help encourage participation and feedback for processes. Civic Plus (2023)
- ❖ [Using Data to Understand Your Community](#): Utilizing various data sources helps identify gaps or opportunities to engage with community partners. Sources that may be useful can be found in this resource. Rural Health Value (2020)
- ❖ **Social Needs Resources and Referral Platforms**: Use of electronic platforms to identify social needs resources and support referral process is becoming increasingly common. Two examples:
  - [Find Help](#) (formerly Aunt Bertha)
  - [Unite Us: Cross-sector collaboration software; Powered by Community](#)

## EXAMPLES OF COMMUNITY ENGAGEMENT (RURAL HEALTH INFORMATION HUB)

Highlighting success stories of those who have embedded and strengthened their community engagement can help foster new organizations to follow step. The Models and Innovations section on RHHub lists great examples for Community Engagement and Volunteerism.

- ❖ [Rural Project Examples Addressing Community Engagement and Volunteerism](#): Rural Health Information Hub (2023)
- ❖ [Engaging Community Members Affected by Health Inequities](#): Rural Health Information Hub (2023)

## FURTHER READING ON SOCIAL DRIVERS, HEALTH DISPARITIES AND HEALTH EQUITY

- ❖ [Understanding and Addressing Social Drivers of Health: Opportunities to Improve Health Outcomes A Guide for Rural Health Care Leaders](#): This guide provides rural health care leaders and teams with foundational knowledge, strategies, and resources to understand the impact of social determinants of health (SDOH) on patients and communities. Rural Health Value (2022)
- ❖ [Steps to Move your Community Forward](#): Guides that work to provide tools and activities to continue moving community move with data. University of Wisconsin Population Health Institute (2023)
- ❖ [Health Equity Resources](#): This is resource for more information regarding health equity resources or important terminology. Centers for Disease Control and Prevention (2023)
- ❖ [Social Determinants of Health 101 for Health Care: Five Plus Five](#): Overview of what SDOH means, how it applies to health care, and future implications for payment models. National Academy of Medicine, Magnan S (2017)
- ❖ [Social Determinants of Health 201 for Health Care](#): This discussion paper provides frameworks and approaches to using PDSA cycles to implement SDoH, social risk factors, and HRSN efforts, as a follow-up to the 2017 NAM Perspectives discussion paper Social Determinants of Health 101. National Academy of Medicine, Magnan S (2021)
- ❖ [Thrive Rural Framework Overview](#): The Thrive Rural Framework is a new tool to help you take stock, target action, and gauge progress for health equity. Aspen Institute Community Strategies Group (2023)
- ❖ [How Are Payment Reforms Addressing Social Determinants of Health? Policy Implications and Next Steps](#): This issue brief summarizes the current landscape of payment reform initiatives addressing SDoH. Milbank Memorial Fund, Cook H, Zheng J et al (2021)
- ❖ [Disparities in Health and Health Care](#): This brief introduces what health and health care disparities are, the status of disparities and how COVID-19 has affected them, the broader implications of disparities, and current federal efforts to advance health equity. Kaiser Family Foundation, Ndugga N, Artiga S (2023)