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Key Stakeholder Engagement, Part II

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Introduction

Increasing movements from practitioners, policymakers, and researchers have sought to engage community members in public health interventions. These efforts have advanced community engagement as a useful strategy for improving people's health and enabling those who lack power to gain control over their lives. Recent research has evaluated the methods and effectiveness of intervention programs to support their development and implementation.

Analysis of stakeholder engagement in community interventions by Goodman (2017) found that successful partnerships are best developed and sustained when constituent members contribute their perspectives, resources, and skills.

Research by O'Mara-Eves (2015) further concluded that there is solid evidence that community engagement interventions have a positive impact on a range of health and psychosocial outcomes across various conditions.

Ray and Miller (2017) developed a framework for best practices in stakeholder engagement which emphasizes planning, evaluating, and reporting, and provides a model for effective engagement strategies for disadvantaged groups.

Assessing the environment and impact of strategies for engaging communities in health promotion, Brunton (2017) conducted a systematic review of intervention studies to provide a conceptual framework with useful tools for appropriate and effective approaches.

The Washington State Department of Health published a Community Engagement Guide to inform consistent and effective approaches to engaging communities, including key principles and methods of collaborating with communities.

Part I: A Brief Review of Recent Empirical Research

Article 1 *The Science of Stakeholder Engagement in Research: Classification, Implementation, and Evaluation*

Summary

Evaluating the science of stakeholder engagement in research, the authors outlined a classification system to identify where projects lie on the stakeholder engagement continuum and discussed key aspects of stakeholder engagement implementation and evaluation (p. 486). Researchers proposed that engagement falls broadly into three categories:

- Non-participation;
- Symbolic participation; and
- Engaged participation.

The study does not support non-participation as genuine stakeholder engagement. However, the symbolic level affords stakeholders a place at the table, allowing them to hear planning and have a voice. **In engaged participation, community health stakeholders (e.g. patients, caregivers, and advocacy groups who traditionally have limited power) are given shared decision-making authority with powerful stakeholders to collaboratively manage projects (p. 487-488).**

Determining where a project falls on the stakeholder engagement spectrum can have implications for sustainability, effectiveness, and outcomes. Proposed classification definitions include outreach, education, coordination, cooperation, collaboration, patient-centered, and community-based participatory research (CBPR).

Evidence-based quality improvement requires dual action and reflection, therefore “it is important for all stakeholders to understand systems and problems they create, while developing and evaluating solutions to these concerns” (p. 488). To this end, CBPR articulates principles that contribute to processes that result in stronger projects and outcome data. **CBPR efforts bring together multiple stakeholders “to establish trust, share power, enhance strengths and resources, and examine and address needs and health problems with solutions developed in collaboration” (p. 489).**

Researchers emphasized four essential constructs to consider when engaging stakeholders in the research process:

- 1) Stakeholders' commitment to the process and goals;
- 2) Stakeholders' capacity for participation;
- 3) Researchers' commitment to meaningfully engage stakeholders, and
- 4) Trust among researchers and stakeholders.

Stronger evaluations are further needed to refine models and maximize effectiveness and efficiency, and data is critical to improve practices in target areas. (p. 489)

Finally, the science of community engagement requires moving beyond individual projects to a broader understanding of what works and why, i.e., best practices. Keeping these key considerations in mind allows successful partnerships to be developed and sustained through contributions from constituent members, ultimately resulting in outcomes that no one member could have produced on their own (p. 490).

Citation

Goodman, M. S., & Sanders Thompson, V. L. (2017). The science of stakeholder engagement in research: classification, implementation, and evaluation. *Translational Behavioral Medicine*, 7(3), 486-491.

Article 2 *The Effectiveness of Community Engagement in Public Health Interventions for Disadvantaged Groups: A Meta-Analysis*

Summary

This systematic review investigated the effectiveness of public health interventions that engage communities across diverse health issues and outcomes (p. 1-2).

Evaluating pathways to reducing health inequalities through community engagement approaches, the review statistically analyzed 131 studies, with the largest cohort of studies targeted at ethnic minority groups and areas with low socioeconomic conditions. Most interventions were conducted in a community setting, often through media tailored to participants' needs, and using a variety of comparators (p. 3-8).

Results found that interventions were effective in engaging community members to improve all types of health-related outcomes at a range of levels and methods. Interventions

that involved the community in delivering the intervention had the largest pooled effect size, and single-component interventions yielded higher effect size estimates (p. 10-11).

Certain features of interventions moderated their success. For example, the study found no significant difference in health behavior outcomes between categories of: *modifiable health risks* (substance abuse, obesity); *best start in life* (parenting skills, childhood immunization); and *prevention* (healthy eating, physical activity). Furthermore, there were no significant differences between universal interventions delivered to large groups, and targeted interventions delivered to participants meeting specific criteria. Interventions conducted in community settings had a significantly smaller pooled effect size for health behavior outcomes than interventions conducted in the home or healthcare settings (p. 11-13).

Study results also indicate that “interventions employing incentives or skills development strategies tend to have higher effect size estimates than other strategies, while interventions with education approaches tend to be least effective” (p. 13). Additionally, interventions involving educational professionals in delivery had the largest effect sizes, while delivery by health professionals had the smallest effect size. For health consequences, the study found interventions with community members to be more effective than those without. Lastly, for health behavior outcomes, the longer the intervention, the smaller the effect size estimate. Yet for health consequence outcomes, shorter interventions had larger effects (p. 13-16)

On whole, the review found that “public health interventions using community engagement strategies for disadvantaged groups are effective.” Evaluation outcomes provide solid evidence that community engagement interventions have a positive impact on a range of health and psychosocial outcomes, across various conditions (p. 17).

Citation

O’Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health*, 15(1), 1-23.

Article 3 Narratives of Community Engagement: A Systematic Review-Derived Conceptual Framework for Public Health Interventions

Summary

To assess whether strategies for engaging communities in health promotion are effective, for whom, and in which circumstances, researchers conducted a systematic review of 335 intervention studies (p. 1-2).

Findings indicate that community members may be motivated to engage with health interventions for a range of personal, communal, and societal reasons. **However, community engagement is best fostered by collaboration and participation, as “involving specific communities as stakeholders can help build public commitment to a health promotion agenda and can empower the public to advocate for change” (p. 6).** Community members may be engaged through design and/or delivery, progressing along hierarchy of: receiving information, consultation, collaboration, and control. (p. 2-6)

Contextual influences affecting successful engagement initiatives included communicative competence, empowerment and control, and attitudes of community members and providers towards what expertise was important and who held it. Variable conditions such as levels of supporting financial and other resources, and the social, economic, and political climate also affect the extent to which communities can engage—often in mutually reinforcing feedback loops (p. 7-8).

Considering both direct and indirect beneficiaries is essential. Negative impacts such as social exclusion, cost overrun, attrition, and dissatisfaction and disillusionment can also result, particularly when communities are less involved. **Community partners and decision-making organizations “should collaborate to strike a balance between ‘soft’ relational outcomes and ‘hard’ policy impacts” (p. 8-9).**

Two schools of thought emerged to explain why community engagement may improve health: a health services, or ‘utilitarian’ perspective; and a ‘social justice’ perspective. Interventions based on the utilitarian viewpoint seek to involve communities to the extent they can improve intervention effectiveness, often with limited community input, and devised within existing policy, practice, and resource frameworks. (p. 8-10)

In contrast, the social justice ‘empowerment’ model promotes social and structural change by supporting people to participate in, negotiate with, and influence services and institutions that impact them—wherein true participation only begins once power is

delegated or developed. This requires that a community identify and mobilize to address a health need, developing priorities and determining how they want resources deployed.

Overall, the social justice model is considered socially preferable, equitable, and addresses social determinants of ill health in a broader agenda that emphasizes correcting deficits in power, democracy, and accountability (p. 9-15).

Citation

Brunton, G., Thomas, J., O'Mara-Eves, A., Jamal, F., Oliver, S., & Kavanagh, J. (2017). Narratives of community engagement: a systematic review-derived conceptual framework for public health interventions. *BMC Public Health, 17*(1), 1-15.

Part II: Research to Practice: Best Practices for Communities

Article 4 *Strengthening Stakeholder-Engaged Research and Research on Stakeholder Engagement*

Summary

To address the shortage of evidence informing stakeholder engagement best practices, researchers developed a preliminary framework for planning, evaluating, and reporting engagement. The study further proposed an exploratory framework that highlights contexts and processes necessary in planning, and potential outcomes that warrant evaluation (p. 375-376).

Researchers' conceptual model of the potential impact of stakeholder engagement analyzes hypothesized relationships between *contexts*, (resources or decisions external to but informing the engagement process, such as funding, expertise, and expectations) *processes*, (actions of actual engagement, such as recruitment and decision-making) and *outcomes* (changes in project scope, methods, and interpretation). Proposed outcomes are further divided into *immediate*, (related to the specific project) *intermediate*, (related to the research output) and *long-term goals* (related to health decisions and health outcomes) of the engagement process. (p. 377-379).

Building on the broad categories in the conceptual model, researchers synthesized prior work on best practices, evaluation, and reporting to construct a preliminary framework for

stakeholder engagement, then applied the framework through stakeholder-engaged research. Study outcomes established an example of minimum procedures recommended for stakeholder-engaged research:

- 1) **An advisory group** of six individuals with equal representation of patients/parents and providers/payers/administrators;
- 2) **Clarifying desired inputs and goals**, including consultation on decisions related to developing materials, recruiting participants, interpreting results, and disseminating findings;
- 3) Advisory group **meetings every 3-6 months** with interval email communication between meetings; and
- 4) Guidance on future directions through **specific recommendations**. (p. 380-383).

Results additionally revealed a need to separately address key values underpinning the stakeholder-engagement process. These values, broadly aiming to address power differentials among stakeholder groups, include trust, respect, competence, fairness, and accountability. (p. 384)

Overall, researchers conclude that “attention to contexts, processes, and underlying values in planning our stakeholder engagement resulted in representative stakeholder participation, clear roles/expectations, active and reciprocal engagement, transparency, and stakeholder satisfaction” (p. 387). Stakeholders described a positive, empowering experience, and the engagement resulted in beneficial modification of study methods, interpretation, dissemination, and future directions. Adopting standardization of research methods, consistent reporting guidelines, and high-quality evidence will further generate rigor, transparency, and best practices guidelines for stakeholder engagement (p. 385-387).

Citation

Ray, K. N., & Miller, E. (2017). Strengthening stakeholder-engaged research and research on stakeholder engagement. *Journal of Comparative Effectiveness Research*, 6(4), 375-389.

Article 5 Community Engagement Guide

Summary

Advocating for community engagement efforts to advance health equity, promote social connection, strengthen cross-sector partnerships, and build trusting relationships with local communities, the Washington State Department of Health developed a Community Engagement Guide to offer programs and staff a consistent and effective approach to engaging communities. (p. 1-3)

To have a positive impact, community engagement must recognize and respect communities’ diversity and assets. The following Community Participation Continuum offers an overview of community engagement methods. (p. 4)

	Inform	Consult	Involve	Collaborate	Empower
	<ul style="list-style-type: none"> Led by state State holds power 	<ul style="list-style-type: none"> Led by state State holds power 	<ul style="list-style-type: none"> Led by state State holds power 	<ul style="list-style-type: none"> Co-led Power is shared 	<ul style="list-style-type: none"> Led by community Community holds power
Purpose	Provide information	Get and incorporate feedback	Ensure needs and interests are considered	Partner and share decision-making power	Support and follow the community’s lead
	One-way communication	One-way communication	Two-way communication	Two-way communication	Two-way communication
	Address immediate needs or issues	Inform the development of state programs	Advance solutions to complex problems	Advance solutions to complex problems	Problems and solutions are defined by the community
Methods	<ul style="list-style-type: none"> Town halls Community meetings Media Social media Materials Web 	<ul style="list-style-type: none"> Focus groups Interviews Surveys Stakeholder groups 	<ul style="list-style-type: none"> Audience & user testing Advisory groups Steering committees Community conversations 	<ul style="list-style-type: none"> Collective impact Coalition building Partnership building 	<ul style="list-style-type: none"> Community immersion Community mobilization
	Promise	We will keep you informed about this project	We will listen to you and incorporate your feedback into our project	We will ensure your concerns and needs are reflected in our project	We will work with you in planning all aspects of this project
When to use	There is no alternative because of urgency, regulatory reasons, or legal boundaries	You want to improve an existing service or program but the options of change are limited	You need community perspective and buy-in to successfully implement the project	Community members have a strong desire to participate and you have the time to develop a partnership	Community members want to own the project and you are committed to a long-term relationship

The Goal = working toward community-driven engagement

Adapted from the CDC’s Community Engagement Continuum (1997) and King County Community Engagement Continuum (2011).

The following key principles can help build trusting relationships with community members, leaders, and partners (p. 1-5).

- **Research the Community.** It is critical to understand a community's history, norms, values, power structures, and economic conditions, as well as previous intervention collaborations and barriers they faced.
- **Research Yourself.** Checking your own biases, privileges, and limitations is an important first step.
- **Prioritize Unheard Perspectives.** Give space and power to voices least heard, listen with the intent to take action, and recognize that no perspective should be more valued than another.
- **Recognize Strengths and Assets.** Even communities with the greatest experience of health and economic inequities have resources to be acknowledged and leveraged.
- **Be Proactive.** Take initiative and reach out to potential partners and community members as early as possible.
- **Ensure Ongoing Communication.** Collaboration demands continuous opportunities for conversation and sharing and is best practiced using two-way communication methods familiar in the community.
- **Be Transparent.** It is essential to be honest and forthcoming about project purposes and the use of input received; a lack of follow through on promises made can erode hard-won trust.
- **Meet People Where They Are.** Approaches to a community should be flexible; work to build relationships, trust, and opportunities for community immersion by attending community events and groups. (p. 6)

Though there are many different methods of engaging and collaborating with communities, meeting with communities in-person is often best for establishing and building trusting relationships. The following methods of engagement offer a structure for best practices. (p. 7)

- Assess the community's preferred methods of engagement.
- Plan on using multiple channels or providing multiple opportunities.
- Make sure your methods are accessible.
- Ask questions that are open-ended, not leading, and non-biased.
- Get active consent.

Conclusion

One of the keys to a successful prevention initiative is a systematic and empirical strategy to incorporate significant stakeholders into all steps of the effort. In prevention, these stakeholders often represent a range of different fields, including youth-serving organizations, business owners, law enforcement, and higher education. This review of research suggested the value of engaging community stakeholders in a systematic way in order to help communities reach outcomes.

Goodman et al (2017) investigated the science behind stakeholder engagement, finding a continuum of involvement, from non-participation to engaged participation. The authors suggested that engaged participation is linked with the establishment of trust, power-sharing, and collaborating to develop solutions.

O'Mara and colleagues (2015) explored how community interventions can support public health initiatives across diverse communities, finding that interventions that helped people develop skills to be particularly effective, especially those that involved education professionals. In particular, interventions that involve community members were found to be more effective than those that did not.

Brunton et al (2017) conducted a systematic literature review of community engagement strategies, finding that collaboration and participation are necessary ingredients for success. In addition, they posited that a social justice perspective can promote social and structural change.

Ray and Miller (2017) constructed an exploratory framework for stakeholder engagement, emphasizing a complex relationship between contexts, processes, and outcomes. The authors found that certain factors were associated with successful community engagement: having an advisory board that meets regularly; clarifying goals; and making specific recommendations.

Finally, the Washington State Department of Health developed guidelines to support community engagement, focusing on strategies designed to build trust and leverage community assets and diversity. These strategies included ways to understand the history and norms of a community before entering it; recognizing its strengths and assets; and meeting people where they are, all the while being transparent.

Overall, this review of research aimed to provide information about ways to support community engagement through building trust, developing relationships with key stakeholders, and supporting their agency through participation in prevention efforts.

Author Biography

Benjamin Gleason, PhD is the Director of Applied Research for the Prospectus Group. He earned a PhD in Educational Psychology & Educational Technology from Michigan State University, researching how to best support communities of learners through educational technology. An assistant professor of educational technology at Iowa State University, he has published over 20 peer-reviewed articles in research journals. Before academia, Benjamin worked in youth and adult-serving learning spaces, designing youth-initiated community service projects and teaching high school in Richmond, California, and working as a university instructor in Guatemala. Benjamin is also a founder of the Prospectus Group.

Tanner Brooks earned his BA in Political Science from Oberlin College and an MA (Distinction) International Studies and Diplomacy from the University of London School of Oriental and African Studies, where his thesis focused on examining the application of international human rights norms to the experience of child soldiers in Sierra Leone. He has a decade of experience in national and international activism, advocacy, and education, from working on political campaigns, nonprofits, and political action committees to writing and teaching politics and sociology as a professor in Tunisia. His recent work involves mentoring and tutoring teenage survivors of sex trafficking and providing counseling services at a suicide prevention call-line.