



Engaging Community

What does it mean and how do we measure it?

Acknowledgments

Community Science

The analysis and report were conducted and prepared by CareQuest Institute for Oral Health and Community Science to implement and improve equity-driven practices through community-focused philanthropic investments. Community Science is a thought partner in CareQuest Institute's efforts to identify capacity-building opportunities across the portfolio of grantee partnerships and ensure that efforts to advance equity through philanthropy are consistent, progressive, and measured. CareQuest Institute is grateful for Community Science's commitment to this project and to grantee partners as they explore community engagement more meaningfully in their work.

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Introduction

Purpose of this document. This document is intended to describe what community engagement means in relation to CareQuest Institute for Oral Health® (CareQuest Institute) grantmaking goals and to provide a means to measure progress in that engagement.

The value of community engagement. CareQuest Institute is committed to system change efforts to increase access to more equitable and integrated quality care, especially for underserved communities disproportionately impacted by oral and other health inequities. While different organizations define their “community” differently (e.g., membership orgs, trade associations, national networks), for the purpose of this work, CareQuest Institute is defining community as individuals impacted by systemic oral health inequities. The approach of CareQuest Institute is to center the voices and needs of community members impacted by oral health inequities in the development of programs and policies aimed at creating that system change. This, therefore, requires an environment where these community members can express their concerns and needs as well as develop the power to influence policies, regulations, programs, and services that affect their oral health. Optimally, organizations create this environment by directly involving/engaging/mobilizing disproportionately impacted community members and having them lead the decisions and strategies and set the priorities for the organization’s efforts. This is most commonly seen in grassroots or community-based organizations; however, this level of community engagement, community-driven leadership, can also exist within state-based or even national organizations, though with varying pathways for directly connecting to communities.

As a result, community engagement activities will look different across grantees depending on their positionality in relationship to disproportionately impacted communities. However, the goal of centering community voice and needs to drive the organization’s work should be consistent. While Grantee A may be able to accomplish this goal by directly engaging community members in both their work and leadership structure, Grantee B may need to start first with collecting community-centered data to deepen understanding of how historically marginalized communities are disproportionately impacted and then later partner with other organizations who are directly engaging community members to develop, test, or advocate for programmatic and policy efforts aimed at creating a more equitable, accessible, and integrated oral health system. Ideally, as Grantee B progresses in its community engagement

efforts, it will begin to identify and provide opportunities for community members to set priorities and participate in and lead programmatic/policy advocacy efforts as well as organizational decision-making.

Use of this document. Given these varied pathways for community engagement, CareQuest Institute seeks to understand how and to what extent each grantee, directly or in partnership, engages communities disproportionately impacted by oral health inequities. Grantees will use the “continuum of community engagement” (Exhibit 1) to identify and “rate” their organization’s activities/strategies to identify, understand, and center the concerns, needs and voices of disproportionately impacted communities. The use of a continuum reflects our understanding that grantees are often engaged in multiple activities/strategies with either community members directly or with partners with the goal of lifting up community needs and centering community voice. As the continuum progresses (moves from left to right) it reflects activities indicative of “deeper” levels of community engagement in programmatic, policy, and organizational decision-making and priority setting.

Examples of community engagement by different types of grantee organizations are provided to help stimulate grantees’ thinking about the types of activities/strategies they are engaged in and where they fall on the continuum. This document also contains discussion questions the Grants Team can use to facilitate reflective dialogues with grantees to learn more about how communities most impacted by oral health inequities can be most effectively engaged to influence decisions that affect their oral health and health in general. This information will help the Grants Team to support each grantee’s efforts as well as to collectively measure grantees’ progress in community engagement.

CareQuest Institute’s Ask

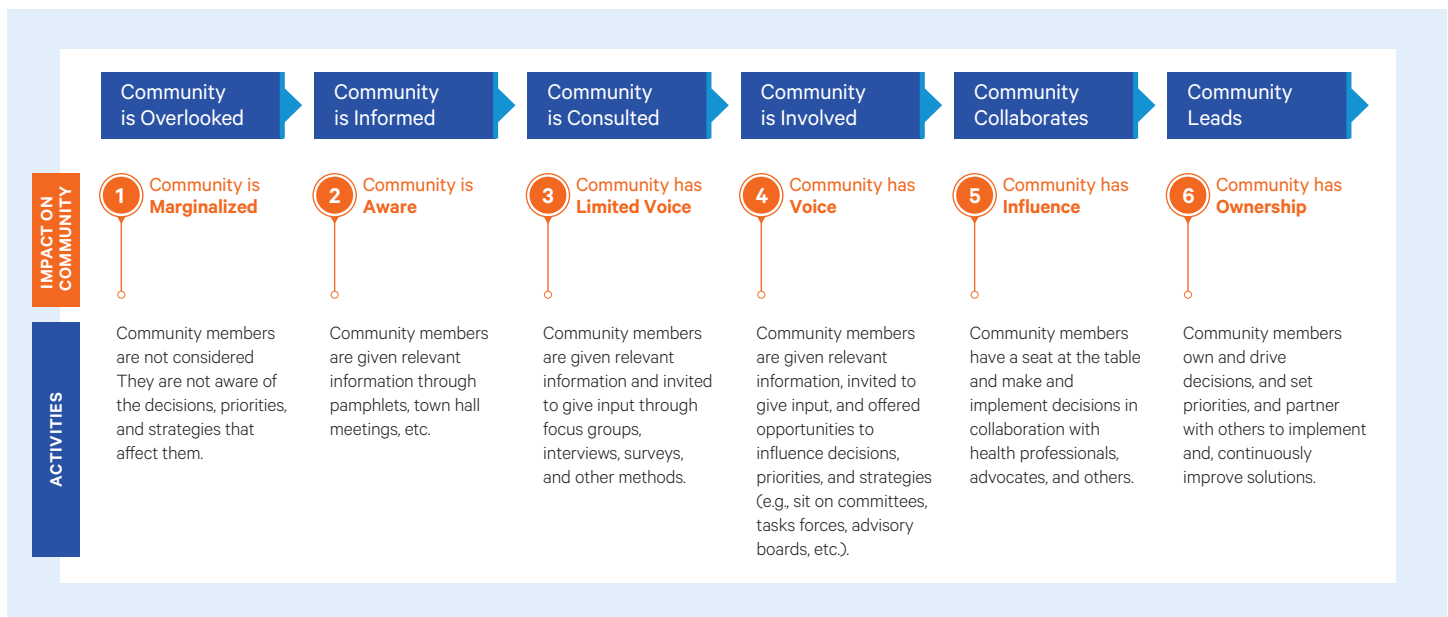
The concepts contained in this document are a work in progress that CareQuest Institute hopes to continuously improve to help us achieve oral health equity together. To this end, grantees are encouraged to provide feedback on the content and utility of this document in the pursuit of effectively improving community engagement. Our evaluation partner, Community Science, will be reaching out to you to invite you to a virtual meeting to discuss this document and get your feedback before we begin using it.

Continuum of Community Engagement

The continuum of community engagement is informed by the [Spectrum of Community Engagement to Ownership](#) and adapted for CareQuest Institute’s purposes. This continuum overlaps with Community Catalyst’s [Pyramid of Engagement](#), a tool for coalition building from the perspective of a community member. Grantees can engage community members directly and/or indirectly engage them by partnering with organizations that work with community members. In this continuum, community engagement is a dynamic process that occurs in a continuous sequence in which adjacent stages of engagement are often not perceptibly different from each other, but the extremes are quite distinct. As there is movement from one end of the continuum to the other, more power is shifted to community members who are affected by oral health inequities.

As shown in Exhibit 1, on the left end of the continuum, community members who are most impacted by oral health inequities may not receive the attention needed (i.e., inadvertently overlooked) which creates marginalization. On the far right of the continuum, community members drive decisions, set priorities, and design strategies (i.e., they lead) which which are all key to community ownership. Between these two ends, community members are often made aware of what is happening; asked to provide information; influence decisions, priorities, and strategies; or make decisions and determine priorities and strategies. To measure the extent to which communities are engaged, a rating is assigned to each stage of the continuum, from 1 to 6, as shown in the exhibit.

Exhibit 1. Continuum of Community Engagement



Opportunities for Community Engagement by Grantee Type

Organizations can take different pathways to engage communities. Optimally, grantees will engage directly with communities who are disproportionately impacted by oral health inequities. However, not all organizations will immediately be in a position to do so. Grantees will vary in how and to what extent they engage with the communities impacted by oral health inequities. It will depend on their organization type, their “proximity” and relationship to

communities, and the role they play to promote oral health equity — at the national, state, regional, or local levels. Organizations with less proximity may elect to take a different pathway and work indirectly with communities by partnering with another organization.

Exhibit 2 provides illustrative examples of how different types of organizations funded by CareQuest Institute, can engage communities directly or indirectly.

Exhibit 2. Examples of Community Engagement



In the **first example**, National Organization A is concerned about oral health inequities among African Americans and advocates for equitable oral health policies with African American communities in mind. It could engage African American communities in the following ways:

- Convene listening sessions with African American communities to directly hear from them about their concerns and priorities around oral health care.
- Conduct focus groups with key informants from African American communities who have been advocating for oral health equity and policy change and hear directly from them about their priorities for oral health equity.
- Recruit and retain African American board, task force, and/or advisory group members, including those who have experienced inequities in oral health care or experienced poor oral health outcomes as a result of inequities due to their racial identity.
- Partner with other national, regional, and state organizations that could speak to the concerns and issues of African American communities because they either 1) are comprised of or represent African Americans who have experienced inequities in oral health care or poor oral health outcomes, or 2) collect information about concerns and issues directly. Ask these organizations to:
 - Share their staff’s knowledge about the concerns and issues of African American communities.
 - Elect individuals from the African American communities impacted by oral health inequities to represent their organization (e.g., board, task force, and/or advisory group) at the table convened by National Organization A.



In the **second example**, a Primary Care Association B is working to expand and improve the safety net for communities in State X experiencing poor oral health outcomes. It could engage communities most impacted by oral health inequities in the following ways:

- Attend meetings of or convene community health workers or care coordinators to learn about the challenges that patients face when trying to access oral health care.
- Review findings of local and national patient surveys administered at FQHCs and CHCs.
- Partner with Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs) in the state to:
 - Share their staff's knowledge about the concerns and issues of the communities they serve.
 - Develop and/or test and/or scale up new models of care and/or payment with community members.
 - Elect individuals from the communities impacted by oral health inequities to represent the FQHCs and CHCs at the table convened by Primary Care Association B. (These individuals could be board, task force, and/or advisory members of the FQHCs and CHCs.)
- Recruit and retain board, task force, or advisory community members who are from these communities in the state.
- Partner with other national, regional, and state organizations that have experience and relationships with community groups which could speak to related concerns and issues of the communities that are impacted by oral health inequities.



In the **third example**, Community-Based Organization C is advocating for policy or systems-level change that would result in increased access to more services by families with low-income in community Y. It could:

- Interview or facilitate discussions with individuals from low-income communities who need oral healthcare services.
- Encourage and assist individuals who cannot access oral health services due to their income to attend local and state hearings to provide testimonies.
- Partner with other local community-based organizations that provide services to people with low-income families (for example, community centers, social service organizations, housing aid, community legal aid assistance).
- Send representatives of Organization C to be part of local community collaboratives, work groups, or task forces that involve low-income individuals who experience oral health inequities.
- Engage the community by recruiting and retaining individuals with low-income to be board, task force, or advisory community members.

Measures of Engagement

Exhibits 3a through 3d show examples of how to rate or measure different types of engagement efforts using the continuum. CareQuest Institute recognizes that grantees may conduct multiple engagement activities with a given community. These activities may reflect various degrees of community engagement on the continuum, and as such,

there are multiple measures of engagement for a given community. CareQuest Institute recommends grantees select the activity in which they have the highest (furthest to the right end of the continuum) rating as the one to determine their level of engagement with the given community.

Exhibit 3a: Example of a National Organization's Efforts to Engage Disproportionately Impacted Youth

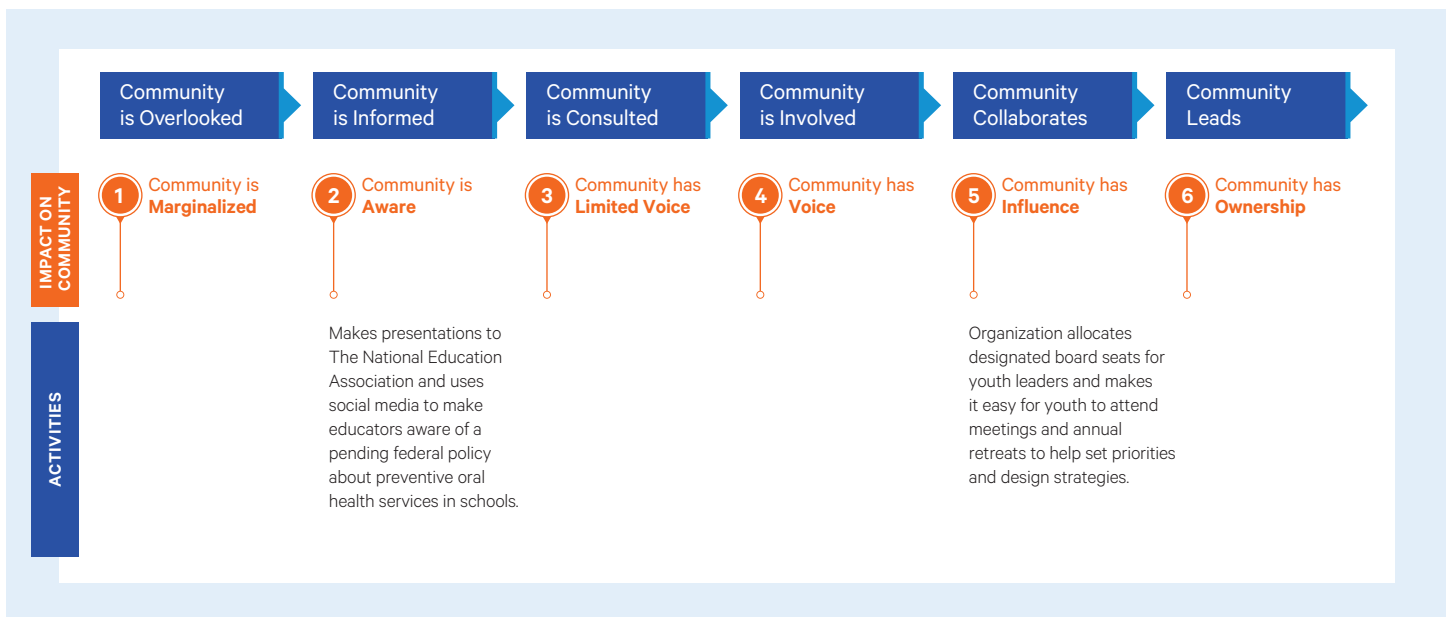


Exhibit 3b: Example of a State Advocacy Organization's Effort to Engage Disproportionately Impacted Woman and Pregnant Individuals

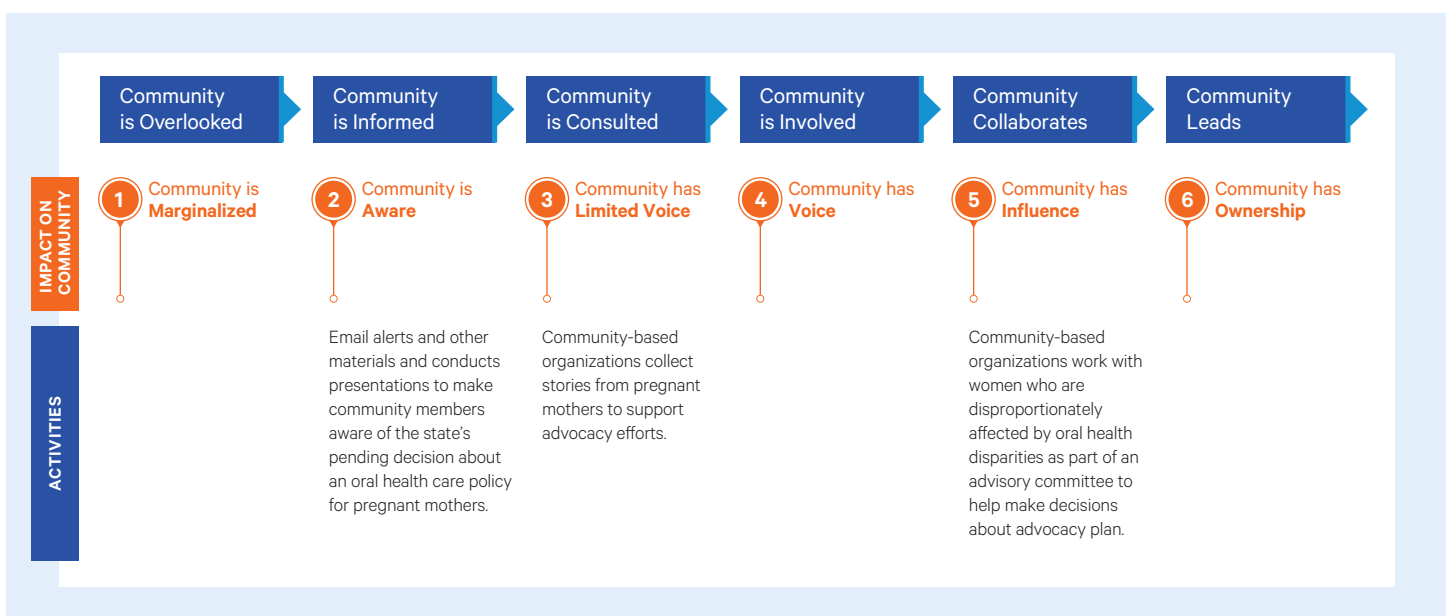


Exhibit 3c: Example of a Primary Care Association's Effort to Engage Disproportionately Impacted Low-Income Community

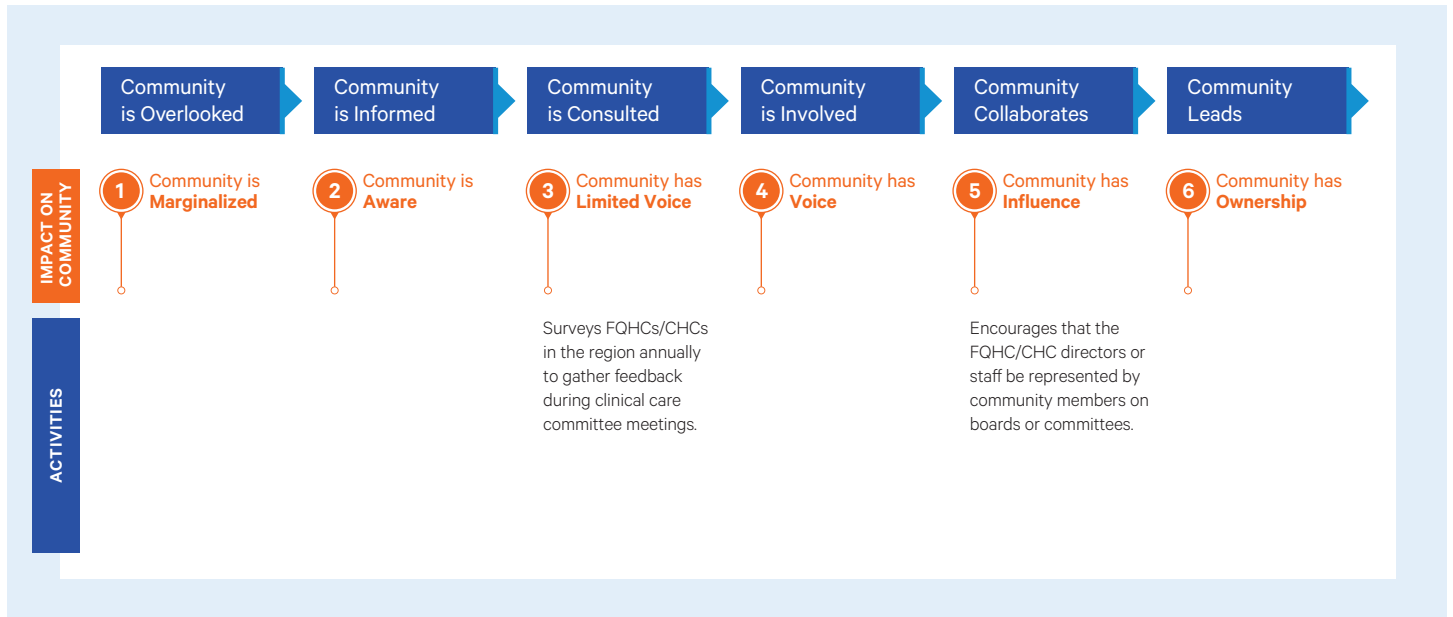
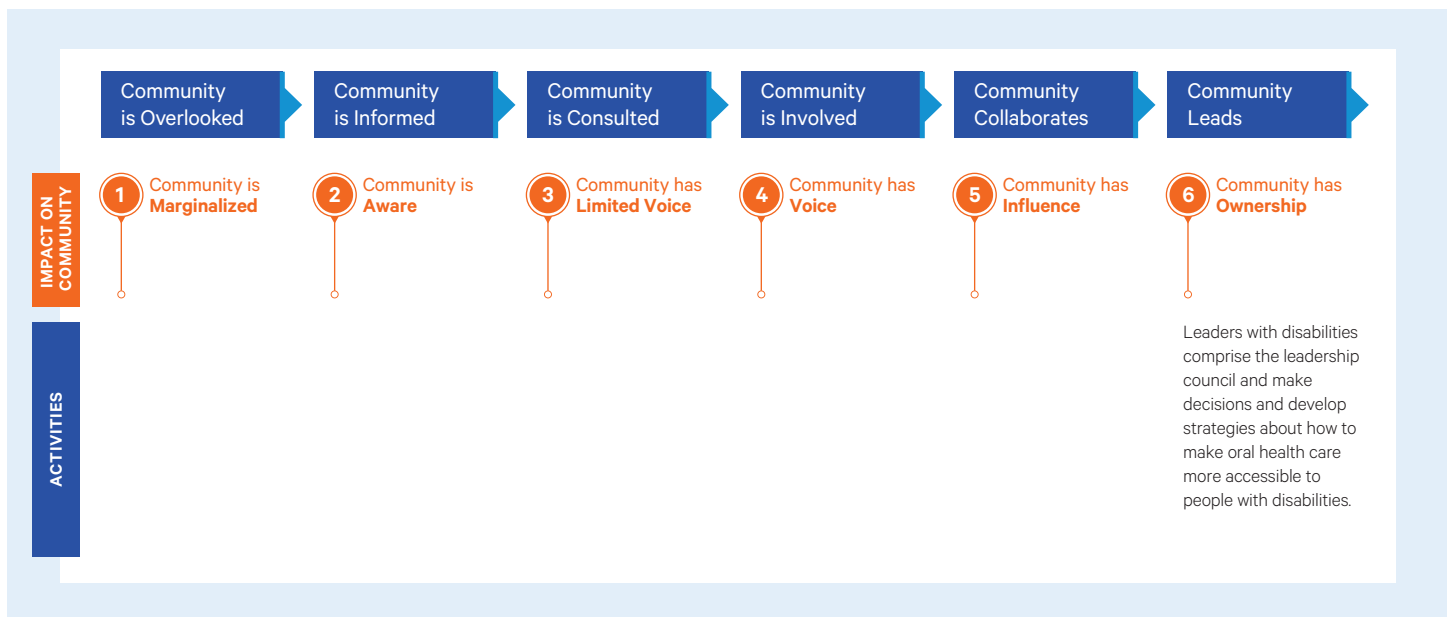


Exhibit 3d: Example of a Community-based Organization's Effort to Engage People Living with Disabilities



Reflection Questions

The following questions are intended to stimulate reflection and discussion among grantees. These questions may be used in multiple ways, including the following:

- Grantees may self-reflect on current and desired community engagement, assess their placement along the continuum of community engagement currently, and consider where they want to be in the future in their community engagement efforts.
- CareQuest Institute may select some of the questions to discuss with grantees to gain a better understanding of where the grantee is along the continuum of community engagement and what supports they may need.
- CareQuest Institute may convene grantees in formats such as focus groups or Communities of Practice meetings to share practices that work for them to directly engage communities impacted by oral health inequities.
- Grantees can share content elicited by the questions in the narrative sections of subsequent grant reports that ask for descriptions of community engagement

Questions for Reflection by CareQuest Institute and Grantees

1. Which communities impacted by oral health disparities and experiencing poor oral health outcomes are you most concerned about?
2. How do you learn about these communities' priorities, needs, and concerns?
 - a. If directly from these communities:
 - i. Who did you talk to? Who was the data collected from (e.g., a community or grassroots organization, an advocacy group, etc.)?
 - ii. What types of activities do you conduct to engage them?
 - iii. Where do the activities fit in the continuum of community engagement?
 - b. If through organizations that are connected to these communities:
 - i. Which organizations are these?
 - ii. How do you engage these organizations to help you understand the communities' needs and concerns?
 - iii. Where do your engagement activities fit in the continuum of community engagement?
 - iv. What do you know about how these organizations engage the communities and hear directly from their leaders?
3. What are some of the community engagement strategies and practices that have worked for you?
 - a. What is the direction of influence? For example, does it tend to flow from your organization to another organization to the community? Or does it tend to come from the community to another organization to you?
4. How do you use the information from the organizations you work with and through in order to engage the communities impacted by oral health disparities? How do you share information with the organizations and with the communities they are a part of and engage?
5. What are some of the challenges you face in engaging communities?
6. What support might you need in your efforts to engage communities impacted by oral health disparities?

CareQuest Institute for Oral Health

CareQuest Institute for Oral Health® is a national nonprofit championing a more equitable future where every person can reach their full potential through excellent health. We do this through our work in grantmaking, research, health improvement programs, policy and advocacy, and education as well as our leadership in dental benefits and innovation advancements. We collaborate with thought leaders, health care providers, patients, and local, state, and federal stakeholders to accelerate oral health care transformation and create a system designed for everyone. To learn more, visit carequest.org.

This report and others are available at carequest.org.