Shaping Health Services through Community Engagement:

A Qualitative Study with Leaders at a Local Healthcare Organization for Reproductive Health

By

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Introduction

Community engagement is vital for the creation of healthy communities.[1,2] In 1995, the Centers for Disease Control (CDC) instituted the Committee for Community Engagement and published the first edition of "Principles of Community Engagement" outlining important guidelines for community engagement in the realm of health.[3] Since then, the CDC has published two more editions, with the latest in 2025 that seeks to continue advancing the cause for integration of community engagement into public health and healthcare activities across the country.[4] In its latest edition, the CDC updated its definition of community engagement:

> Community engagement builds sustainable relationships through trust and collaboration, strengthening community well-being. The process should be enduring, equitable, and culturally sensitive to all participants, with a shared goal of addressing the concerns of the community.[4]

This definition highlights that community engagement is about valuing the voice of the community in both identifying and addressing concerns. Taking it further, in their community engagement model published in *National Academy of Medicine Perspectives*, a committee of community engagement experts listed the following as important characteristics of community engagement: co-equal, co-created, ongoing, shared governance, multi-knowledge, equitably financed, culturally-centered, inclusive, bidirectional, and trust.[1] These characteristics demonstrate that communities should also share power in collaboration with their partners.

The visibility of—and imperative to pursue—community engagement in public health and healthcare has increased over time, paralleling the growth of published and online literature and models on the subject.[4,5] For healthcare organizations, evolving expectations to address not solely the medical needs of individual patients but the health of the communities they serve, as

demonstrated by the requirement for non-profit hospitals to conduct periodic community needs assessments, are placing pressure on healthcare organizations to consider how to engage their communities to meet these requirements.[6] Community engagement has especially been seen as a necessary step towards achieving health equity.[1–5] Specifically, integrating the experiences and perspectives of those impacted by health disparities is seen as vital towards developing effective solutions.[5]

Many well-regarded national organizations have sought to integrate community engagement principles into their work.[2,3] Funding organizations such as the National Institutes of Health and the Patient Centered Outcomes Research Institute have integrated community engagement into their requirements. As such, academic health centers (AHCs), where significant research is done, are having to consider how to engage their communities in the research they conduct.[6] More broadly, there is a call for AHCs to integrate community engagement into all realms of academic medicine, which includes clinical care and teaching, in addition to research.[4,7]

However, the integration of community engagement into public health and healthcare is not without substantial challenges. These include traditional academic conceptions of what constitutes knowledge and expertise, limited capacity for busy community members to engage in activities, and lack of community trust as a result of historical injustices perpetrated by institutions on the community.[4–6] Additionally, many community engagement activities are limited to information-sharing or consultation, lacking the shared leadership and decision-making that is seen as the most meaningful and highest level of engagement.[1,2] This may stem from a lack of understanding or commitment to community engagement principles.[4]

Therefore, embarking on a mission to have true community engagement requires significant training, resources, and long-term commitments.[2,4,6]

To add to this growing body of research, this qualitative study explored the experiences of engaging the community from the perspective of leaders for a healthcare organization specializing in reproductive health (or what has been historically referred to as "women's health"), including labor and delivery care. This organization, which is an AHC, was already at the time of the study grappling with the challenge of racial disparities in maternal and infant health–a significant issue nationally[8] and one that continues to shape this organization's experience engaging the community.

Methods

Study Design

We conducted a qualitative study to examine leaders' perceptions of community engagement, including drivers, activities, challenges, and possible solutions, at a healthcare organization focused on providing reproductive health care within a major hospital and its associated outpatient clinics. Data collection occurred via in-depth interviews with leaders at this organization, as well as with leaders at its parent organization and leaders at other entities in partnership with the parent organization. Additionally, publicly available documents from the parent organization were consulted after interviews were completed to provide updates on the status of community engagement at the organization since data collection.

When referencing this healthcare organization in the paper, it will be referred to as the "organization." When referring to the organization's hospital specifically, it will be referred to as the "hospital." The parent organization will be referred to as such.

Sample, Eligibility, and Recruitment

Employees were eligible for inclusion in the study if they were employed in middle management or higher positions within the organization, its parent organization, or other entities in partnership with the parent organization. Only those in middle management or higher were included as they were more likely to be knowledgeable about and/or involved in organizational efforts to engage with the community. A position in middle-management or higher was ascertained based on either their position title or their position level according to relevant employee organization charts. We purposely recruited by directly contacting via email eligible employees, and used reputational case sampling[9] where interviewees recommended other eligible employees. Recruitment also focused on attempting to recruit leaders from a wide variety of departments and levels of leadership to ensure diversity in experience and insight within the data.

Instrument Development

We developed a semi-structured interview guide specifically for this study, with mostly open-ended questions that allowed for exploration of community engagement at the organization. The guide was developed after literature review of the subject and revised through consultation and review by team members and external advisors. The interview questions addressed healthcare leaders' understanding and perceptions around the definitions, drivers, goals, benefits, challenges, and potential emerging areas of opportunity for community engagement at the organization. These questions were complemented with spontaneous follow-up questions during the interviews.

Data Collection

One-on-one, 30 to 60 minute interviews were conducted between October 2023 and July 2024 by the author. Interviews were conducted either in-person or via Zoom. Interviews were

audio recorded and transcribed. Interviewees were provided with a written document describing the study and gave verbal informed consent prior to starting the interviews. This study was approved by the organization's Institutional Review Board (IRB).

Data Analysis

To facilitate analysis of the substantial transcript data, the template organizing style[10] was used with an a-priori code book developed based on interview guide topics and a review of several transcripts to identify content topics. This code book was then used to topically code the transcripts using the qualitative data management software, NVivo. The subsequent step of analysis used the immersion-crystallization[11] approach to thoroughly review the coded data by topic code, while taking notes about content and emerging patterns. This analysis process led to the final interpretation of the interview data.

Results

Interview Participants

A total of twenty-two interviews were conducted, at which point it was felt data saturation had been met given lack of new significant information being shared. Thirteen interviewees worked within the organization, eight at the parent organization, and one at another organization under the parent organization.

Defining Community

In order to appropriately engage a community, defining that community is integral.[4] Interviewees discussed the qualities of the community they served, specifically (1) the tension between the total service area versus the community most proximal to the organization's

hospital; (2) the community's diversity and; (3) how even employees within the organization could be considered part of the community.

Balancing Total Service Area Versus Local Community

Many interviewees commented that the community the organization serves is broad. The majority of these interviewees also reflected on how, as a result of the large catchment area, there were two major categories of community: the organization's total service area and the community in closest proximity to the organization's hospital.

> And it's interesting because for academic medical centers … they have to be in two worlds simultaneously. One is the world of their local community … the zip codes around [the hospital] … . … But because [the hospital] is a referral center … their community also is defined by the broader geography. (Interview 14)

Acknowledging these categorizations, a couple of interviewees voiced a preference for the local community when considering who the organization serves. They provided the following reasons: the local community is most proximate to the hospital, has a higher concentration of patients, and is more likely to choose rather than need to deliver at the hospital.

Community Diversity

A few interviewees discussed that the organization serves an incredibly diverse community with respect to socioeconomics, racial/ethnic background, and sexual identity.

> So I think [the organization] serves … this entire diverse population from folks with significant, you know, challenges around, you know, food insecurity and housing insecurity, all the way to CEOs of corporations. (Interview 4)

That being said, a couple of interviewees highlighted that while the organization technically serves everybody, it is set up to serve some better than others. For example, one interviewee discussed how the organization was better prepared to serve English-speaking patients compared to those who did not speak English. That the organization was seen as serving some populations better than others was intimately tied to the challenges and solutions around community engagement at the organization.

> I always tell people: we serve everybody. Our, you know, our numbers will say that, our records will say that. But I think there's a clear difference in who we serve and who we're set up to serve properly and equitably. (Interview 6)

Employees as Community

A few interviewees discussed how they considered employees within the organization as also part of the community in terms of engaging them for feedback.

> I consider our providers like part of that community engagement, and that might sound a little strange. But like our staff and our providers and the people that work here like they should have a lot of input into how we provide care and what that looks like. (Interview 16)

For one interviewee with strong ties to the area, this concept was more personal as they identified as part of the community.

> I say like, “I am the community,” like it's not like a “them and us” … I'm from the community, born and raised here. And so I just, it's sometimes hard to separate, like what feels like community work versus like this is just who I am. (Interview 18)

Contextual Drivers of Community Engagement

A key driver for community engagement was poor health outcomes and disparities, including in maternal health, within the organization's patient population as well as nationally. These outcomes led to episodes of community anger and advocacy for organizational change informed by community voice. Other drivers discussed by interviewees were external to the organization, including a broader movement within medicine to center patients and communities in care. Additionally, a couple of interviewees highlighted the national calls to prioritize diversity, equity, and inclusion (DEI) work and address social determinants of health (SDOH), which trickled down into the organization; how these priorities specifically expanded recognition of the value of community expertise was not clearly articulated by interviewees.

Poor Health Outcomes and Disparities

Several interviewees commented on how poor outcomes both locally and nationally were a driving factor for considering the community's voice. As one interviewee put it:

> When something really bad happens and people push back, unfortunately. You know, I think that that's the unfortunate part. When our community has been angry and we've already created significant trauma. We can't take that away. We can't provide them psychological safety. (Interview 8)

A few interviewees spoke about how disparities in outcomes shape engagement efforts. One interviewee discussed how community-led anger in response to health disparities was driving an internal commitment to bolster organizational community engagement activities:

> Because of a great degree of community engagement, that the community has come forward, and I think it's created a sensitivity in the executive suite, with leadership about

> not only do we need to be responsive when the community is talking to us … but actually think about, "How do we engage and create community engagement?" (Interview 14)

Another interviewee felt that lack of trust between the community and the organization contributed to poor outcomes, and saw community engagement as an avenue for rebuilding trust:

> Our health care system in general is one built on mistrust, particularly among our non-White patients of color and our underserved populations. … They don't wanna deliver in the hospital because they're afraid they're gonna die, and statistically they're more likely to. But that hesitation to come to the hospital and seek care is not gonna necessarily always improve our outcomes. There are patients that are gonna continue to die that actually need care and so the only way to elevate all of us as a whole, or elevate our outcomes as a whole, is to engage our community and get them to trust us … (Interview 11)

Larger Cultural Shifts

Several interviewees spoke about larger cultural shifts in medicine that are placing emphasis on the importance of centering patients and communities in how care is provided and decision-making is conducted. These shifts were seen as drivers of community engagement.

> So I think healthcare in general is starting, if they haven't already, it's starting to become a priority that you need to go outside of your doors to engage the community. (Interview 6)

> I think it's such a different world. I mean, when I started in medicine … there was like a really paternalistic world where, right, like, doctor said, "Do this," and patient must do that, and we really have moved so much … we sit down, we listen, we do shared-decision

> making. We do trauma-informed care. We do things that like really center the person that we're taking care of in the conversation in a way that never used to exist. (Interview 19)

DEI

A couple of interviewees spoke about how increasing attention specifically on DEI nationally was also shaping efforts at the organization and driving initiatives seen as community engagement.

> DEI is a focus that came up with the pandemic because it seemed like the world realized or the United States realized race existed in a large way. … And so DEI has been the place where I think, you know, our staff need to reflect our patients and who's coming into our hospital. (Interview 6)

SDOH

A couple of interviewees commented on how increasing attention and national mandates around addressing SDOH for patients was driving consideration for the need for community engagement, although how community engagement could be utilized for addressing SDOH was not fully explained.

> CMS and Joint Commission is requiring that we screen all of our patients at the hospital for social drivers of health and then tracking that information. … They're saying, "It's important to know these things about your patients." So they're passing a message to hospitals and health systems that, "You need to do more." And if they're asking us to track it, then eventually they're gonna ask us, "What are you doing about it? And how are you serving these patients?" (Interview 6)

> Thinking about getting outside of our walls with social drivers of health and understanding how we can help impact somebody's day-to-day outside of clinical care–their transportation needs, their housing needs, their food needs. You know, that's where healthcare is now … (Interview 12)

Internal Leaders

Organizational leaders in community engagement played an important role in driving and sustaining community engagement activities. These included parent organization executives, hospital administrative leaders, the Patient Experience Department, and midwifery leadership. Many of these leaders had experiences within the organization or community that uniquely positioned them to advance community engagement efforts.

Leadership at the Parent Organization and Hospital Level

A couple of interviewees broadly mentioned leadership at both the parent organization and hospital level as pushing forward community engagement. More specifically within leadership at the parent organization, a few interviewees pointed out that the Chief Diversity Officer (CDO) played a large role in pushing forward community engagement activities through their position and through advocating for additional community engagement roles within the parent organization.

> Our new CDO really cares about this, and really advocated for an additional position that is focused on community engagement and partnerships. (Interview 18)

Various leaders within the hospital administration were highlighted as leading different activities seen as falling under the scope of community engagement. Several mentioned the hospital president. A few each mentioned departmental leaders and nursing leaders.

Patient Experience Department

The Patient Experience Department within the hospital, which is responsible for managing patient surveys, responding to patient grievances, and is growing in its role as a liaison between the community and the organization, was mentioned by many interviewees as an important if not central force for prioritizing, sustaining, and moving community engagement activities forward.

> I do think that the Patient Experience Department is really looking at, with what we have, with people that we have, with the funding that we have, with whatever grants we can go after, how do we work with the community on the things that they have said are important … (Interview 9)

Midwives

A few interviewees highlighted the role midwives play in centering their patients and advocating for community engagement, particularly compared to their physician peers.

> I think our midwifery community is really pushing for us to do a better job of engaging our community. And I say that because midwives are just better at engaging their patients, they're just better at talking to them. As a rule, physicians just don't have the time or the training, or their focus isn't necessarily as much. … But I think our midwifery community, on the other hand, is unique in that they … have long term relationships with their patients. They work in the communities. A lot of them work at health centers, work with our underserved patients, and so really have a sense of not just what patients need, but also how we're viewed in the community. (Interview 11)

Characteristics of Internal Leaders: Local, Experiential, and/or Institutional Knowledge

Many of the internal leaders highlighted above were described as having worked within the organization for a long period of time, having given birth or had a partner give birth within the hospital, or sharing similar backgrounds with the communities providing input. These experiences were communicated by several interviewees as an important advantage to these leaders' positions in terms of understanding, prioritizing, effectively capturing, and responding to community input.

> So having those experiences [of having several family and friends give birth at the hospital, with both good and bad outcomes] makes it much easier to have a conversation that doesn't feel as though I'm an agent of an organization seeking to, you know, promote the good and diminish, you know, the negative experiences. It really is like, you know, "No, I'm using the product as much as you are and the services." (Interview 12)

<u>Activities</u>

Interviewees discussed a plethora of different activities they considered to fall under the umbrella of community engagement (Table). Some of these activities were clearly about gathering community input and/or responding to previously given community input. For other activities, the role of community input was less clear. The most concrete and organized community engagement activities sprang from internal leaders in community engagement within the Patient Experience Department and CDO's office. That being said, there were many community engagement activities that fell outside of these departments.

Table. Community Engagement Activities at the Organization

Activity type	Description		Supporting quotes
Departmental Changes to Support Community Engagement	Parent Organization DEI Leadership Changes	The CDO for the parent organization plays a major role in community engagement activities. One interviewee discussed how this role had changed over time to meet the needs and priorities of the organization, which, in part, had been shaped by community concerns.	"[The parent organization] … had a manager of diversity, equity, inclusion, which ended up really holding together all of the DEI committees. … There was conversations after community ended up really saying, 'You're not doing enough about maternal health for all people.' Then from there there was a group that met with our previous president … to really outline some of the things that were necessary … and … advocated … for there to be a VP of DEI [or CDO] that reported directly to the President." (Interview 8)

	Evolution of the Patient Experience Department	Similar to the DEI office, the Patient Experience Department had undergone changes, including new leadership, to better support the broadening of community engagement activities.	"So it used to be, the previous structure was really just being reactionary instead of being proactive. And so it was really all about complaints and grievances, and following up post-event to manage people's expectations about what happened. I think the Department is far more proactive now in that we are rounding, utilizing the voice of the individual, to inform how we build our care structures in our models." (Interview 9)
Engagement with Patients Receiving Care	Leader and Clinician Interactions with Patients	Several interviewees discussed rounding activities in health facilities done by nursing leadership, the Patient Experience Department, and the parent organization's executive leadership.	"So, listening to their stories and what they have to say, and anytime, you know, a nurse might come to me and say, 'Hey, we have this patient who's just really unhappy because of X, Y, and Z,' right, like I wanted to talk to them, and, you know, and just make sure to

		Additionally, two interviewees discussed how they saw listening to their patients' grievances as a form of community engagement.	hear them out and everything, like get their perspective, and really, you know, take that into account when we're then, to your point, shaping the culture here, right?" (Interview 2)
		Discussing patient-provider interactions as community engagement, two interviewees discussed the value of patient-centered care.	"The concept of patient-centered care, which is that when a patient comes to see you … we really do strive so that during that visit we get input from the patient as to what they feel they need from their healthcare experience. So there really is that partnership between caregiver and patient and we certainly try and foster that." (Interview 4)
	Community Health Workers	Two interviewees spoke about a new community health worker initiative as a form of community engagement. They	"We really wanted to develop a program that they would be more comfortable engaging in. … Engaging those patients … with someone

		saw the use of a community health worker that speaks the same language, goes into the community, and more closely identifies with patients as an important mechanism for improving adherence and outcomes.	who speaks their language, lives in their community, knows where they come from. They're much more likely, we felt like they'd be much more likely to enroll." (Interview 11)
Presence at and Sponsoring of Community Events	Many interviewees mentioned presence at and sponsoring of community events, including one event run by the organization, as an example of community engagement. Presence at these events was articulated as more about giving back, increasing awareness about services provided, and/or relationship-building than about explicitly receiving feedback from the community.		"We had like a health and wellness fair where we invited our entire community … to come to [the hospital] and learn about some of the services that we have. To learn about job openings that we have. We were taking blood pressures. We were signing people up that had a baby within the last year so that they could get like a savings bond. So we were doing those types of things that we thought that

		could help cultivate better relationships with the community." (Interview 18)
Surveys	Many interviewees highlighted hospital surveys as another area of community engagement, which are handled and reported on by the Patient Experience Department. The information in these surveys can then be used to inform practice changes. A few interviewees highlighted how they received survey feedback from the Patient Experience Department. Separately, two interviewees commented on an employee survey that was administered to get feedback from employees, which, as discussed earlier, can be seen as another important group to engage as part of the community.	"So [the Patient Experience Department] send[s] over whatever comments they get, positive or negative. … We also look very deeply at the negative comments. We wanna, you know, see whatever's on there that we can affect." (Interview 20) "We also have an employee engagement survey that we did … that allows our employees to have a voice and, as you know, many of our employees are also patients here as well, right, or patients within the [larger parent organization]." (Interview 10)

Short-Term Project-Specific Community Feedback	Several interviewees commented on community feedback around one particular project, the construction of a new labor and delivery unit, being implemented at the hospital. While this was a one-time event, interviewees saw community engagement as integral to the development of the unit.	“But really from the moment we started it was core to have the patients be a part of that process, and the community physicians and even community doulas … . … So from day one, lots of tours, lots of walkthroughs, lot of feedback. … We had a whiteboard outside of our mock room. … People were able to write down whatever feedback they had … because that gave us the opportunity to capture it and also for people who wanted to sit there and read it to then respond to it … . So the community was able to see what the physicians or the staff were saying, and say, 'No, no, no, that's not right, that's not how we see it,' or vice versa staff were able to see what the patient said and said, 'Well, this is maybe

		why it doesn't work. But maybe we should think about this.' … And then we took that information into the mock room and made the appropriate changes based on feedback." (Interview 22)
Conversations in the Community	Notably, the CDO and the Patient Experience Department were described as deeply involved in building relationships within the community, particularly with community-based organizations (CBOs), to learn more about their work, hear their concerns and/or needs, and provide support. For the Patient Experience Department this included the doula community. For both the CDO and the Patient Experience Department, this work was valuable enough that a few interviewees mentioned that these departments were being built out to better support it.	"And there's a position for the DEI community engagement person. Like there wasn't roles, there was just the [CDO]. Now, there's actual support to be able to implement and move things forward." (Interview 8) "[The Director of Patient Experience has] … really been charged with … how we do better engagement with the community doulas right now, right, are a big piece of that. But it's interesting because doulas are a very diverse

	Additionally, the hospital's president and other organizational groups met with community members and groups in the recent past. The President's Office was highlighted as being involved in listening to and spending time with the community by two interviewees. Two other interviewees discussed individually going to one CBO space to learn more about their work. One interviewee mentioned an informal group of people that was created to engage in conversation with one particular CBO. Another interviewee discussed how hearing from the community happened organically in normal conversations out in the community.		group of women who have different ways that they want to engage within a healthcare system. … And so [the Director of Patient Experience] has a liaison … and she's figuring all of that out." (Interview 16)
Boards and Committees	Organization-Wide Community Advisory Board (CAB)	The organization-wide CAB was seen as a cornerstone part of community engagement by many of the interviewees. The CAB is led by the hospital President and the Director of	"And it's a large group, I think, when it is everybody there are more than 40 people in that group and it's again people from different segments–from the Latino community, from the Black community, from different

		Patient Experience, and invites a wide variety of CBOs. The CAB serves to share organization initiatives and progress, and to receive feedback from CBOs.	community based organizations that are working in the community." (Interview 3) As one interviewee commented, the CAB allows CBOs to share their responses to the following questions: "'What are the things that you wish you could better partner with the hospital on? What are the greatest things facing your communities right now? What are the areas that you need more collaboration on?'" (Interview 16)
	Sitting on CBO, Governmental, or Other Boards	Multiple interviewees identified membership on CBO, governmental, or other boards as an example of community engagement being conducted by organizational leaders,	"And there's community members on it. So you have to hear, like, 'What does this mean to you?' And then it's usually some little tiny grain of sand that we're working on. So we

		including but not limited to the Director of Patient Experience. These boards were seen as an opportunity to–in varying degrees–to hear from community members and/or groups and to provide insight and/or resources for community-based initiatives. For the governmental boards, it was not clear whether community members were involved. Many interviewees discussed the organization's presence on the local Health Equity Zone (HEZ), which is a committee made up of local organizations and community members	work on that so we can make a sandcastle … " (Interview 9) "So [the organization] has connected with almost every single health equity zone … . … And that's a very intentional approach to understand what the priorities around those health equity zones are, where [the organization] fits into those priorities, and who the best contact at the hospital is for that priority …" (Interview 12)

		dedicated to improving the wellbeing of the local community.[12] The organization is on at least the most local HEZ and has connections with others located throughout the state. The HEZs offer a structured opportunity for the organization to hear about actual community needs and to respond.	
	Project-Specific CABs, Patient and Family Advisory Councils, and Quality Committees	Several interviewees discussed small committees composed of at least several community members in addition to employees that received and integrated feedback from its members. These committees were specific to departments, research studies, or initiatives being implemented.	"[For the OB Advisory Council] we try to get families that have had a baby at [the hospital] within say the last 5 to 7 years, so they can provide some, you know, of their own personal experience, or they're really more in-tune to women having, you know, a birth experience today. We also have members within the

			community. We have at least one doula, who is also a lactation consultant … ” (Interview 17)
	DEI Committees	Several interviewees highlighted the DEI committees, which operate at the corporate, hospital, and departmental levels to work on various DEI initiatives, as important community engagement activities. The way, if any, that community input was received or responded to through these committees was not always clear–one interviewee mentioned bringing in community members and organizations, but the others did not. Current DEI committee initiatives included LGBTQ+- friendly certifications and recruitment diversity.	“We've also like had diversity, equity, and inclusion committees, and we would bring in different community members and organizations to talk about their needs because we're not always the expert on what all the community needs.” (Interview 18)

Initiatives to Improve Care	When asked about listening and responding to community input, a number of interviewees highlighted different projects to improve care including: improving management of postpartum hypertension, increasing access to home services, improving mental healthcare and dental access, improving interpretation services, increasing access to resources for SDOH needs, providing expanded surgical services, increasing awareness around available education opportunities, improving doula facility access, and structuring systems to support transgender healthcare. Not all of these initiatives had a clear connection to community feedback, although some of them did, such as improving language interpretation services and doula facility access. One interviewee very specifically mentioned referring to documented community input when making decisions around new projects to initiate.	"Yeah, it really was a drive, I think, from a local group of folks, and particularly the OBGYN Department's DEI Committee which consists of some of us as faculty but then really vocal residents who are able to really advocate for like, 'Hey, this is not the best way to take care of patients,' and really making the case for why, you know, because I think at some point it's just looked at as an extra expense … . But I think really helping people to understand the patient experience and patient when you're talking to them through a phone interpreter–the experience is just different. You're going to miss things. And I think that really kind of drove this, 'We need to do better.'" (Interview 15)

Challenges

Interviewees described many challenges that came with trying to engage the community and respond to their input.

Historical Hurt and Cultural Differences

One of the biggest challenges raised by interviewees was the history of negative relations with the community. This, along with an organizational culture relatively unfamiliar with the idea of community expertise and practice of dialoguing with community, presented challenges for respectful community engagement.

Negative History

Many interviewees alluded to a negative history the organization has with parts of the community when more specifically discussing how that history had fostered mistrust within the community.

> If I were to go to a community meeting … and I say I work for [the hospital] and they have a negative sense … I wouldn't be welcomed at that community because I would then be representing the hospital, right? Whereas me as a person and an advocate and an ally, I would be welcome if they just knew me, without the hospital piece. (Interview 1)

> There's still this adversarial component, we as big institution shaping healthcare and the people receiving our services are not having their voices be heard. (Interview 9)

This negative history led to challenges having productive conversations. A few interviewees discussed how formal conversations had broken down between the community and the organization in the recent past.

> I have been witness to when side conversations just degenerate into the name calling … I think institutions have done a lot of not good things to communities, but the way you get somebody to change is not to yell at them. If we yell at them, they ignore you, right, and then you never get to your agenda to be fulfilled. (Interview 3)

> We had some really difficult conversations with some community groups around situations that have both happened here in the hospital, that were happening in the community. And so, and for probably about a year, year and a half those conversations just didn't seem to get us anywhere. We felt defensive. Community felt we weren't listening to them. (Interview 16)

> It was very strained, and it was very tense. … We had people that were representing [the organization] that were causing more harm, right. So they were saying things that were hurtful or harmful. They were making assumptions. (Interview 18)

As a result of this negative history, partnership with the community was challenging to achieve as many community members did not feel comfortable partnering with the organization.

> We take full accountability for where we mis-stepped and now we want to try to merge a path forward together, and it just felt almost impossible, because [a particular CBO the organization was meeting with] couldn't get past what we've done in the past, right? (Interview 18)

> Because of that history there are folks who just blanket will not partner, will not engage with [the organization]. (Interview 19)

Cultural Differences

A few interviewees discussed how being receptive to community voices and attempting to develop processes for receiving and acting on community input was challenging as the healthcare system was not constructed to be receptive to community feedback.

> Unfortunately, I think some of its uncharted territory. Since when has the medical society in general cared what the public's input was, right? This is something like we aren't good at because we've never really done it. (Interview 11)

More specifically, interviewees remarked on what made it challenging, from differences in communication styles and markers of expertise, to differing birthing philosophies.

Communication Styles

A couple of interviewees discussed how differences in acceptable communication styles made productive communication between the community and the organization a challenge. The community had a more nonhierarchical approach to communication, which could be seen as aggressive and disrespectful by an organization grounded in the traditional hierarchical communication framework seen in medicine.

> One example is like [a CBO] put together "birth demands." … People were like, "Oh, we didn't like that language. It was too much … ." … That just means like it's a really urgent request … . But at [the organization] many people took it like, "How dare they?" … In the hospital, that's just not how people communicate. (Interview 6)

Culture of Expertise

Another interviewee spoke about the challenge for the organization, which views itself as the expert in medical care, to see community members as also having valuable expertise.

> And I think that's a piece of what we need to shift–that our workforce really feels from that internal cultural perspective of "We have the knowledge so don't question our knowledge because we have the knowledge." … You may have good clinical outcomes, but if you're not listening to your patients, you're not serving them well. (Interview 9)

Differing Philosophies on Birthing

One interviewee spoke about how different philosophies around birthing practices between some community members and the organization made progress on adopting community feedback exceedingly challenging, as these philosophies contradicted the established medical principles for labor and birth.

> So if you think specifically around birth work, like the way birth workers … outside of our institution do the work is like in, to some degree, is antithetical to the institution of healthcare. … So that's the piece that when you ask for community input around birthing, specifically, it's hard to have that conversation because they're coming from different perspectives and what may work outside of a health system and a hospital itself around birthing, we can't do that for 9,000 babies, right? … It's clear that folks don't necessarily understand the difference in philosophy and approach … " (Interview 6)

Lack of Organizational Capacity

A number of interviewees highlighted the ways in which the organization was ill-prepared to effectively prioritize community engagement due to lack of financial resources, employee capacity, appropriate structures, and leadership stability. As a result, initiating and sustaining community engagement was difficult.

Lack of Financial Resources

Many interviewees commented on how lack of financial resources made it challenging to initiate or sustain community engagement activities, as resources were devoted to the bare essentials of running the organization.

> So in the pandemic … [the parent organization] as a health care organization lost 48 million dollars in one year. ... So what happens when there are financial challenges like that, you begin to prioritize for survival. Many things that are cut … . And although I hated all from the bottom of my heart, I understand that people are making choices between keeping the lights on or not. Unfortunately though when cuts happen they affect the under-privileged the most. (Interview 3)

> At the Maslow hierarchy of need, we're at air, right? (Interview 14)

A few interviewees reminisced about activities the organization did in the past that had been discontinued due to financial constraints. These included providing free transportation to patients, operating a mobile van that provided services within community neighborhoods, and offering community classes.

> Actually, when I first started here … we did a really good job of a wide variety of community engagement. I think at that time, to be honest with you, we had more money, and so we were able to do things a little bit more creatively. And then, as our wallets got stretched, some of those programs got cut. (Interview 16)

Several interviewees commented on how it was challenging to communicate to their community partners how these financial constraints limited their ability to act on community feedback.

> And so some of hearing community input is also going back to the community and saying, “I hear what you're saying, here's where I'm having some difficulty like, here's the realities of my situation. Help me figure out what your priorities are, because I can't do all of them all at once.” (Interview 16)

Lack of Human Resources

A few interviewees described provider burnout and how that contributed to lack of energy for community engagement activities.

> I think that that's one of the most unfortunate realities of healthcare is we have higher rates of burnout than almost any other industry, right? … I have compassion for people that have reached a point in their career that they're like, “I'm tired,” … you can understand where they come from when they're just like “I've been in this game a hundred times … and I've heard, you know, X,Y, and Z complaint and like, so when this person brings this to me like I listen and I nod my head, but it's not going to go any further than that,” right? (Interview 2)

Lack of Appropriate Structures and Strategies

Several interviewees commented on the challenge of there not being good structures, strategies, or teams in place to ensure effective community engagement. This included a lack of unification around a mission for community engagement, which a few interviewees spoke to.

> Internally, I think there isn't a unified push. I think there's pockets of push. … But there isn't one cohesive body of "We're gonna work on these ten things, and we're gonna drive this work together." (Interview 9)

Turnover in Leadership

A few interviewees discussed how frequent turnover in leadership and staff was a challenge–it meant that community engagement initiatives were frequently discontinued as priorities around community engagement shifted with new leaders. This led to a breakdown in staff buy-in and community trust.

> Well what happens is you get a team and they become cohesive, and they start their plans and then no one ever stays long enough to complete the plans. … As a frontline staff nurse or frontline at the bedside, you say to yourself, "They're not gonna be here more than two years–why am I gonna follow just another idea?" (Interview 9)

> Six years and we had four presidents. … So our presidents were changing. Our VP was always changing. … And so there were promises that were made by one president that was not passed on to the other. … But I think, like from the community's perspective they're like, "You all are not committed, you all are not, you keep dropping the ball." … And then it's like you're trying to influence really without much authority. So you're trying to say to like the incoming president, "Well, these are things that we've already agreed to." And they're like, "Well, I don't agree to them." … So we were really like fighting that fight from the inside. But it was hard to communicate that well to our community partners. (Interview 18)

Dismantling Systemic Racism

Multiple interviewees highlighted the role racism had played in health disparities within the community, as well as the challenges of patient-provider racial discordance. A couple of interviewees spoke about the challenge of dismantling the effects racism had on their organization given its systemic and multilayered nature. While this challenge was not explicitly connected to community engagement, it could be assumed, given the context, that leaders' grappling with this challenge was in response to local community feedback around the issue.

> And so the pervasive disparities and health outcomes as they relate to maternal morbidity for Black and brown women, predominantly Black women, is both a national, regional, local, and hospital challenge. … And when you have a, you know, a person … saying, "Look at these numbers … . These are terrible," they're not wrong, and they're terrible everywhere. So we're at one organization, swimming against the tide of a national debacle, a historical debacle, a social debacle, a political debacle, you know, very ingrained challenges, systemically, structurally, procedurally, medically, in any way that you look at. And so how do you reverse that trend? … But that doesn't make the average person, a Black woman … feel any better …" (Interview 12)

Other Challenges

The organization also found itself facing an array of other challenges to supporting and advancing community engagement activities.

Challenges Changing Hospital Policy

A few interviewees commented that they felt changing hospital policies in response to community feedback was, in some cases, unfeasible or introduced new problems.

> Some of the things that they were asking us to do we couldn't necessarily do, like from a legal standpoint. (Interview 18)

Poor Communication Within the Organization and to the Community

Another challenge was lack of adequate communication within the organization and with the community about community engagement activities. Many interviewees admitted they were not completely informed on current community engagement activities. Some of this could be accounted for by an interviewee's particular position which impacts their degree of proximity and awareness of activities, but other interviewees still felt that better communication was needed, especially out to the community.

> Do we do enough? No, because if I'm in this position and can't speak to all of the work that we're doing, if I don't know, how is the community supposed to know what we're doing? It should be visible. It should be on our web page. (Interview 9)

Additionally poor follow up communication about action steps taken or not taken in response to community feedback could aggravate and increase tension between the organization and the community.

> We've had a lot of really cool programs that have been developed and initiated, and I think we don't share our successes and our failures in a transparent way. … We're building a new labor and delivery unit. … I do know there become a lot of narratives in community about what's happening, because things are not being shared on a regular basis. (Interview 19)

Patient Survey Limitations

A couple of interviewees voiced that they did not feel like surveys administered by the organization went far enough in engaging the community, even though they were still important for getting valuable information.

> It's all canned questions [in the HCAHPS survey]. … I do believe there are portions of that where patients can leave comments, but for the most part it's very directed. (Interview 2)

Lack of Vision for Councils

Two interviewees commented on how lack of vision or impact led to community members becoming disillusioned or disinterested on two of the organization's councils.

> I think some feel like we should be doing more and get a little disenchanted. … Like everything else, it ebbs and flows, and, you know, the good stuff comes and goes, and then sometimes there's not as much of an opportunity for the exciting stuff, so people might fall away. (Interview 17)

Lack of Care for Workforce

A few interviewees stated or implied that another challenge was that employees who were seen as, or identified as, part of the community were not practically and culturally supported by the organization, or encouraged to participate in feedback. This added to the resentment felt by the community as a whole about the organization's lack of care for the needs and voice of the community.

> Those folks are coming in with a passion, and we often do not take care of them enough or provide the needs that they need. Most of the time those individuals are the ones that

> are also feeling social determinants of health. … And so often we're burning out our own community members and failing them within the workforce because they come in thinking that they may be able to create certain change and then we fail them by not allowing them to. And so then now they'll not only have the secondary trauma of their community members, but their own trauma that they're carrying. So many people end up leaving the fields of healthcare because they feel like they have no voice and no ability to be able to change it. (Interview 8)

> They are oftentimes feeling isolated, feeling alone, feeling like they're navigating things in a predominantly white space. … They are oftentimes exposed to people talking down and talking about their community in ways that just feel almost traumatizing. (Interview 18)

One interviewee clearly described how those in entry or lower-level positions who may identify as part of the community did not have the flexibility to participate in discussions about care because their positions were not structured to accommodate it.

> The [DEI] council ended up being people who are mostly administrative and/or, you know, positions with high amounts of administrative time that could block the hour to come to a meeting, except that like the woman who works cleaning the room probably has an opinion about our DEI council, but like we don't protect her job for this hour to come here. The nurse that's up on the fourth floor, we don't have somebody to back into her role to come to this meeting. (Interview 15)

Diversity of Community Voice

Several interviewees mentioned that another challenge was to recognize that "the community" is not a monolith, including in thought, background, and location, which requires the institution to seek out, consider, and integrate the needs of various communities. More specifically, one interviewee commented on how some community voices can dominate community feedback spaces, which makes hearing diverse opinions more challenging. Additionally, strong opinions held within the community could quiet others with differing opinions.

> And what we've learned in our process is there can be louder voices that kind of take all of the space in conversation and when those voices aren't there, there's a whole lot more to hear. (Interview 19)

> We had a handful of folks reach out to say, "I would love to be involved, but I'm afraid if I show my face I will be ostracized by leaders in the community because I will be seen as having an allyship with [the organization]." (Interview 19)

Lack of Material Support for Community Input

Many interviewees highlighted that community engagement was hindered by the lack of resources–including time, food, childcare, and/or other compensation–to support community members, especially the most underserved and underresourced, in providing input.

> And it's not always easy for people–especially people who are working, you know, two jobs–to take time to, you know, show up at a meeting in the hospital … . … A lot of

> times the people that can make it to those are not the ones that are most challenged. (Interview 4)

> They don't have childcare. Or if they do have childcare, they don't want to spend that childcare coming here–I wouldn't. (Interview 16)

Areas of Opportunity

Interviewees had a lot to say about different areas of opportunity or solutions for these challenges. Many of the offered solutions fell into broader categories of ideas around improving organizational structures, engaging community partners, or engaging the larger workforce community. Therefore, while each specific solution may not have been shared by many interviewees, many shared common themes.

Optimizing Organizational Structures and Processes

The majority of interviewees spoke about solutions involving the organization's leaders, money, time, and processes to better support community engagement efforts. These activities ranged from emphasizing community engagement activities in the job descriptions of leaders to structuring feedback avenues and accountability measures, to enhancing communication. Two interviewees summarized it perfectly:

> But being thoughtful about really understanding sort of the full scope of what we'd be trying to do and how this will be not only a financial investment, but an investment in time … (Interview 5)

> It can't just be these kind of quick in the moment. We have to really have a, you know, one, three, five, ten year plan to get us to a culture of safety, a culture of inclusion, a culture of having part of the community in our place and space. (Interview 9)

Leadership Expectations

Leadership involvement in community engagement work can "help clear the way" for community-led initiatives (Interview 2). A couple of interviewees focused specifically on the importance of integrating community engagement expectations into leadership roles within the organization.

> Making sure that leaders have enough time and really assigning it to them as a priority. … This is not something that you can kick to the bottom of your list, or that you can just blow off meetings and stuff … " (Interview 2)

Similarly, another interviewee, when asked about what would make community engagement activities more consistent in the face of leadership turnover, discussed how setting accountability measures for leaders was an important step.

Investigating Organizational Policies

One interviewee spoke about the importance of investigating organizational policies to examine where changes could and could not be made to act on community concerns:

> Doing our due diligence to say, "Do we need this policy? Can we change this policy?" If it's just one of those policies just to have and let's go through the process of reviewing to make sure that it is more equitable, or that it removes a barrier to a suggestion that's a good suggestion. (Interview 12)

Determining Focus Areas

In addition to ensuring avenues for community feedback and response, a few interviewees discussed that having a few areas of focus for receiving feedback and taking action could be helpful.

Facilitating Community Feedback

Several interviewees offered suggestions for how to facilitate community feedback, including the value of having a central contact within the organization, involving mediating outside parties, being flexible about feedback avenues, and providing compensation.

Central Contact within the Organization

One interviewee felt having a centralized contact within the organization for community members to go to with concerns was an important part of streamlining community feedback:

> Folks should know [the Patient Experience Department] staff member's face and name as the community person at [the organization] … so that when they have concerns or when they have successful stories, that they know there is a person here that I can reach out to as opposed to like a generic email with their request. (Interview 6)

However, another interviewee expressed concern about a system where community members were only connected to the organization through a couple of people:

> Now, it's normally about two people that they talk about within our system … . … And that can be problematic–is that it's based off of the people that are there right now, not the system as a whole. (Interview 8)

Third Party Involvement

One interviewee discussed how the organization was, at the time of the interviews, attempting to formalize a partnership with a third-party group to help gather and synthesize community feedback, as well as assist the organization in appropriately acting on that feedback and evaluating results. By introducing an unbiased mediator, this partnership was seeking to address the tension that exists between the community and the organization.

Flexibility with Feedback Avenues

Another interviewee commented that it was important to be flexible by providing different avenues for the community to provide input.

Community Compensation

Following up on the challenge voiced by multiple interviewees about lack of compensation or resources to support community members in providing input, one interviewee specifically discussed providing compensation or other incentives to support the community in giving feedback as an area of opportunity for the organization.

<u>Acting on Community Feedback</u>

A few interviewees commented that there needed to be accountability in following up on community input.

> On the back end, once we get the feedback being thoughtful about our approach to trying to make improvements wherever community says we need to. I think the worst case scenario would be we get the feedback and then send a report somewhere. That's not helpful. (Interview 5)

Two interviewees spoke about building trust with the community by first focusing on smaller and more immediate requests from the community, and then building towards more strategic partnerships with loftier goals.

> It's the most important goal right now is to create relationships, establish trust, complete requests; so build trust by like doing the thing they asked us to do, and doing it when they asked us to do it, and then we can build towards more strategic goals. (Interview 6)

Improving Communication

Improving communication was an area of opportunity discussed by many interviewees. Interviewees discussed how communication could be improved throughout the community engagement cycle, from initial feedback and action steps, to general reporting on activities.

Communicating Organizational Barriers

A few interviewees felt it was important to honestly communicate to the community about organizational barriers that could make acting on community feedback challenging.

Follow Up Communication to the Community

Another few interviewees commented that it was not only important to act on community feedback but to communicate changes back to the community.

> I think coming up with a kind of a systematic plan, every new program we have like, “What's our report out to community?” Because they're not gonna necessarily read the academic journals that are behind a pay wall. Like how do we have outcome briefs that get out into community of like, “We tried this. We're gonna continue to do this,” or, “You know what, this didn't work. And so we are seeking input on how to pivot because we really care about this condition or this entity.” (Interview 19)

General Communication Around Community Engagement Initiatives

Several interviewees commented on the importance of improving the organization's communication both internally and externally around community engagement activities more generally to alleviate the internal ignorance and external frustration over perceived indifference to community needs. One interviewee commented that there was already work in progress to address this need:

> One of the projects that we're working on … is a community impact report. So it's gonna collect all of the things that [the parent organization] is doing in the community and put it in one place. It could be a health fair. It could be a volunteering effort. … Donations that we're providing, partnerships, collaborations. … I think it helps our employees find ways to be more engaged in the community and says, "This is something we care about." It lets the community know, "Hey, these are ways that we've been, you know, working to help the community." (Interview 12)

Engaging Community Partners

The majority of interviewees also offered solutions around how to build and maintain community relationships and equitable partnerships.

<u>Presence at Community Events</u>

A few interviewees felt showing up to community events was an important way to cultivate relationships with the community.

> But I do feel like places … that have really strong community engagement are a little bit more like visible in the community. … And I think that, you know, that goes a long way … because when people can put like faces to an organization, I think it helps break down

> some of the barriers where they're not thinking like, “I don't even know who to get a hold of, or how would I even start that conversation” … (Interview 2)

Building Relationships with Community Organizations

A few interviewees felt an important step that the organization was already doing and that should be continued was getting to know as many of the surrounding groups and CBOs as possible. This would allow for broad relationship building and awareness of different needs across the community that the organization serves.

> I want to make sure that we know the business owners, the nonprofit organizations, the schools, the churches, the civic organizations, even the for-profit groups that are one and two miles away from the hospital. I wanna know all of them–who they are, what they do, how long they've been around. And I want to make sure that they know who we are. (Interview 12)

Partnering with Community on Projects

Several interviewees discussed the importance of having community involvement on specific projects. In this way community engagement would be more specific to a topic or activity and not just open calls for general feedback. Half of the interviewees were more focused on involvement of CBOs whereas the other half focused more on general community involvement, which could be interpreted as laypeople in the community. Some of these projects focused on partnering with and supporting CBOs already helping people in the community:

> Because the people who are in the community doing it–they're experts. They have the trust of the community. You might as well just lean into it and make it reciprocal, like give them the thing that they need from you … (Interview 6)

This same interviewee took it a step further to discuss a long term goal for partnering with CBOs to help fund CBO work.

> Then the long-term goal is … if there's a grant to be had … [the organization] is in a position to write the grant and include all these members in it and potentially fund some of these organizations so that they can sustain the work that they're doing. … The most we can also give to communities is to say, you know, "We don't need extra money to do the thing. We need you to get the extra money, so that when we send our patients there you have the staff you need. You have the funding you need to support them." (Interview 6)

Supporting Organizational Boards and Committees

Many interviewees stated that it is critical to continue support for the community advisory boards and committees housed within the organization that sought to obtain feedback from community members. A couple of interviewees commented that it was important to ensure there was diversity on these boards. Another interviewee commented that boards may be a potential avenue for insuring community input specifically on research being conducted within the organization.

Diverse but Targeted Community Representation

A couple of interviewees spoke about the importance of ensuring that community feedback came from a variety of segments of society. However, following a line of thought discussed earlier, a couple of interviewees felt that it was important to focus on the urban core community surrounding the organization's hospital given this community's established needs.

> [The hospital-based clinic] is a great place to maybe start some of that work because it's a big population of patients. It's also a population of patients with different socioeconomic factors and may have different and unique needs … . … And it's probably where we need feedback the most. If you were to look at who's actually completing some of the satisfaction surveys that we send out it's usually not coming from that practice. (Interview 5)

Workforce Qualities and Activities

Many interviewees commented on aspects of the organization's workforce that could be optimized. For some suggestions, it was unclear how they were connected to receiving or responding to community feedback.

Stable Leadership

One interviewee, in response to the challenges frequent leadership turnover had caused, highlighted the need for a stable leadership team to ensure the proper construction of an effective system for integrating community engagement into the organization.

Socially-Oriented Workforce

A couple of interviewees spoke about the importance of having a workforce that was more socially-conscious than they perceived their current workforce to be. This included being more educated about health equity and patient-centered care–concepts that interviewees consistently brought up in relation to community engagement work.

> I think with more people who come into our organization with a social justice lens really are helping to inform some of that. … You know we need to be thinking like, "Are we being equitable? Is this the just and right thing to do?" So I think we're moving in the

> right direction. We need more MPH's here. We need more student internships. We need more diverse work groups. (Interview 9)

One of these interviewees spoke about how medical residents were a good example of what it looks like to practice medicine with an awareness of how social factors influence health:

> Our residents are so far ahead of the game in terms of trauma-informed care, consent, those types of things, like they are leading the charge. They are the ones because I think the focus of medical school has changed … (Interview 11)

Targeted Staff Education

A few interviewees felt that continuing or improving staff education around quality and equitable care was an important step for providing better care to the community.

> We need to get in front of employees more because the generation that we need to bring into this world, that we're serving right now, that many things have changed–language has changed, identities have changed in terms of how we identify folks or like folks label themselves. (Interview 6)

Two of these interviewees focused specifically on DEI training for staff. One argued that continuing DEI training was important as it ensured all staff were on the same page about "priorities and outcomes and experience" (Interview 3). The other argued that more targeted DEI training was needed for staff:

> It has been very apparent that, like, even our bedside team could use a lot of work on their, like, DEI training … making sure that they're approaching patient care appropriately. … And I've said, like, "I'm not just talking about these little like DEI

> sessions that y'all run for the whole hospital," I'm like, "It is very clear that our team has a targeted need, like they need something more robust. They need something more ongoing … " (Interview 2)

Patient-Provider Racial Congruency

A few interviewees commented on how racial concordance between patients and the workforce was an important initiative to work on to improve patient care.

> I think we need to diversify our workforce. I think we need to have people caring for people that look like them. … I think that that is a huge step, I think, and not just like, and I think that our hospital as a whole, like, if you look around, the people, it's not the physicians and the nursing staff that look like our patients. It's all the other supportive staff … (Interview 11)

Improved Hiring Opportunities

One interviewee felt that ensuring there were employment opportunities for the community was an important step towards responding to community needs.

Community Health Worker Investment

A couple of interviewees felt that investing in community health workers was an important community engagement activity. Interviewees commented that this was an opportunity to be in the places where patients live and to connect patients to needed resources.

Engaging Workforce as Community

A few interviewees spoke about how the workforce needed to be asked for feedback more because they may also be a part of the community.

> Are there forums that provide conversation and basically suggestions from the 2,700 people who work [at the hospital], regardless of their designation–administration, clinical, nonclinical, security, food–like are there avenues for that type of continuous improvement? (Interview 12)

Offering Community Space

Two interviewees spoke about how offering an additional space within the organization for the community to gather to receive important resources was a potential area of opportunity. In response to documented community advocacy for improved postpartum care, one interviewee shared the following idea:

> I'm hoping, if we get that money, we could develop what I call a comprehensive postpartum center where anybody can just drop in to get breastfeeding support, social determinants, and all of that. (Interview 3)

Less clearly connected to community feedback, another interviewee shared how they felt a general community space would be a good step forward for the organization:

> A lot of organizations have like community areas in their hospitals, you know, where they hold classes and there's community space. And then maybe that's where you sign up for insurance. And maybe there's volunteers there. Maybe there's a community meeting being held in that space. We don't even have a space to welcome our community like that. (Interview 9)

Providing Services

Many interviewees mentioned different services that the organization could be providing as a way to better support patients. It was not always clear how rendering these services was

related to community feedback or advocacy. These services included hospital-based doulas, more uncompensated care out in the community like free blood pressure checks, onsite social services, and improved care to the LGBTQ population. There were two ideas that were brought up by more than one interviewee: improving access to care and continuing to improve language interpretation services.

Improving Access to Care

A few interviewees spoke about the importance of improving access to care. This included starting a mobile clinic to provide services in the community and opening healthcare offices in closer proximity to patients.

> I'm even hoping that we'll get a postpartum van that will just go into a community, go to that patient who can't come to clinic … . And that is directly informed by what the community has said over the years that they've needed. (Interview 3)

> It's how do you provide care out in places where patients live, where patients feel safe? … If you don't have a car and you're taking three buses to get to the hospital like, that's your full day to go to a fifteen minute office appointment.” (Interview 15)

Continuing Interpretation Services

A few interviewees spoke about the importance of continuing to work on the organization’s interpretation services to provide better care to non-English speaking patients.

Discussion

Summary

Interviewees discussed many aspects of community engagement in their organization. In attempting to describe the community they serve, interviewees reflected on its dichotomies: the total catchment area versus the local community; the privileged versus the underserved; and the external versus internal community. Drivers for community engagement stemmed from both organizational and broader issues and movements. Poor outcomes and attention to health inequities both locally and nationally, particularly around maternal health, were important catalysts for community advocacy and organizational response. Additionally, movements to integrate the concepts of patient-centered care, SDOH, and DEI into healthcare were frequently highlighted, although how they drove community engagement efforts specifically remained unclear at times. Two of the most frequently mentioned internal leaders were the organization's Director of Patient Experience and the CDO for the parent organization. The Patient Experience Department particularly appeared to have garnered a name for itself as a centralized force for community engagement. In addition, for several key internal leaders personal identification with the community and/or experience working or receiving care within the organization was highlighted as an asset to their community engagement work. Whether this had factored into their hiring was not discussed.

The organization's recent or current community engagement activities ranged from presence at community events to CABs. For some activities it was not clear how they actively involved the communities' voices or collaborated with the community, a core aspect of community engagement as detailed in prior studies and expert writings.[1,4,5,7] The most organized activities came from the Patient Experience Department and CDO. Challenges with community

engagement abounded for the organization, including the impact of historical injustices and systemic racism, cultural differences, poor organizational resources, commitment, and communication, and lack of support for community members. These challenges existed at every phase of efforts: from attempting to gather community input to trying to implement changes to communicating efforts back to the community. The majority of interviewees agreed that the organization needed better structures and resources to support community engagement, including improving communication and holding leadership accountable. Many community engagement activities were recommended including being present at community events, continuing to dialogue with CBOs, and establishing community partnerships. In terms of the workforce, interviewees felt it was important to have more stable leadership, as well as a socially-conscious and diverse workforce that reflected the community. Following along that line, they also highlighted the need for enhanced employee training, increased community employment opportunities, and investment in community health workers. A few interviewees felt looking to employees for feedback was an important step as well. Lastly, interviewees spoke about providing new or improved services. Similar to activities, some solutions recommended by interviewees were not clearly connected to community input.

Key Findings

Health Disparities as a Driver

Poor outcomes, especially maternal health disparities, were seen as a significant driving force for community engagement within the organization. Nationally, the call to address health disparities is an important impetus for engagement efforts.[4,6,13] Poor maternal health outcomes, specifically, are driving efforts as well, as demonstrated by Pardo et al,[13] whose effort to create a CAB within Brooklyn, NY was driven by poor maternal and perinatal health outcomes. As

attention to health disparities continues nationally, it would not be surprising if increased interest in or pressure for community engagement follows.

Value of Centralized Community Engagement Efforts

Both the Director of Patient Experience at the hospital and the CDO for the parent organization were recognized for operating departments with dedicated and organized community engagement efforts. Such centralized efforts were celebrated by interviewees. In their call for enhanced community engagement within AHCs, Wilkins and Alberti[6] espoused that such centralization was a "common asset among AHCs highly regarded for productive and innovative community engagement" and argued that while siloed community engagement efforts can be successful they are often not sustainable with leadership turnover. When organizations are deciding to make community engagement a priority, they should strongly consider having a centralized office to coordinate and manage efforts. That being said, having a centralized office alone is not sufficient, as reported by the AAMC's Principles of Trustworthiness Toolkit.[14] While this toolkit did not expand on what they meant, it can be inferred based on the other principles in this toolkit[14] that this centralized office must not only exist, but must do the hard work of building trust and equitable partnerships with the community.

Historical Hurt as a Barrier

Tension between the organization and the community due to historical missteps and injustices was a significant barrier to re-attempts at community engagement. There are published studies and expert writings from leaders knowledgeable about community engagement practices that discuss how histories of injustice and strained relationships between organizations and communities have been barriers to engagement.[4,5,15] This is likely a function of loss of trust, as trust is a critical element of successful community engagement efforts.[14,16,17] In order to try and

rebuild trust, organizations should focus resources and energy on developing relationships with the community and moving at their level of comfort.[4,18] This may be challenging for organizations with a goal-oriented culture to do as rebuilding trust can take a significant amount of time.[15] Organizations also need to have a good understanding of why past efforts failed, as well as what grievances the community holds towards the organization.[4] The organization in this study was making efforts to focus on relationship-building and responding to the immediate requests of the community as a way of building trust. This demonstrates how the organization is already working to address this barrier; however, there were still pockets of the community with very tense relationships with the organization, showing that this relationship-building will continue to take time.

Cultural Differences as a Barrier

Cultural differences in communication style, qualifiers of expertise, and preferred birthing practices were additional hurdles to engagement efforts for this reproductive health organization. Such differences made it challenging to have respectful, open-minded, and meaningful dialogue.

Hierarchical cultures and devaluation of community expertise were seen as significant barriers to engagement in various studies and expert writings.[4,6,19] McEvoy et al[18] found that another barrier was differences in meeting goals between organizations and the community: organizations favored shorter, task-focused meetings whereas the community desired longer, process-centered meetings. While that was not a finding in this study, it is worth highlighting as it illustrates the kinds of cultural differences that can plague engagement efforts. Such challenges demonstrate the need for training within organizations around how communities operate differently and how to adjust to those differences so as to build respect and trust with the

community, which as previously discussed is critical to successful engagement. The need for education on community engagement concepts for organizations with "traditional organizational cultures" and hence poor understanding of how to meaningfully engage communities is supported by community engagement experts.[4] Failing to understand and adjust may result in ongoing failures and possible worsening relationships with the community.

One interesting caveat specific to maternal health is the conflict of differing birthing philosophies, a documented issue within maternity care[20] and discussed briefly in this study. How does the organization grapple with these differences when they are firmly committed to a birthing model that deviates from that espoused by certain members of the community? Or more broadly, how does an organization and community navigate irreconcilable differences of thought so as to maintain engagement within areas where change can be made? This study did not find any solutions in this area, but it is certainly an area worthy of future research.

Lack of Organizational Readiness

A significant challenge highlighted in this study was a lack of organizational readiness in terms of resources, structures, commitment, and communication, to support meaningful community engagement. Such challenges are also reflected in previous studies and expert writings that found lack of resources[21] and time,[5,15,21] poor organization,[22] competing priorities,[22] lack of support and/or organizational commitment,[15,22] poor communication,[4,16,19,22] and financial barriers[4,15,18,22] limit engagement efforts. Efforts that exceed the capacities of an organization are at risk of having minimal impact.[5] Interviewees felt that improving the capacity and structures for engagement was an important area of opportunity, mirroring calls in expert writings.[4,6] A common theme within this call is the importance of building structures and systems that can sustain community partnerships beyond specific projects.[3,4,14,17] As a result, community

engagement becomes embedded in the organization. The organization in this study is making strides in this area, as seen by its centralization of activities and relationship building in a couple of departments, as well as the hospital-wide CAB that keeps community partners involved longitudinally. However, as discussed by interviewees, more support–particularly financial resources (for compensation to community members, among other things), leadership accountability, and better communication–are required to support and advance these efforts.

Communication, specifically, was an interesting area of opportunity for the organization. Interviewees discussed the need for, and a current initiative to, better communicate organizational engagement efforts to both the community and employees. This was seen as a way of generating awareness about engagement activities and outcomes, which is supported by previous studies.[7,22] Additionally, interviewees felt it was important to communicate barriers, such as those highlighted above, to their community partners, which is also supported in community engagement literature.[5,23] De Weger et al[23] found that these barriers may actually not be as much of a stumbling block to engagement efforts so long as they are thoroughly discussed with engaged community members. This may be comforting to organizations that cannot eliminate every significant barrier; in such cases, making concerted efforts to reduce barriers while thoroughly addressing with the community those that cannot be immediately changed may be sufficient for meaningful engagement.

A crucial aspect of community engagement work is the importance of training staff to have expertise in community engagement practices to help lead efforts within organizations.[2,4] While community engagement training was not specifically addressed in this study, interviewees did remark on how employees or trainees with more socially-oriented training were better equipped to engage with communities; therefore, providing training to employees around how to

engage with communities may be an important step to improving efforts. Additionally, interviewees in this study discussed the importance of racial concordance and increased hiring from the community; while interviewees may or may not have been thinking of community voice when suggesting these, both of these suggestions can be utilized for improved engagement. For example, more diverse hiring that is representative of the communities that organizations serve can help to draw in people who understand the community.[4] Organizations should consider training staff around elements of community engagement, as well as looking to bring new staff in who understand the community and what it looks like to partner with them.

Lack of Power-Sharing in Decision-Making

With a few exceptions, most recent, current, or proposed community engagement activities described by interviewees in this study fell short of integrating the kind of power-sharing in decision-making espoused in prior studies and expert writings as the highest level of community engagement, [2,24,25] where power-sharing is highlighted as a crucial part of building trust with the community[5,17] and cultivating community ownership.[15,23] Both are critical to facilitating community engagement efforts.[14–17,23] Furthermore, De Weger et al[23] argues that building trust and sharing power with the community is especially important when engaging with disenfranchised populations. While a number of the activities discussed in this study can be considered as involving and/or collaborating with the community–which involves working or partnering with the community to receive and integrate their feedback as much as possible–they largely do not appear to share decision-making power with the community on implementations.[25] In other words, these activities may give community members more power in identifying issues, priorities, and possible solutions–which, to be clear, is critical and valuable for the organization and the community[4]–but the final say around which solutions will be implemented ultimately

appears to be in the hands of the organization. There were a few exceptions: there were some smaller departmental patient family advisory councils and a mental health CAB where more decision-making power was handed to community members. Additionally, participation within the HEZs was an example where community members and leaders had decision-making power, but these committees operated outside of the organization and therefore, had no decision-making power within it.

The lack of true power-sharing described for the organization in this study is reflected in previous studies and expert writings. One of the biggest themes in community engagement literature is the challenge of power-sharing[23]: partnerships between organizations and communities are described as "superficial" and "transactional" as community voice is limited to consultative activities with little true decision-making capacity.[1,4,13] This is further challenged when mixing strongly hierarchical organizations with communities with a lower level of readiness to engage.[23] De Weger et al[23] goes on to ask why organizations do not share decision-making when embarking on community engagement efforts. While this study cannot directly answer that question, it is interesting that the lack of power-sharing in this study is not discussed by interviewees at all aside from a couple of interviewees speaking about how the culture of expertise in medicine challenges the idea that community ideas may be just as valuable. It may be possible that one of the answers to De Weger et al's question and this lack of discussion is that organizational leaders do not think it is feasible, realistic, or wise to give community members more power in decision-making. This may be supported by the culture of expertise in medicine, as well as financial limitations and philosophical differences already explored in this study that may make handing over power to communities seem risky. Collaborating with the community to determine priorities and possible solutions, while

ultimately retaining control of final decisions allows the organization to integrate a level of community engagement in response to local and national drivers, while still maintaining security internally. If this is true, then what this means moving forward for the organization and others like it is unclear. What is clear though, is that failing to share decision-making can potentially worsen community relationships[23]–quite the opposite of what is hoped for when embarking on engagement initiatives.

Unclear Connection to Community Engagement

A significant finding in this study was unclear connections between what interviewees discussed and community engagement principles. While questions were structured to highlight "community input" as the core of engagement, interviewees had liberty in their responses and many listed drivers, activities, and solutions with unclear connections. It could be that they simply did not mention it but that community input was involved; that they were mixing closely related movements like patient-centered care, DEI, and SDOH with community engagement; or that interviewees had more limited ideas of what engagement entails, particularly unidirectional activities such as outreach or providing care in the community.

Patient-centered care, DEI, and SDOH often came up when discussing drivers, activities, challenges, and solutions. How efforts within these movements were connected to receiving and acting on community input was sometimes unclear, which made it challenging to ascertain leaders' understanding of what community engagement is, and if and how it plays a role in movements around patient-centered care, DEI, and SDOH. It is possible that the community was advocating for improvements in these areas; it is also possible that community engagement may be a mechanism for advancing causes around patient-centered care, DEI, and SDOH. For example, one interviewee discussed how partnerships with CBOs was about supporting their

work in addressing SDOH needs within their shared population. Wilkins and Alberti[6] discussed how increasing attention to the need to integrate SDOH in medical care has cast a renewed focus on how community engagement can help achieve that. As such, it is plausible that when asked about community engagement, interviewees may also think about these other movements where there is some component of working with the community or responding to previously voiced community concerns. However, given the lack of clarity in the interviews, it was not possible to rule out that leaders saw these movements as community engagement, even if not informed by community voice. While this presented a challenge for the analysis, it also demonstrated how these movements are moving not only in parallel with community engagement but are intertwined.

Interviewees also mentioned activities that either did not meet criteria for community engagement or could be considered low-level engagement.[6,7] This included activities such as patient rounding that were more about direct patient care than developing sustainable collaborative partnerships with communities,[4] as well as presence and outreach at community events that were more about information-sharing than receiving input about services.[7] Outreach, in particular, is an activity that may be highlighted by interviewees due to it being an established and expected method for interacting with the community for health systems,[7] but that is seen by experts as either low-level engagement[2] or not engagement at all.[6] This finding suggests that there is a need for education on what community engagement is and what it is not. That being said, just because these activities do not qualify or are low-level engagement does not mean that they do not serve a purpose. It is conceivable that patient-rounding and other initiatives like it may be laying down the foundation for a culture of centering the voice of those the organization serves, which then can evolve to incorporate the voice of community members; similarly,

presence at community events and outreach may help to build community relationships. Therefore, while more is needed, these activities may still serve an important purpose for the organization and community.

Updates

In the two years since data collection, review of publicly available documents from the parent organization indicates that the organization and parent organization have continued efforts to advance community engagement. Notably, the parent organization achieved their goal of producing and disseminating a report of community engagement efforts across all their organizations. Their 2024 edition highlighted priority areas based on their community health needs assessment: behavioral health, chronic disease management, maternal and child health, workforce development, equitable community health and wellness, and social drivers of health. Their focus particularly on workforce development, equitable community health and wellness, and social drivers of health demonstrate how these initiatives are working in tandem, as discussed above. For the organization, specifically, they participated in 82 community engagement events during the 2024 calendar year.

Limitations

This qualitative research study has several limitations. While 22 individual interviews were conducted and data saturation appeared to have been reached, there were potential interviewees the team was unable to interview who may have had additional insights to either support or add to the data collected. Additionally, this study examined the activities and areas of opportunity for community engagement at an organization that exists under a larger parent organization that oversees multiple healthcare organizations. Interviewees included those working directly within the organization of interest, as well as those working at the larger parent

organization and other entities in partnership with the parent organization. As such, while the interview guide sought to confine responses to those relevant to the organization of interest, it is still possible that interviewees from the parent organization or entities in partnership with it were thinking more broadly when providing responses. Lastly, as was addressed in the discussion, there was a lack of clarity sometimes about how drivers, activities, and solutions were specifically tied to obtaining and/or responding to community voice. There was also significant cross-over between the concepts of community engagement, patient-centered care, DEI, and SDOH; parsing out what interviewees meant when they referenced these different initiatives and how they were tied to engagement was challenging at times.

Conclusion

The results of this study indicate that while there is much room to grow, the organization is growing its capacity for community engagement through centralized efforts and relationship-building by internal leaders in engagement. As discussed, the drivers and challenges of engagement found in this study are not unique, but rather shared by other organizations. The entanglement of engagement with patient-centered care, DEI, and SDOH efforts demonstrates how organizations are juggling the integration of several different movements–a phenomenon which is exciting, as well as challenging in terms of gauging leaders' understanding of what community engagement specifically entails and how it relates to these other movements. This challenge, along with others, demonstrates the need for further clarification and possibly education on the principles of community engagement, including what it is and what it is not. Additionally, training is needed on what it looks like to navigate cultural differences, share decision-making, and build structures that support longitudinal engagement efforts. However,

such efforts will fall short without sustained organizational support, including provision of financial resources and leadership accountability.

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