

## Community Engagement Strategies Checklist: Oregon Health Authority

Creating community partnerships through relationship and trust building facilitates the communication needed to understand how to meaningfully improve systems. Community engagement “often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices” (CDC, 1997, p. 9).

Agencies and organizations should support community-led development of policy solutions that seek to address barriers diverse communities experience in systems for the ultimate goal of eliminating health inequities. Resources should be allocated to support active/meaningful community participation in decision making, especially from those who are underrepresented and most vulnerable. Encourage diverse community participation and remove barriers that prevent individuals from being actively involved by consulting community partners on respectful ways of engaging. It is key to be transparent about expectations of community partner involvement. These strategies shift away from telling communities what they need and facilitates communities identifying the most pressing issues and leading the development appropriate solutions. Strategies for community engagement can include:

### Relationship Building

- Meaningful community engagement strategies begin with budget planning to ensure there are sufficient resources allocated to fully support this work. Insufficient resources and expectations that individuals volunteer their time can leave stakeholders feeling like community engagement was an afterthought, and not really valued.
- Investing in internal capacity building through training (i.e. unconscious bias, health equity, diversity and inclusion, etc.) over time supports readiness for respectful community engagement.
- If requesting that individuals provide expertise in developing strategic equity (or other organizational) plans, contributors should be supported by offering funding and resources to accomplish the task, just as any other consultant would be offered.
- Mistakes are to be expected. Acknowledge missteps, and ask for feedback for future improvement.

### Cultural Competency

- Ask community partners what the preferred ways of engaging are to ensure approaches are culturally and linguistically appropriate for each community.
- Invitations to participate should be via culturally appropriate means (i.e., radio, in-person announcement, through community leaders, etc.).
- Have [food for meetings](#) that are scheduled during meal times. This is a more culturally appropriate approach which helps facilitate relationship building. Community members appreciate having a meal available, it helps them to feel comfortable, and is a sign that their time is valued. Additionally, this prevents community members in incurring expenses from eating away from home, or needing extra time for pre-preparing meals to bring during meetings.
  - Be sure to ask about culturally appropriate foods and ways of serving the meal.

## Language Access & Alternate Formats

- Materials should be written in plain language and at a sixth grade level.
- Have meeting materials (agendas, evaluations, handouts, signage, etc.) professionally translated.
- Request that meeting facilitators, speakers and participants limit use of jargon and acronyms so that all participants can understand meeting content.
- Consider using infographics or other visual materials.
- Consider limiting use of written materials to be inclusive of those unable to read.
- Materials should include an alternate formats statement at the beginning of the document. For example, “You can get this document in other languages, large print, braille or a format you prefer free of charge. [Insert program/contact, phone and email]. We accept all relay calls or you can dial 711.”
- Notice of an event that invites public should have the following statement to ensure access, “Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are: sign language and spoken language interpreters, written materials in other languages, braille, large print, and audio and other formats. If you need help or have questions, please contact [contact name] at [contact phone number], 711 TTY, [contact email] at least 48 hours before the meeting.”

## Accommodations

- The meeting organizer should ask attendees ahead of time if any accommodations are needed so people can fully participate, as well as providing a point of contact for information.
- Provide language access services by ensuring that professional interpretation, American Sign Language (ASL), and/or Communication Access Realtime Translation (CART) captioning services are offered for deaf or hard of hearing persons.
- Ensure meeting spaces are ADA accessible. See this [ADA Toolkit](#) for requirements.
- Avoid scheduling meetings before 10 a.m. or later in the evening, as individuals using personal assistance care may need additional time to arrive/depart.
- Provide a private lactation space for nursing mothers.
- Ask that meeting participants refrain from using tobacco and products with fragrance. The following statement can be included in meeting announcements/ invites, “[Insert name of organization] strives to ensure the comfort and safety of staff and visitors by requiring a smoke free environment and encouraging a fragrance free environment.”

## Other Incentives

- Stipends, gift cards, or honoraria should be made available for community members not affiliated with or representing government agencies.
- Offer free childcare (as feasible) for stakeholder meetings.
- Provide transportation assistance, for example: round trip bus tickets, parking reimbursement/ validation, etc.

## Feedback

- Ask community members for feedback after meetings to ensure needs and expectations are met.
- Share back how input was used in a clear, transparent, and culturally-appropriate manner.
- Provide multiple avenues for feedback (i.e. verbally, anonymous notes at in-person meetings, email, etc.).

## Questions to ask during the meeting / event

- Are community partners leading the direction of the work, or are we plugging them into our agenda?
- Is there shared decision-making with all parties impacted?
- Are community partners at the intersections (e.g. people of color with disabilities) who are most impacted by the topic or issue, present and fully participating?
- Are there more accessible ways for information be conveyed (e.g. visuals, audio presentation, role-play)?

## Resources for Further Reading

[Americans with Disabilities Act \(ADA\)](#)

[Limited English Proficiency \(LEP\)](#)

[Section 1557 of the Patient Protection and Affordable Care Act](#)

[National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#)

[Oregon Health Authority \(OHA\) Nondiscrimination Policy](#)

[Principles of Community Engagement, Second Edition](#)

[ADA Toolkit](#)

[Planning ADA Accessible Meetings and Events](#)

[Health Equity and Inclusion Program Strategies](#)