



Making the “business case” for sustained investment in community engagement

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Authors



Melinda Karp

President and CEO, Center to Advance Consumer Partnership



Brandon Wilson

Senior Director, Health Innovation, Public Health and Equity, Community Catalyst

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Introduction

INSPIRE (Initiating National Strategies for Partnership, Inclusion, and Real Engagement) is a collaborative and coordinated team of organizations and people with lived experience committed to advancing the practice of authentic community engagement (CE) in the U.S. healthcare system.

INSPIRE’s Core Team currently includes the Camden Coalition, Community Catalyst, the Center to Advance Consumer Partnership, PFCCpartners, the Institute for Patient- and Family-Centered Care, and six experts with lived experience: Burt Pusch, Carlos Benavides, LaRae Cantley, Rebecca Esparza, Savina Makalena, and Stephanie Burdick.

In our first year of work together, the INSPIRE team engaged over 300 people from across the U.S. (including healthcare professionals and people with lived experience) in extensive research activities -including a field survey, key informant interviews, a series of listening sessions, and a literature analysis- to assess the current state of community engagement (CE) in the U.S. healthcare system. INSPIRE defines Community engagement as **“the different ways in which healthcare organizations can reach out to, engage, and partner with people with lived experience (PWLE), with the goal of working together to improve healthcare and achieve positive health outcomes.”**

One of the key findings that emerged from this work was that despite CE being considered a “strategic priority” for many organizations, there is a need to articulate the value proposition for investment in CE as a key element of health sector organizational business strategy. While healthcare professionals who have been directly involved with effective CE initiatives reflected that it’s easy to “see and feel” the value when things are done well, many still struggle to justify and articulate the value to executive leadership or to frame the value in financial terms that resonate with those on the “business side” of healthcare.

“I don’t know if the value has been demonstrated in such a way that it clicks with business professionals yet.” – *INSPIRE* research participant, healthcare professional

While the value of CE to community members and people with lived experience (PWLE) and to healthcare organizations goes far beyond financial considerations, it is undeniable that for healthcare leaders, the need for cost-effective investments will remain a top priority to ensure organizational sustainability. In our research, we consistently heard that “lack of resources” is one of the primary limitations for advancing and sustaining authentic CE. Very few healthcare organizations reported including CE activities into annual organizational and departmental budgets and financial planning with most relying significantly on time-limited grants and philanthropic dollars.

In this brief, we take a deeper look into three elements we believe are essential to enable a compelling value proposition for public and private healthcare leaders in an environment of significant competition for increasingly limited financial and staff resources:

- Defining value in terms of the outcomes we hope to achieve through CE
- Developing measures to assess impact of CE on these outcomes that can be widely implemented in different settings
- Translating impact into financial and social value



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Defining value and desired outcomes

In developing the value proposition or business case for partnering with PWLE in the design, delivery, and evaluation of healthcare and services, we first must agree on what constitutes value. As referenced above, while financial value is often top of mind for healthcare executives, it is important that conversations about the value of CE are not limited to only financial terms.

From the INSPIRE team's research, not surprisingly, different stakeholders—PWLE, healthcare executives, policy makers, clinicians—bring differing perspectives on how to understand the value of CE.

- For PWLE, CE can foster a sense of connectedness and empowerment in achieving high quality and affordable health care for themselves and their community.
- For healthcare executives, improved population health management, reputation, innovation, and financial sustainability are often cited as important outcomes;
- Policymakers are concerned with a return on investments of taxpayer dollars in the form of improved equity, access, and disease prevention;
- Clinicians see value from community engagement in their ability to provide holistic, culturally competent care and patient centered health education that reflects the needs and desires of community members.

As one might expect, PWLE have a perspective on value that is based on their own experience. Based on our research over the past year, as well as the individual and collective experiences of the INSPIRE team, we offer the following framing as a starting place for codifying the many dimensions of value that PWLE are uniquely positioned to bring to partnerships with the healthcare sector. While one could legitimately make the case for many variations to the table below, defining outcomes based on **both** what is valuable to individuals and communities as well as what is valuable to healthcare organizations that serve them is essential to ensuring CE is impactful, equitable, and sustainable.

The intent in offering up this framework for defining the desired outcomes resulting from meaningful community engagement is not to make a definitive statement but rather to catalyze organizations and community members to use these value statements as a starting place for their own work. Explicit value definitions and intended outcomes are at the core of creating sustainable, equitable and impactful CE.

Long-term outcomes desired across stakeholders

Intermediate outcomes resulting from community engagement

<p>Improving health outcomes</p>	<p>Tailoring care to increase relevance and effectiveness: Partnering with PWLE provides valuable insights into what works and what doesn’t in real-world settings, leading to more effective health interventions and services that are more closely aligned with individual, and community needs and preferences.</p> <p>When individuals feel heard and involved, they are more likely to adhere to treatment plans, follow preventive measures, and actively manage their health. Their sense of ownership and empowerment contributes to better health outcomes</p> <p>Identifying gaps: People with lived experience can highlight gaps in care that professionals might overlook, ensuring a more comprehensive approach to health service delivery</p> <p>Enhancing innovation and creativity: Involving individuals with lived experience as partners brings new understanding that can drive person-centered innovation in healthcare practices, policies, and technologies. Collaborative problem-solving with PWLE can lead to co-designed solutions that are both more effective and easier to implement.</p>
<p>Improving health equity</p>	<p>Creating inclusive practices: Ensuring that diverse voices, especially from systemically excluded and underserved communities are heard and integrated into healthcare design helps healthcare organizations understand and address the root-cause issues driving health disparities and promotes equity by adopting effective solutions</p> <p>Increasing cultural intelligence: Engaging people from various backgrounds enhances the cultural competence of healthcare providers and systems, leading to better care for all</p>
<p>Enhancing experience, satisfaction, and community perception</p>	<p>Building empathy: Healthcare providers gain a deeper understanding of patient challenges, fostering a more empathetic and supportive environment</p> <p>Building trust and collaboration: Active participation of people with lived experience strengthens community ties and fosters a sense of ownership and trust in the health care system.</p> <p>Increasing provider satisfaction: Active collaboration with PWLE in addressing health system challenges increases staff morale and overall job satisfaction as providers reconnect with the values that led them to their careers originally.</p>
<p>Improving cost effectiveness and affordability</p>	<p>Streamlining services and reducing waste: Engaging PWLE can identify inefficiencies and redundancies in health care processes.</p> <p>Aligning with community resources: PWLE can create valuable connections to community resources and supports that provide cost-effective solutions for care and support</p> <p>Getting it right the first time: PWLE can identify root issues and prioritize programs and interventions that offer the best solutions, eliminating the cost of re-work from fixing the wrong problems or implementing the wrong solution.</p>

Measuring impact

Most of the current literature around measuring the impact of CE is focused on the processes of engagement—diversity of participants, PWLE and stakeholder satisfaction, types of engagement, and partnership dynamics.

While these measures are critical to ensuring meaningful engagement practices, they do not answer the question of how CE is impacting the outcomes important to both healthcare leaders and the community members being served by those leaders' organizations. Unfortunately, there are no widely accepted approaches for measuring the impact of CE (Feeney et al., 2020; Oldfield et al., 2018) and as a result, the true positive impact of CE on quality, equity, experience, cost, and ultimately health outcomes is most certainly under-valued across the healthcare sector.

[The Assessing Meaningful Community Engagement in Health and Health Care Policies and Programs](#) working group convened by the National Academy of Medicine has developed a toolkit to support CE including a comprehensive library of measurement instruments that provides a promising foundational resource for continued development. The critical next step is to assess how well these tools map to concrete outcomes, such as those we frame above and how easily they can be adopted in various real-world settings across the health care sector where evaluation resources and expertise are often limited.

Image description: a diverse group of people with lived experience sit around a conference table engaged in conversation.



Translating impact into financial value

Once there is alignment on a set of key outcomes and tools that can be readily adopted within organizational settings to measure the impact of CE on achieving these outcomes, we can begin to translate this impact into a financial value for organizational and government leaders.

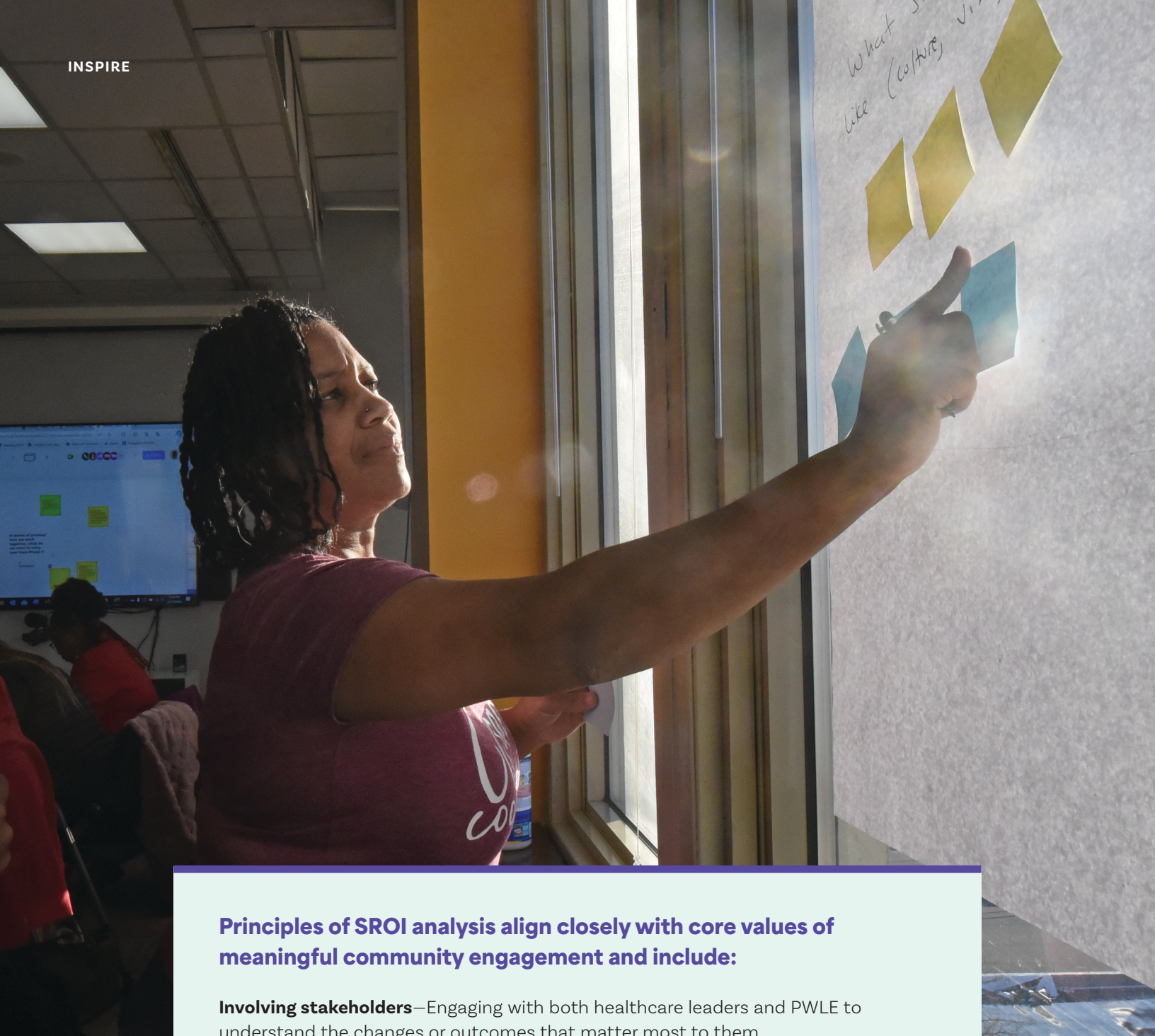
Through our work over the last year, we often heard healthcare professionals say that they needed to be able to demonstrate the “return on investment (ROI)” for CE to convince leaders to make needed resources available. The term ROI originally comes from the business world as a means of calculating profitability of a particular investment and is now broadly used by organizations to quantify the financial return (costs saved or avoided, additional revenue generated) relative to the financial investment for a project or initiative.

As the chart above makes clear, financial value is only one of many ways to express the impact of CE. However, it is often a top consideration for healthcare leaders and others who are juggling many challenges with a finite set of resources. For these leaders it is imperative to translate the many dimensions of value from meaningful CE into a financial framework.

Social Return on Investment (SROI) first formally emerged in the early 2000s as a framework for measuring value that goes beyond financial statements to quantify, and attach a dollar value to, an array of economic, social, and environmental values of a given program or practice. The usefulness of translating value into a standardized unit such as dollars is that it allows for comparability, informed decision making, holistic assessments, resource optimization, transparency, and accountability. An SROI type of approach for demonstrating the value of CE would allow us to more fully reflect CE across varying healthcare environments through the lens of both financial and non-financial benefits.

Even within the context of an SROI framework, there remain several benefits related to CE, such as trust, empowerment, and social cohesion that are particularly challenging to assign a financial value to but significantly impact individual and community well-being. To address these benefits, an SROI analysis must also include qualitative indicators like community satisfaction and equity outcomes, transparency and a participatory approach to be most meaningful. By using a mixed methods and more holistic approach to cost analysis, we can enhance validity and reliability of the findings of a community-driven and centered business case.

The aim of an SROI analysis, as framed here, is to ensure that CE can be measured both in monetary terms as well as its positive influence on people’s lives, which should align with the strategic intent of healthcare organizations. Implementation of this type of analysis to describe the value of CE will undoubtedly impact healthcare leaders’ readiness to invest in CE, reducing resources challenges and advancing adoption at an organizational level.



Principles of SROI analysis align closely with core values of meaningful community engagement and include:

Involving stakeholders—Engaging with both healthcare leaders and PWLE to understand the changes or outcomes that matter most to them

Understanding what changes—Developing a theory of change or impact map that shows the relationships between inputs, outputs, and outcomes

Valuing the things that matter—Using financial proxies to value outcomes that do not readily have a “market” price

Including only what is material—Focusing on outcomes that are relevant and significant to stakeholders

Avoiding exaggeration—Counting only the difference made by the initiative or intervention when assessing impact

What needs to happen next

1

Continued development and testing of community engagement impact measurement approaches that can be easily adopted in “real world” healthcare settings

As we learned through our first year of work, leaders working to embed CE in their organizations are often strapped for resources for implementation, let alone for impact assessment. Currently, the NAM library of CE assessment tools, as referenced earlier, includes 28 instruments. While different approaches to measurement have advantages in meeting the needs of diverse communities and CE initiatives, it is also inhibiting the field from moving towards a widely accepted set of “best practices” that hold up across contexts and settings.

Alignment around impact measurement is foundational to developing a compelling value proposition to executive leadership. Therefore, not only should future development of CE measurement approaches move the field towards a clearer set of culturally relevant and evidence-based “best practices,” but they must also work to connect impact measurements to financial outcomes to support development of a business case for CE that justifies broader organizational adoption and investment.

2

Development and testing of a Social Return on Investment (SROI) model for community engagement that can be adapted for implementation across numerous healthcare settings.

The INSPIRE team qualitatively found that healthcare professionals and PWLE with direct experience in CE perceived great value in terms of both process and outcomes, and there is much in the literature to support the theory of change that engaging PWLE in the way health care is designed, delivered and evaluated will lead to better outcomes. However, there has been virtually no applied research on deploying a quantitative framework like SROI to support the value proposition or business case for meaningful community engagement.

To ensure long term investment by both private and public organizations in meaningful CE, there is an acute need for near-term investment by both philanthropic and government sponsors to move this work forward.

Conclusion

For CE to be impactful, it must be sustainable, but before it can be sustainable, we must advance our shared understanding and approach to measuring impact.

To do this, we need to create a shared framework to define value in terms of the outcomes we hope to achieve through CE; develop measures to assess impact of CE on these outcomes; and understand how to translate impact into financial and social value in a way that resonates with healthcare leaders and community members alike.

The INSPIRE team is well positioned to partner with those from the measurement and research community and work with healthcare leaders and PWLE to advance this work – ultimately, driving broader and more meaningful adoption of authentic community engagement across healthcare.

Image description: A diverse group of Patient Family Advisors sit around a conference table having a discussion.



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INSPIRE partners

Organizations



People with lived experience



Burt Pusch



Rebecca Esparza



Carlos Benavides



Savina Makalena



LaRae Cantley



Stephanie Burdick