



Take 2: Quick Hits of Reflections & Advice from Population Health Network Leaders

Part Four: Deepening Community Engagement

Introduction

In [our introduction to this four-part series](#), Nemours associates leading our portfolio of work related to integrative activities within population health networks described the journey that we have been on with nine communities across the United States that participated in our [Integrator Learning Lab](#) between January and September of 2020. Each of the participating networks received customized technical assistance from Nemours and other [expert faculty](#) on topics including:

- Equitable Governance Structures & Distributed Leadership;
- Embedding Equity Strategies within Population Health;
- Cross-Sector Data Sharing;
- Articulating the Value Proposition of Your Network; and
- Financing & Sustainability.

[The nine networks](#) were represented by partners from a range of sectors including (but not limited to) health care, public health, community development, government, higher education, early childhood education, social services, and impact philanthropy. While each network was at a different stage of maturity, all of the networks were connected by a shared commitment to achieving health equity through resident-led systems change and an ongoing commitment of multi-sector partners to attend to the overall health and well-being of the community.

For more information on our broader work related to integrative activities within population health networks, [click here](#).

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Throughout the Integrator Learning Lab, we encouraged participants to be “leaders and learners.” In each part of this series, we lift up the leadership and experience of Learning Lab participants, inviting you to **Take 2 - two reflections and two pieces of advice** from individuals deeply involved in making population health networks work.

SERIES TOPICS INCLUDE:

1. **Forming Integrative Networks**
2. **Reinvigorating Integrative Networks**
3. **Planning for Network Sustainability**
4. **Deepening Community Engagement**



Take 2: Reflections on Deepening Community Engagement

As we closed the Lab, we asked our partners from Bridgeport, CT and Guilford County, NC to reflect on the question below. Their two primary reflections follow.

Q Question

What are some unique challenges for multi-sector population health networks that are working to amplify the voice of those that are presently most underserved by local systems?

R Reflections

Challenge #1 = Assessing all network activities through a health equity lens.

Our network partners have worked with local residents to better understand how our strategic plans can be adjusted to have a greater opportunity to make long-term impact. This has included an in-depth assessment of how our plans may unintentionally further harm the communities we’re seeking to serve. We’ve had to understand that we constantly need to be re-assessing our initiatives using this lens.

Challenge #2 = Establishing bold goals that challenge systems of injustice.

The present moment has exacerbated the stark inequities that exist in healthcare for so many families in communities like ours across the US. Similarly, multi-sector partners and funders of these networks have realized that there needs to be a heightened emphasis on addressing root causes of injustice, rather than dealing with symptoms of these root causes. We’ve used the momentum that is building in our communities to forge ahead with bolder goals than we may have considered before.

Take 2: Advice for the Field

Our colleagues' responses to the question above, combined with insights from our broader portfolio of work on integrative activities within population health networks, leads us to offer two pieces of advice for the field:

A Develop an analysis of power as part of your network's strategic planning process.

Our partners' desire to change systems of power began with them first looking inward to see where they can better address equity and inclusion in their own initiatives. Network partners that lead by example in this way can build credibility with stakeholders and contribute to greater trust that their networks are committed to systems-change that increases health equity for families in their communities.

B Bake accountability to community into network metrics.

Our partners have found ways to create meaningful roles for communities to co-design their future initiatives, including planning and assessment of network effectiveness. Networks must find ways to elevate residents into leadership roles in existing structures, rather than solely creating adjacent structures (like advisory boards) that are often consulting leadership on plans where they don't have a say. This approach creates a built-in accountability mechanism that can foster a greater sense of ownership of the work by community residents.

Thoughts?

We invite you to share feedback by adding comments below [our blog post introducing this series](#), [Tweeting us at @MHCUpstream](#), or by emailing us at MHCUpstream@Nemours.org.

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Words from Our Partners

“[We need to be] able to feel okay to stop a meeting and say, ‘Hey, we haven’t heard from the community voices for a while,’ because they’re often very quiet. They don’t feel like that they have a place at the table. And so being able, really early on to say, listen, if this is going to be our focus then they need to have a voice at the table and they need to co-design with us.”

“[Moving forward, we need to make] eliminating disparity our focus; not just reducing disparities, but eliminating [them].”