

Community Engagement in Action to Address the Wider Determinants of Health — An Evidence Review

COMMON →



About this report

As part of the Health Foundation's aim to promote healthy lives for all, the Collaboration for Wellbeing and Health has been set up to take collective, cross-sector action on the wider determinants of health.

This report includes the findings of a rapid review of the evidence for the role of community engagement in addressing inequalities across the wider determinants of health.

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The report has been designed for publication by [Paul David Price](#) from [Common Collective](#).

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3. What are the enablers and barriers to effective community engagement?
4. What different evaluation and learning approaches are required to understand the impact or effectiveness of community engagement approaches?

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Key findings

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Key findings

1. There is robust evidence that community engagement contributes to positive change when addressing health inequalities.
2. The benefits of community engagement include:
 - a) Individual outcomes (e.g. health outcomes, literacy and self-efficacy).
 - b) Community outcomes (e.g. social capital, cohesion and community capacity).
 - c) Programme service outcomes (e.g. programme uptake and sustainability).
3. Outcomes are more dependent on the depth and quality of engagement, rather than a particular model of community engagement.

Enablers of effective community engagement include...

Deeper, more participatory processes

Open communication and shared decision-making

Continuous support for engagees and engagers

Inclusive processes

Leveraging and fostering trusting relationships with the community

Barriers to effective community engagement include...

A lack of open and transparent communication

Overstating the potential for action as a result of engagement

Narrow participation

Poor relationships and mistrust

4. While the review found robust evidence for the benefits of high quality community engagement, many of the systematic reviews highlighted opportunities for strengthening this evidence base, including...
- Ensuring the evaluation approach is tailored to the community's needs.
 - Capturing a variety of types of evidence (e.g. quantitative, qualitative, lived experience).
 - Involving communities meaningfully in evaluations.
 - Developing and measuring against a Theory of Change.
 - Aiming to shed light on the relationship between process and impact.

Background

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Our aims

During the development of the Collaboration for Wellbeing and Health, the Health Foundation wanted to understand more about the evidence concerning community engagement and health.

We have conducted a rapid review of the existing evidence on the effectiveness of community engagement to address inequalities across the wider determinants of health.

Our research questions were:

1. Is there evidence that initiatives addressing the wider determinants of health are more effective when they incorporate community engagement?
2. How are the outcomes of community engagement work characterised (e.g. short-term vs long term impacts, impact at individual, community and organisational level, primary vs. secondary outcomes)?
3. What are the enablers and barriers to effective community engagement?
4. What different evaluation and learning approaches are required to understand the impact or effectiveness of community engagement approaches?

Our approach

We conducted a rapid evidence review consisting of 14 articles published since 2007, in addition to speaking with four leading researchers in the field - both to guide our search for literature, and contextualise our findings in historical and current debates as well as emerging evidence.

We prioritised evidence reviews from the past 20 years that draw on qualitative or quantitative studies, including:

- Systematic reviews and meta-analyses.
- Publications from leading researchers in the field of community engagement and health.
- Reviews and supporting guidance set out by leading statutory bodies (e.g. PHE/NHS).
- Publications in peer reviewed journals.

We excluded:

- Self-evaluations of individual initiatives
- Evidence reviews focusing exclusively on non-UK contexts
- Grey literature
- Reports that seem to be based on weak evidence or methodologies.

We would like to thank the four experts in the field who generously gave their time for the thought-provoking discussions we had with them in preparing this review:

- Professor Jennie Popay, Lancaster University.
- Professor Jane South, Leeds Beckett University.
- Professor Anne-Marie Bagnall, Leeds Beckett University.
- Dr Alison O’Mara Eves, University College London.

Introduction to community engagement

There is a rich and diverse landscape of community engagement in action to address the wider determinants of health.

Approaches vary in terms of:

- The goal of community engagement, e.g:
 - To decide focus / drive the programme.
 - To inform design / development of the programme.
 - To help deliver the programme.
- The depth and breadth of engagement, e.g:
 - Who participates?
 - How do they participate?
 - When do they participate?
 - How much control do they have?

The language used in the literature varies in accordance with this diversity of practice. The key terms (used both in the literature search, and throughout this report) are described below:

- 1. Community engagement** is often used as an umbrella term for the full spectrum of approaches to engaging communities in action to reduce health inequalities, from information provision and consultation, through to community development and empowerment.

Many of the systematic reviews in the UK use the language of “community engagement” rather than community empowerment or community participation, which tend to be used more in the international literature.

2. **Community empowerment** is about enabling communities to increase control over their lives and the decisions that influence them. It is about building community assets and capacity and is both a product and an enabler of participation, and is often portrayed as the ‘ultimate’ form of engagement ^[1].
3. **Other terms include:** community participation, co-production, co-design, participatory design, co-creation, community based approaches, community led, community development, Asset Based Community Development, community control/community ownership, citizen engagement.

Our findings

03

Our findings

1. Is there evidence that initiatives addressing the wider determinants of health are more effective when they incorporate community engagement?

There is a robust evidence base that engaging communities contributes to positive change when addressing health inequalities or the wider determinants of health. Higher levels of community engagement have been found to lead to higher levels of programme success.

“Across the 14 reports included in this rapid evidence review, all concluded that community engagement has the potential to create beneficial outcomes in its own right, and can increase the effectiveness of programmes, services and other interventions.”

Over the last ten years, the policy imperative for engaging communities in action to address the wider determinants of health has been growing, with guidance from Public Health England, NHS England and NICE all citing a growing body of evidence in their call for greater and more meaningful involvement of patients and the public in all aspects of their health ^[1, 2].

Across the 14 reports included in this rapid evidence review, all concluded that community engagement has the potential to create beneficial outcomes in its own right, and can increase the effectiveness of programmes, services and other interventions.

The following reports summarise this insight most conclusively:

- Synthesis of the evidence in a systematic review in 2015 ^[3] found that “higher levels of community engagement are linked to greater beneficial effects than lower community engagement for interventions that target health outcomes amongst disadvantaged groups”.
- The results from a recent NIHR meta-review of 131 studies ^[1] on community engagement for health inequalities, concluded that “there is solid evidence that community engagement interventions have a positive impact on health behaviours, health consequences, self-efficacy and perceived social support outcomes, across various conditions”.

“This evidence base supports the conclusion that beyond the moral or philosophical imperative for engaging communities in the programmes that are designed to improve their health, community engagement can lead to a wide range of health and social outcomes.”

- Out of 24 studies included in a 2015 review ^[4], 21 (87.5%) positively impacted health behaviours, public health planning, health service access, health literacy, and a range of non-health outcomes such as building of social capital, community capacity building, and empowerment of community members leading to community championship.
- A review conducted in 2007 for NICE ^[5] found that community engagement improved social capital, cohesion, and empowerment among disadvantaged populations.

This evidence base supports the conclusion that beyond the moral or philosophical imperative for engaging communities in the programmes that are designed to improve their health, community engagement can lead to a wide range of health and social outcomes. Programmes that do not include meaningful community engagement are potentially limiting their effectiveness.

It is important to note that many of the programmes included in these reviews aim to tackle health inequalities, which are disproportionately experienced by certain communities. There is therefore a strong case to be made for prioritising engagement with communities with experience of health inequalities, including Black, Asian and minority ethnic (BAME) communities.

2. How are the outcomes of community engagement work characterised?

Community engagement in action to address the wider determinants of health has been shown to bring about positive outcomes at the **individual** level (including positive health outcomes and an improvement in health literacy, and increasing self-efficacy), at the **community** level (including increasing social capital and cohesion, and building capacity in the community) and in improving **service/programme** outcomes.

“These outcomes point to how positive community engagement experiences can set communities up to be receptive to further engagement or empowerment initiatives.”

In addition to the benefits demonstrated on core programme outcomes as outlined previously, community engagement has been found to lead to a range of outcomes at the individual and community levels, and where linked to a specific service or programme, to enhanced effectiveness. These outcomes can fall outside of those “typically targeted by public health interventions”^[1], but are important to note nonetheless.

Individual outcomes	Community outcomes	Service/programme outcomes
Health outcomes ^[3, 4, 6]	Social capital ^[4, 5, 6, 8]	Programme/service acceptability, satisfaction, effectiveness, sustainability, retention and reach ^[1, 4, 7]
Health literacy ^[4]	Community capacity building ^[4, 5, 8]	
Health behaviours ^[1, 3, 6]	Social cohesion and perceived social support ^[1, 5, 6, 8]	
Access to health and care services ^[4, 7]		
Self-efficacy and confidence ^[1, 4, 6, 7]		

Two of the reviews noted the potential of community engagement to lead to increased civic engagement and participation^[4, 7], with individuals stepping into community leadership or championship roles as a result of being involved in community engagement^[4]. These outcomes point to how positive community engagement experiences can set communities up to be receptive to further engagement or empowerment initiatives. The converse is also true, as we explore in the next section, whereby negative experiences with community engagement can leave a legacy of mistrust.

3. What are the enablers and barriers to effective community engagement?

Enablers of effective community engagement include deeper, more participatory processes; open communication and shared decision-making; continuous support for engagees and engagers; inclusive processes; and leveraging and fostering trusting relationships with the community. Barriers to effective community engagement include a lack of open and transparent communication; overstating the potential for action as a result of engagement; narrow participation; and poor relationships and mistrust.

“It’s less about what you do, and more about how you do it... having respect for people, thinking about diversity, equalising power relations if you can.”

The individual programmes represented across the evidence reviews include a range of different methods, from lay delivery to co-production or asset based approaches. There is insufficient evidence to determine whether one particular model of community engagement is likely to be more effective than any other in terms of improving health outcomes or reducing health inequalities - nor does a clear model emerge that works best across multiple contexts, populations and health issues ^[1, 3].

Rather, the evidence reviewed found that any variation in the size of outcomes observed across initiatives was most likely determined by variation in the depth and quality of community engagement, and the context surrounding the engagement - “Community engagement in public health is more likely to require a ‘fit for purpose’ rather than ‘one size fits all’ approach” ^[1, 9].

As one expert we spoke to put it: “It’s less about what you do, and more about how you do it... having respect for people, thinking about diversity, equalising power relations if you can”.

There is evidence that certain “implementation factors” and the extent or depth of community engagement, can affect how successful an intervention is, and can enhance or mitigate the positive outcomes described previously^[1, 5, 9]. These factors are thought to create “an environment for the development of virtuous (or vicious) circles” whereby the enablers and barriers can “mutually reinforce one another and help the initiative to become self-sustaining”^[9].

In a recent article advocating for “greater conceptual clarity” in this field^[10], Lewis et al argue that attention needs to be paid to both “the breadth of participation (i.e. to inclusion) and to the depth of participation (i.e. the extent to which it is experienced as empowering and ultimately enables the exercise of collective control over decisions and actions)”. This viewpoint was also emphasised by another of the experts we spoke to.

The contextual and implementation factors that the evidence points to as positive and negative influencers on the effectiveness of community engagement activities echo this idea, and are listed below.

¹ When “services engage communities, or individuals within communities, to deliver interventions, thereby empowering them by enhancing their skills”^[1]

Enablers of effective community engagement

Deeper, more participatory processes (empowerment and social justice approaches over engagement)

It has been shown that deeper community engagement, with communities leading efforts to “design, deliver and evaluate health interventions are associated with larger behavioural outcomes” [3, 9]. Despite this, the majority of programmes adopt ‘top-down’ as opposed to ‘bottom-up’, participatory community engagement methods, which “limit[s] their impact upon health and health behaviours” [4].

“Those advancing empowerment as a strategy often do so from a wider socio-political perspective, in which health is only one aspect of change that people’s empowerment can achieve. Critically, true community empowerment needs to begin within the community [rather than] an academic or health service/ systems perspective.” [1]

In addition to engaging communities more deeply through a process, there is discussion across the literature of taking a ‘social justice’ perspective as compared to a more ‘utilitarian’ or health service oriented perspective [1, 9, 10]. Through a social justice lens, community empowerment aims towards structural change and redressing power imbalances rather than improving a specific service or empowerment at the individual level - “those advancing empowerment as a strategy often do so from a wider socio-political perspective, in which health is only one aspect of change that people’s empowerment can achieve. Critically, true community empowerment needs to begin within the community [rather than] an academic or healthservice/ systems perspective” [1].

One expert in the field highlighted this opportunity to “bring locally engaged communities into wider public spheres to debate bigger questions - what kind of society do we want to live in? What needs to happen to bring us toward a more just society?”.

Open communication and shared decision-making

Clear communication and transparency on the goals, terms and potential influence of the engagement has also been linked to more positive outcomes^[9, 11]. Two-way communication between communities and programme staff, including shared or collective decision making have been shown to increase depth of engagement and positive outcomes^[3, 11]. This might involve shared priority setting with community members, holding open meetings that residents can attend, or drawing on particular skills and experience from within a community through focused working groups^[10].

“Two-way communication between communities and programme staff, including shared or collective decision making have been shown to increase depth of engagement and positive outcomes.”^[3, 11]

Continuous support for engagees and engagers

“Specific, adequate ongoing training and support”^[1, 9] for community members and intervention providers^[3] “in methods of community engagement and co-production and other skills”^[11] has been shown to be a key component of effective community engagement.

Inclusive processes

Efforts to understand the composition of the community, and offering a range of engagement opportunities that will both “appeal to and reach diverse groups and individuals”^[10] has been shown to be key in facilitating breadth of participation.

Specific practices referenced in one review include collaborating with community organisations with existing relationships in the community, “tailoring engagement methods to particular target groups, the early advertising of community engagement opportunities through multiple channels, support for non-English speakers, suitable times for events, matched to the needs of different groups, and support to attend engagement events” [11]. One expert who we spoke to also emphasised the importance of finding partners who have grassroots connections.

“Investing the time, resources and effort needed to foster trusting relationships between community members and the professionals providing an intervention is an important facilitator of community engagement.” [1, 4, 9, 11]

Leveraging and fostering trusting relationships with the community

Pre-existing dynamics within communities, and between communities and engaging organisations impact upon how effective community engagement activities are [11]. A supportive context for effective community engagement is one “where there are good relations, or efforts are made to overcome a history of poor relations” and where this is underpinned by “supportive attitudes towards community engagement” amongst engaging organisations [9, 11]. As one expert we spoke to emphasised: “there is a need for honest conversations about... how the place used to be, what has happened”.

Investing the time, resources and effort needed to foster trusting relationships between community members and the professionals providing an intervention is an important facilitator of community engagement [1, 4, 9, 11]. One of the experts interviewed reflected that “relationships are built over time”.

Barriers to effective community engagement

Lack of open and transparent communication

Failings in communication between community members and engagement providers, with an emphasis on failures to communicate the goals ^[11] and the impact of community engagement back to participants ^[5, 12] pose a barrier to effective community engagement, and can lead to adverse outcomes ^[12]. Relatedly, misaligned goals amongst the stakeholders involved can also lead to ineffective community engagement ^[4].

Overstating the potential for action as a result of engagement

If engagement activities highlight community needs that cannot be addressed due to insufficient capacity or funding constraints ^[4] this can cause at best, disappointment and fatigue amongst participants, and at worst, negative health outcomes ^[4, 5, 9].

Narrow participation

Some initiatives experience difficulty in engaging specific groups within the community ^[11]. Factors such as ineffective communication (as described above), “a lack of support to attend, or lack of appropriate venues for engagement events” ^[11], as well as overtly discriminatory practices, a “failure to accommodate cultural diversity” and the “style and timing of meetings” ^[5] can adversely affect the breadth of participation ^[11].

“If engagement activities highlight community needs that cannot be addressed due to insufficient capacity or funding constraints ^[4] this can cause at best, disappointment and fatigue amongst participants, and at worst, negative health outcomes.”^[4, 5, 9]

Poor relationships and mistrust

Pre-existing poor relations between communities and providers can cause communities to feel cynical or threatened ^[4, 9, 11] leading to lower or a lack of engagement.

If there isn't sufficient time and resources for building trust ^[11], and/or if trust is damaged through the community engagement, for example, through “formidable time demands leading to consultation fatigue” ^[5], this can limit the effectiveness of the engagement, and lead to negative outcomes. Again there is a need to consider the history of engagement in a particular area - “how the place used to be, what [community engagement] has happened”.

4. What different evaluation and learning approaches are required to understand the impact or effectiveness of community engagement approaches?

Future evaluations of community engagement in action to address the wider determinants of health should, where possible, ensure the evaluation (and engagement as a whole) is responsive to the community's needs, priorities and context; consider a variety of types of evidence (lived experience, quantitative measures); involve communities meaningfully in the design and delivery of evaluations; develop and measure against a Theory of Change; and aim to shed light on the relationship between process and impact.

Challenges with evaluating community engagement

Many of the articles included in this review mentioned challenges in evaluating the community engagement process [3, 5, 7, 10, 11, 13]. The **dynamic and flexible nature of participatory methods** is hard to account for methodologically, particularly long-term outcomes which may not be apparent until long after the evaluation is complete [7, 13]. This means that most of the evaluations that have been published in academic journals are of “professionally led” interventions, with the **smaller community based projects** operating “under the radar of formal evaluations” [7, 13].

In part due to the **diversity of community engagement practice** - in terms of variety in community needs, the extent of engagement, the surrounding conditions and context - there is **an absence of a shared language or framework** for characterising community engagement and its wide range of approaches and benefits [3, 10, 13] which makes it difficult to compare initiatives.

Multiple reviews also highlighted how little progress made in **involving communities** in the evaluation of initiatives. There has been a call for more evidence to be “based on **lived experiences** of those most affected by health inequalities, including through research controlled and led by users” [7, 11].

Recommendations for evaluating community engagement

To address these and other challenges in the evaluation of community engagement approaches, the articles included in this review make the following recommendations:

- Related to developing **inclusive community engagement approaches**, the evidence emphasises the importance of doing the work to understand the communities in question before designing and delivering a programme and evaluation plan, to **tailor the strategy according to the priorities, needs and context** [5, 10, 11].

“If you can’t involve the people who are most affected by inequalities... you won’t get anywhere... You need to understand what matters to them.”

- Consider a **variety of types of evidence** and adopt **multiple methods for data collection**, acknowledging that the factors that influence the “experience and outcomes of initiatives include instrumental factors (time, money, etc), political, cultural and social processes, and the perspectives and behaviours of different actors” [5]. The value of mixed methods evaluations was also emphasised by a number of the experts we spoke to.
- **Involve communities** meaningfully in the design and delivery of evaluations [5, 7, 14]. Local communities defining their own measures of progress, and the discussion and deliberation involved, is “important for community identity and wellbeing” [14].

As one expert put it: “If you can’t involve the people who are most affected by inequalities... you won’t get anywhere... You need to understand what matters to them”.

- Describe in detail the factors that shape an initiative, as well as developing a **Theory of Change** explaining “how and why this happens by linking the analysis to theoretical understandings”^[1, 5]. In one review of 335 reports^[9], the importance of basing public health interventions on **theory that is “relevant to, and appropriate for, the population involved”** is emphasised, as it can facilitate evaluation, support the appropriateness of the intervention within the particular community and context, and “ensure a more successful and sustainable intervention through understanding how a community may be mobilised”.
- When considering the impact of an intervention or community engagement on **community wellbeing**, consider the “spatial and social inequalities, multiple settings and scales and temporal choices and legacies, all of which constitute important political dimensions to community wellbeing”^[14].
- Conduct **process and outcome evaluations** in parallel to interrogate any relationship between impact and process^[5, 11]. One expert particularly emphasised the need for evaluating the process as you go: “are people engaged and satisfied? ...you should be able to overcome those issues as long as you’re intervening”.
- Use **formative evaluation** to surface and address challenges early in the process^[11].
- Explore the influence of community engagement on **service and programme design** and delivery in more detail^[11], as well as **outcomes for indirect beneficiaries** such as the wider community, service providers, researchers, or government departments^[1, 9].
- Conduct **longitudinal evaluations** in order to be able to explore change over time, allowing longer-term outcomes on individuals, communities and services/programmes to reveal themselves^[1, 5].

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04

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