

Advancing Equity in Community Engagement

A companion resource for the webinar: [The Role of Racial Equity in SNAP-Ed Part 2: Authentic Resident Engagement as a Model to Advance Equity](#) hosted by ASNNA + The SNAP-Ed Toolkit Team at UNC-CH

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Engaging community members in advancing healthy eating and active living SNAP-Ed program has been a consistent cornerstone of successful programming. This document is an opportunity to rethink how agencies position themselves in relation to the communities they serve alongside to affect healthy community changes. To that end, we offer up a broader definition that addresses the inherent power imbalance between institutions, agencies, community-based organizations and local communities.

‘Authentic resident engagement’ describes an inclusive process for informing, designing, implementing, and evaluating food access policy changes that center on community residents (<https://healthyfoodpolicyproject.org/about/key-definitions>). Incorporating authentic resident engagement advances equity by redistributing the power to make decisions about program direction, planning, evaluation, and implementation.

Community engagement, skill-building, transparency, accountability, and ownership change the power dynamic of decision-making relationships. Below is a suggested list of actions that you can take to advance authentic resident engagement. This is not an exhaustive list, but they include decision points that any staff member can use to determine their influence to facilitate changes to center authentic resident engagement.

Authentic resident engagement describes an inclusive process for informing, designing, implementing, and evaluating food access and active living policy changes that centers community residents. By inclusive, we mean moving beyond participatory practices and acknowledging the long-standing deficiencies by policy and advocacy organizations, government and public health officials, and others to embrace the capacity, knowledge, and experience already present in dynamic communities. This requires an intentional commitment to address power imbalances and overcome historical and ongoing barriers to inclusion (such as the laws, policies, and systems that intentionally exclude Black, Indigenous, and People of Color and other protected groups (gender identity, sexual orientation, religion, country of origin) while supporting and looking to those most affected by inequities to lead the process.

Working Principles for Authentic Resident Engagement

1. **Address Power Imbalance:** Work to remove or overcome historical and ongoing barriers to inclusion and the impact of systemic and structural racism
2. **Build Trust:** Establish long-term relationships with community and base-building organizations and/or residents
3. **Take an Anti-Racism Stance:** Intentionally address institutional and structural racism, white supremacy, and discrimination and exclusion
4. **Use an Asset-Based Approach:** Remove a deficit-based approach and apply an asset-based framework to food and active living policy work

(Adapted from Healthy Food Policy Project’s “Food Access Policy Change Through Authentic Resident Engagement” framework <https://healthyfoodpolicyproject.org/authentic-resident-engagement>)

Suggested actions to advance equity by influence level

Level of Influence	Actions to Take
Federal Agency	<ul style="list-style-type: none"> ➤ Community-led decision-making requires additional staff time, institutional capacity, longer timelines, and additional labor from community members. Consider highlighting existing guidance, policies, and practices that reimburse community members for their lived experience, expertise, and time, through financial compensation. Consider encouraging Implementing Agencies to include community members who have guided SNAP-Ed program improvement in press releases, newsletters, success stories, co-author journal articles, and providing letters of recommendation, permission permitted. ➤ Support a culture of practitioners who value active community member engagement in all aspects of SNAP-Ed administration, implementation, and evaluation. ➤ Encourage practitioners to think about attributing credit to community members, hiring from local communities, developing advisory boards, and other ways to formally center people most

	<p>affected by SNAP-Ed programming. This can include community listening sessions advisory boards, open planning forums, etc.</p> <ul style="list-style-type: none"> ➤ Highlight text in the SNAP-Ed Guidance that offers examples of SNAP-Ed allowable costs for community engagement aimed at building relationships and trust with community members.
<p>State Agency</p>	<ul style="list-style-type: none"> ➤ Understand the categories of an equity-centered community engagement approach such as (https://www.communityvoicesforhealth.org/communityengaged-research) ➤ Support internal and external staff training focusing on community-led decision making including training/technical assistance for the following topics: consensus building, participatory budgeting/grant-making, participatory action research principles, working with cooperative models, community-driven planning and governance, community advisory committees, collaborative data analysis and interpretation, collaborative decision-making, community forums, open planning forums with community polling, interactive community workshops, community listening sessions, community organizing, and policy change education. ➤ Be willing to extend program implementation timelines to support community engagement, through participatory models. ➤ Be transparent about how decisions are made, who makes them, and when ➤ Share information about how budgets are developed, who approves them, and when they are enacted. ➤ Support participant remuneration beyond SNAP-Ed dollars. Including letters of recommendation, co-authorship, hiring local champions as nutrition educators, evaluators, PSE implementers
<p>State Implementing Agency/Local Implementing Agency</p> <ul style="list-style-type: none"> ➤ <u>Program Coordinator/Principal Investigator/Program Manager/ Program Directors-</u> 	<ul style="list-style-type: none"> ➤ Decide where, when, how to pilot participatory methods in program development and implementation with frontline nutrition educators (this is a starting point, in later iterations agencies can include community members in these decisions)

	<ul style="list-style-type: none"> ➤ Using available needs assessment data determine which communities and groups are most impacted by poor health outcomes and think through how to engage them in program development and implementation ➤ Develop a program timeline that includes participatory methods and includes the timeline in the state plan. ➤ Seek out internal/external expertise in the participatory community-led methods, and share expertise with all staff, not just leadership. ➤ Fund or facilitate trainings for participatory community-led methods ➤ Develop and implement plans to include participatory community-led methods as a promotion requirement ➤ Develop and implement plans to include attribution to community members for all projects/presentations, co-authorship with community leaders in peer-reviewed papers and conference presentations, reimbursement for community members' time and expertise, seeking external funding for stipends, hiring from local communities ➤ Co-developing solutions require sharing of knowledge, consider what skills community members might be interested in learning and how your agency can support it. Skills specifically for SNAP-Ed implementation could include effective storytelling, interpreting data, building consensus, sharing outcomes, and communicating with influential leaders
<ul style="list-style-type: none"> ➤ <u>Evaluators in collaboration with program directors, nutrition educators, and community members</u> 	<ul style="list-style-type: none"> ➤ Draft a logic model in collaboration with Program directors, nutrition educators ➤ Disaggregate data to determine how different groups are experiencing SNAP-Ed programs ➤ Develop an evaluation plan that includes a community accountability component i.e. publicly available data systems, contact person if the evaluation shows potentially negative outcomes ➤ Develop and implement data sharing workshops for community members ➤ Create a feedback loop that includes community membership/ownership in program improvement processes

	<ul style="list-style-type: none"> ➤ Include equity impact assessments for race/ethnicity/language/disability/gender etc. ➤ Consider conducting access gap assessments (who uses the programs, gaps in service provision) ➤ Consider including metrics that measure community ownership, community leadership, and skill-building training ➤ Work with community members to develop equity-focused outcomes objectives and methods ➤ Draft a data dissemination plan for outcomes that prioritizes the needs of community members most affected by poor health outcomes.
<p>Nutrition Educators in collaboration with program directors and community partners</p>	<ul style="list-style-type: none"> ➤ Define community (geographically, group, site) ➤ Decide what format nutrition educators will engage with the community members i.e. community forums, surveys/focus groups, advisory boards, listening sessions, etc. ➤ Decide what kinds of decisions will be made and when (i.e. curriculum, PSEs, social marketing messages and ad placements, evaluation, defining success, sharing outcomes, etc.) – this is an iterative process, community members should be included in this decision making after the initial decision is made ➤ Schedule meetings, decide on the most appropriate time for meetings, consider language, disability, culture, ethnicity, etc. ➤ Establish a feedback process for decision-making and accountability measures. ➤ Gather information from community members about what skills or information your agency can share or trainings they can facilitate ➤ Host trainings, and skill-building opportunities for community members ➤ Host data-sharing meetings, sense-making/meaning-making sessions, chats with community members