CACHI

Transformational Community Engagement for Equity and Systems Change







Over the past decade, the California Accountable Communities for Health Initiative (CACHI) has witnessed both the promise and the pitfalls of "community engagement" as practiced across sectors. This brief examines why community and resident engagement matters, what often stands in its way, and how some of California's Accountable Communities for Health sites are modeling a transformational approach—one built on trust, shared power, and long-term partnership.

The Power of Transformational Community Engagement

Engaging community members in deep and meaningful ways at the local level should be **an integral component of multisector collaboration** and systems change efforts. When residents are centered as leaders and decision-makers, initiatives become more sustainable due to deeper roots, and strategies can become more effective because the nuances of community context are considered. When fully implemented, transformational community engagement is not a discrete activity but a central gear.



The Importance of Trust

Trust is both an outcome of the ACH approach and the driver of improvements in community health and equity.

1. Trust unlocks effectiveness

Trust built early prevents costly missteps, deepens collaboration, and strengthens shared accountability. It provides the stability and confidence needed for partners to act together with clarity and purpose. *Trust built at the beginning saves repair work later.*

2. Trust builds alignment and momentum

Trust allows residents and institutions to share power without fear, leading to stronger partnerships and collective ownership of strategies and priorities. It is the force that builds buy-in, alignment, and sustained movement toward shared goals. *Shared power produces results that outlive any single program.*

3. Trust sustains relationships

Trust anchors collaboration through leadership transitions, funding cycles, and political shifts. It ensures that relationships along with clear responsibilities carry the work forward, allowing efforts to evolve without losing purpose or legitimacy.

The Challenges

Across California, “community engagement” (and related terms such as community partnerships, community participation, etc.) repeatedly shows up as a requirement in government processes, as a goal of collaboratives and coalitions, and highlighted as a crucial element of health equity efforts by funders and thought leaders. Overall, this is a positive development: community voice should be cultivated and elevated. However, community engagement is practiced inconsistently and can cause harm if not implemented thoughtfully. This gap between intent and impact stems from four primary issues:

Limited, inequitable roles: Too often, engagement defaults to input-seeking only. Residents are asked to describe the biggest problems in their community—a potentially stigmatizing, deficit-based approach—or to propose solutions to problems that were prioritized by powerful institutions. When this occurs, it is frequently experienced as extractive: participants share valuable stories, data, and lived experience, yet final decisions about strategy, priorities, and resource allocation remain in institutional hands.

Lack of shared definitions and understanding: Community engagement, and related terms, is used to describe a wide range of practices from outreach to understand community needs to genuine power- and responsibility-sharing. When expectations and intentions are not clearly expressed, this can breed confusion and mistrust among community members and institutional partners about their respective roles, especially when the role designated for community members is experienced as tokenizing or obligatory.

Conflict with institutional imperatives and norms: Transformational community engagement inevitably challenges institutional norms. For organizational leaders and staff accustomed to prioritizing speed and efficiency, and having the final word, it can be deeply uncomfortable to slow down, earn trust, and share decision-making authority. For residents, this tension can be compounded by being asked to collaborate with systems that have historically caused harm or never earned the community's trust.

Minimal accountability for impact: When the same questions are asked repeatedly across multiple venues (e.g., simultaneous planning and input processes that touch on the same issues) or when there is no clarity about next steps, metrics for success, or reporting back, community participation can feel disconnected from solution finding. Instead, it can be experienced as a formality or performative, reinforcing the perception that community engagement is about fulfilling a requirement or seeking reputational benefit rather than genuine collaboration to improve health and equity.



Effective Practices

Supporting equitable and transformational community engagement is an on-going and aspirational process—the ACHs across CACHI's network are at different stages of development and are continuously reflecting on how to improve practices and outcomes. The following practices can be employed to address the challenges identified above.

Move at the speed of trust and accountability

Design engagement processes that prioritize relationship-building and shared ownership over institutional timelines and maintain transparency and inclusive communication.

CACHI Examples

- After devastating wildfires, **Butte County's ACH** centered residents in rebuilding both health infrastructure and trust. Through world cafés and community listening sessions, residents co-developed priorities for resilience, equity, and recovery.
- **Healthy Mendocino** brought tribal representatives into discussions from the beginning regarding CalAIM implementation and alignment with Indian Health Services.
- **The San Diego Wellness Collaborative** spent years developing the relationships and systems necessary to form a hub for community services that creates career pathways for resident community health workers (CHWs); the CHWs continue to meet as a learning community to support each other working within health care systems.

Center community members as leaders and decision makers

Structure governance so that residents have authority to determine strategies, priorities, and resource allocation and have opportunities to grow into leadership roles.

CACHI Examples

- The **Community Response System of South Los Angeles (CRSSLA)** spans 20 zip codes and hundreds of partners. Residents lead advocacy on topics such as diabetes prevention, co-host policy events, and are involved in every governance decision including allocation of resources.
- **One San Pedro** provides training for both community residents and institutional partners on participatory budgeting so that everyone has a common vocabulary as they become decision makers about wellness fund allocations.
- **The East San Jose PEACE Partnership** requires that a community resident present alongside a governmental or CBO partner at any event or speaking engagement.

Compensate and recognize community partners

Provide fair payment for time and expertise, and ensure that community members are visible and acknowledged as equal representatives of collective efforts.

CACHI Examples

- **Child Safety Forward Sacramento** provides stipend to resident leaders up-front, demonstrating trust, limiting paperwork, and proactively covering the costs of participation.
- **South County HEALs** provides stipends for community resident leaders and covers costs for their travel to meetings and conferences.
- **Uplift San Bernardino** provides monthly stipends to its two resident leaders to participate in steering committee meetings, organize resident meetings, and conduct other activities as community resident representatives.

Build the capacity for collaboration

Commit to training and capacity building for both community members and institutional partners. Everyone involved needs skills essential to effective collaboration: cultural humility, power analysis, consensus building, etc.

CACHI Examples

- **Marin 9 to 25** developed one of California's most advanced youth leadership pipelines through targeted mentorship. Youth councils shape all aspects of the initiative (policy, create bilingual guides, running community art events) with support from adult partners.
- **OC Network of Care** provides trainings/ capacity building for institutional and community partners to align sectors in response to Adverse Childhood Events (ACEs).
- **Unincorporated Health and Wealth Initiative** has trained and supported residents to advocate on county policy decisions.





Toward Transformational Engagement

Across California, ACHs are demonstrating that community engagement is a path to equity and systems transformation to improve health and wellbeing. When residents are trusted as experts in their own lived experience and equipped to lead alongside systems partners, engagement evolves into shared power and accountability. The work becomes less about meeting requirements and more about cultivating relationships that can respond to changing community priorities over time. Every organization, whether a public agency, health system, or community-based partner, can take steps toward transformational engagement.

About CACHI

The California Accountable Communities for Health Initiative (CACHI) is driving a statewide shift in how health systems, social services, community organizations, and residents collaborate to improve population health and equity. Through multi-sector, community-based partnerships—Accountable Communities for Health (ACHs)—in 36 communities across the state, CACHI aligns local resources, policies, and investments to tackle the root causes of health disparities. CACHI's key partners include The California Endowment, Blue Shield of California Foundation, Kaiser Permanente, The California Wellness Foundation, Sierra Health Foundation and the Well Being Trust, in collaboration with the California Department of Public Health. CACHI is supported by Community Partners.

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