THE IMPORTANCE OF INCLUSIVE MEETING SPACE

For any community or patient engagement strategy to be effective, it is critical that all stakeholders are included in the decisions that impact them. These decision-making processes often occur at in-person meetings — spaces where power dynamics and cultural differences must be considered to ensure all voices are heard.

An inclusive meeting space prevents situations where affected individuals or groups are invited to the table, but not allowed to fully participate. Full participation is usually easy to gauge: stakeholders are engaged, influence decisions that are made and directly affect meeting outcomes.

Creating a truly inclusive meeting space is a challenge that takes time and careful planning. But when executed successfully, inclusive spaces result in a safe, trusting environment that encourages full group participation, diversity of thought and equitable decision-making that are needed to advance community-centered health goals.

CREATING INCLUSIVE SPACE

Engaging local stakeholders beyond usual healthcare and community leaders requires a change in approach — before, during and after meetings where health-related decisions are made. New inclusive practices are often required to build trust, empowerment and a sense of belonging among patients and local residents who are new to decision-making process. The following considerations and checklist capture best practices that bring awareness to behaviors that work for and against this level of inclusion.

KEY CONSIDERATIONS

Maintain an Equity Lens Throughout. “Equity is when people’s race, gender, economic status, sexual orientation, etc. do not determine their economic, social, or political opportunities. Distinct from equality, equity looks at leveling the playing field, ensuring the starting line does not determine where one finishes. Approaching work through an equity lens requires analyzing the impact of internal and external processes, as well as foundational assumptions and interpersonal engagement, on marginalized and under-served individuals and communities.” (Spark Policy Institute)

Be Mindful of Power Dynamics. When meetings gather healthcare/community leaders with patients and local residents, there are inherent dynamics among traditionally-influential voices and those that are more frequently. Inclusive meeting spaces shift the power dynamic to ensure the voices community members with expert lived experience are at the center.

Consider Your Participant-to-Staff Ratio. Many teams have seen success with a ratio of 4:1 - four community members to every one staff member in the room. This ratio serves to redistribute the balance of voices and provide opportunities for meetings to be strongly community-led.

INCLUSIVE PRACTICES IN ACTION This resource reflects Health Leads’ work with the Bay Area Healthcare for Healthy Communities Learning Initiative (BALI), a cross-sector effort that relies on community focus groups to determine and advance shared health goals. The focus groups have been successful thanks to an evolving checklist of inclusive practices that helped to balance power dynamics and encourage meaningful participation across health systems, community organizations and local residents.
BEFORE THE MEETING

☐ Create an agenda that clearly articulates meeting goals and who will be in the room. Facilitators should understand the power dynamics that may exist in the room ahead of time and plan accordingly. Recognize that there may be prior positive or negative history among meeting participants.

☐ Use multiple methods to reach out to participants. Recognize that people prefer to receive information in different ways — and are often more responsive to their preferred method.
   - Communicate with participants via email, phone and calendar invitations. Health Leads has found phone calls to be particularly important for outreach to community residents — helping to foster trust, answer questions and address concerns in real-time, orient new participants, or bring existing participants up to speed if they’ve missed a meeting.
   - Staff should make themselves readily available via phone, email or in-person leading up to the meeting. This may include availability outside of traditional business hours to accommodate different schedules.

☐ Select locations in the community. Hospitals and clinics aren’t always located in close proximity to the community stakeholders we hope to engage. Maximize participation by meeting people where they are; don’t make them come to you.

☐ Send out meeting materials at least one week in advance via email and/or mail — and a full agenda at least 24-48 hours prior. Sending materials in advance gives participants sufficient time to understand meeting goals, read through background material, and think through any questions or concerns they may have.
   - During initial outreach, ask whether participants would prefer to receive meeting materials via email or hard copy.
   - Meeting materials should be presented at no greater than a 5th grade reading level to maximize accessibility. Digital and printed fonts should be 12pt or larger to accommodate those with visual impairments. There are a number of free literacy assessment tools available online to support these goals.

☐ Value community participation and compensate accordingly. Health Leads’ internal policy is to provide an hourly rate of $15-$25 per community participant, depending on the level of the engagement. No matter the amount, be sure to clearly communicate how much compensation participants will receive, in what form and when.

☐ Create a transportation plan for participants to attend. Identify the nearest public transportation routes. Either provide reimbursement for public transportation costs, or offer participants the option for rideshare or offer paratransit services.

☐ Identify and support participants’ childcare needs. Assess needs during initial community resident outreach, and coordinate budget-appropriate reimbursement or on-site childcare services to ensure diverse participation.
BEFORE THE MEETING (CONT.)

☐ **Share day-of contact information.** From time to time, the individual conducting outreach may be different than the those leading the ultimate meeting. It is important to let participants know who their point of contact will be the day of the meeting and ensure contact info is provided.

☐ **Secure environmentally-inclusive meeting space at least two weeks in advance.**
  - Identify any accommodations that may needed to ensure full participation. This may include dietary restrictions, gender-neutral restrooms, captions or sign-language interpreters, wheelchair accessibility, chair comfort needs, accessible parking or distance/accessibility to public transportation.
  - Be mindful of how the space is laid out. Do you need a projector or other audio/video equipment? Are the chairs close enough to the screen to; make it easily visible? Will people sit for the duration of the meeting or move around? Are there microphones or audio support for the hearing impaired?

☐ **Decide whether to provide a meal for the meeting.** It is always important to at least provide light snacks and water, but full food service can be distracting or take up time. Yet breakfast or lunch are required at certain times of day, so it is important to consider this when planning a meeting time. Either way, Health Leads has always found it helpful to provide enough extra refreshments to be taken home.

☐ **Keep power dynamics in check by considering the participant-to-staff ratio.** Including more community members than staff creates a more equitable environment where local residents feel comfortable and supported. See above for details.

☐ **Clearly communicate roles for the meeting.** This is best done during participant outreach to ensure all participants are on the same page.
DURING THE MEETING

☐ Make the check-in process easy and seamless.
  ☐ If possible, assign a staff member who community members are familiar with as a greeter. This person can orient them to the meeting space and agenda.
  ☐ Capture contact information at sign-in and review later to ensure records are up to date.
  ☐ Ideally, printed nametags are provided to all attendees to maximize familiarity (though handwritten nametags are better than nothing!)

☐ Be clear about meeting goals from the outset. Review the day’s goals and agenda — and clarify any confusion up front.

☐ Establish community agreements or ground rules for the meeting. Continue to reference these throughout the meeting. Create opportunities to update ground rules as meetings progress.

☐ Limit jargon. Minimize the use of acronyms or technical terms whenever possible. If either are necessary, be sure to share key terms in advance of the meeting. Set a norm that anyone can call out “jargon” and ask for definitions, with facilitators leading by example so participants feel comfortable doing so.

☐ Adjust as needed for longer meetings. During breaks, check in to see how participants are doing, and make adjustments to facilitation style or content presentation accordingly.

☐ Clearly communicate next steps and expectations post-meeting. Ensure community members have a clear understanding of what will happen next and when, as well as how shared information will be used.

AFTER THE MEETING

☐ Ensure all community members receive compensation. It is important to track compensation over the long-term, as receiving a certain amount within a year can trigger taxes. See above for details on compensation levels.

☐ Follow up with participants via email and phone no more than a week after the meeting. Share any output from the meeting (e.g., information synthesis, meeting notes), as well as next steps. Provide an opportunity for participants to share feedback as well. Keep in mind that more personalized attention may be needed among disengaged participants.

☐ Synthesize Feedback Data: Compile and discuss feedback among facilitators and other key leaders. Make adjustments accordingly for future meetings.

ABOUT THE NETWORK

The Health Leads Network is a community of healthcare practitioners and caregivers who are taking action to address essential needs within our organizations. Network members work in a wide range of health system roles and settings — but share a commitment both to drive improvement initiatives on the ground, and to advance health equity in their communities.

The Network was created to bring action-oriented practitioners together to collaborate, share and learn from each other. We translate critical front-line experience into tangible tools, guidance and learning opportunities — all designed to support members in advancing the integration of essential needs into community-led health initiatives.

Learn more at healthleadsusa.org/network — or email network@healthleadsusa.org for additional information.