Engaging the Community to Effectively Plan and Implement Community-Based Mental Health Programs

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Abstract

Community engagement is recognized as an effective means to maximizing public health program impacts despite challenges such as power imbalances that can undermine efforts. The value of engaging communities as equitable partners in the design and delivery of community-based programs has gained increasing traction over the last few decades. Most research in this area has been focused on partnerships between academia and communities, leaving a knowledge gap regarding engagement between community organizations and between community organizations and members. This paper presents a process evaluation that aimed to identify and describe factors found to impact and promote community engagement efforts within a multisite, multiyear, community-based prevention initiative. Findings highlight that strategies such as investing in trust-building efforts, engaging community influencers, and providing meaningful opportunities for community member involvement can help facilitate effective implementation. Recognizing the value and necessity of community engagement in community-based programming is an integral and continuous process.

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Introduction

Within the last few decades, community engagement has come to be regarded as a necessary ingredient for the effective implementation of interventions geared towards affecting community-level change. This represents a significant shift, as professionals delivering community interventions have historically sought little to no input from their focus population [1]. Community-based participatory research (CBPR), for example, has proliferated in recent years, as have studies documenting the nuances of community engagement and its positive outcomes [1, 2]. While levels and approaches to engaging the community will vary, the concept of community engagement can broadly be defined as "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" [3] (p.9). This definition accentuates the importance of community involvement in the design and decision-making processes of community-based initiatives [4].

Within the context of community-based research, academic partners, research participants, and the general public can benefit from working together in building trust and opportunities for collaboration and mutual benefit [4, 5]. Investing time and effort in the development of meaningful and authentic partnerships, attention to the community's cultural and historical context, and reciprocity can serve to further enhance trust, particularly among populations with a historical mistrust of academic and other institutions [6].

In recent years, greater attention to the outcomes of CBPR and community-engaged research has shown that the benefits of community engagement permeate throughout the various stages of program planning and implementation [7]. Involving the community in determining project focus improves design and delivery due to the community's knowledge of their local needs, which can also promote buy-in and support [8]. During implementation, community engagement can ensure that any improvements to design remain focused on community strengths or concerns rather than on an external partner's assumption of problems that need to be addressed [8]. There is also an improvement to the ethical processes involved in community research, which helps to foster trust and increases the likelihood of future collaboration. Initial engagement to educate community members about research elements of implemented interventions can improve the production and dissemination of meaningful findings to community organizations and members [9].

While engaging communities in program activities can yield substantial benefits, the process for achieving successful engagement is not without its challenges. Various studies have identified barriers while trying to implement community engagement activities including imbalanced power dynamics between organization and community, as well as a lack of organizational and community commitment [10–12]. Inefficient matching of available resources to the defined geographic area of focus also poses a challenge to community engagement efforts. Pemberton and Mason's evaluation of user engagement in service design and delivery found that defining the program's catchment area too broadly stretched thin already limited time and resources [12]. It has also been found that a history of poor relationships between communities and agencies and/or authorities cultivate attitudes of mistrust, making it difficult to obtain and retain participation [6, 13]. Furthermore, research evidence shows when organizations resist sharing control with the community, do not share cultural values, limit involvement, and devalue community member experiences, they tend to have a limited impact [4, 6, 10]. These challenges are more pronounced when trying to engage stigmatized and marginalized groups [6, 14]. Other organizational infrastructure issues can pose problems for successful community engagement including: lack of transparency and confused expectations, competing agendas with partners, lack of resources and staff, lack of skills and training, and limited timelines for trust-building [5, 11, 15]. Lack of capacity within the communities and low awareness of engagement opportunities are also identified as barriers to effective community engagement [6, 14]. Engagement facilitates capacity building and sustainability of community programs. Programs that are challenged in this area will have difficulty progressing towards their project goals.

Strategies to engage communities will vary according to the extent of engagement and collaboration a program aims to achieve [2]. Programs may involve a few key stakeholders or involve community members in a more formal capacity (such as in a coalition or advisory committee) or the level of engagement can range from gathering informal input to delegating greater power and control to the community [11, 16]. Regardless of the desired level of engagement, experts in the field have identified a number of strategies applicable across all phases of program design and implementation [17].

A critical step to developing authentic community engagement is to invest the time and effort into building trust and establishing relationships with the community. Becoming informed about the community, such as learning about their norms and values, history, and culture prior to initiating any engagement efforts is another strategy considered essential for program success [6, 17]. Collaborating with the community to determine priority needs, identify and mobilizing community assets and strengths [17], can also serve as a means for building trust and minimizing resistance during program implementation [6, 15]. There is also an opportunity to maximize the reach and impact of community engagement efforts by leveraging the influence of local community opinion leaders or champions who can support the buy-in and diffusion of a program. In a study examining teacher self-reported use of recommended classroom strategies for working with children with attention-deficit/hyperactivity disorder (ADHD), rates of teacher self-reported use of recommended practices were higher when peer-identified and key opinion teachers were involved in dissemination along with mental health providers (MHPs), versus MHPs alone [18].

The extant literature has clearly established the importance of community engagement for the implementation success of community-involved programming. Although studies have identified multiple strategies for facilitating community engagement, much of the literature addresses this topic within the context of research-based efforts focusing on individual health outcomes and within the medical and public health fields. Most studies also focus on partnerships between researchers and the community, rather than among community organizations and community members. Moreover, sources focusing on community engagement are largely not specific to the USA [1, 2, 4, 11]. Within this context, the goal of this study is to identify and describe engagement strategies found to facilitate planning and implementation progress among community organizations and members within a multisite, community-based prevention initiative in the USA focused on improving mental health and well-being.

Methods

Project background

The Making Connections Initiative (MCI) is a national initiative aiming to use community-level prevention strategies to improve the mental health and well-being of men and boys in the USA. The populations of focus are men and boys that are the most at risk for mental health challenges, such as men and boys of color, military veterans, and those in challenged communities (e.g., historically disenfranchised, have limited access to safe and healthy spaces, places, food, and recreational activities, and limited economic opportunities). Sixteen geographically diverse grantee sites across the USA were funded to plan and implement place-based prevention strategies to positively influence mental health and well-being for a male population in their local community. Sites consisted of the primary organization receiving the grant funds (the primary grantee) and their community partnerships developed for the MCI. These partnerships were initially formed by the primary grantees which included public health departments, grassroots organizations, youth-serving organizations, and community non-profits.

Year one of the five project years was focused on planning. These planning activities included conducting needs assessments, developing partnerships, creating mission, and vision statements, among other processes. The planning year goal was for grantees to develop an actionable implementation plan and solidify their focus population, geographic area, and the program. The community needs assessments identified that resources needed varied by community but generally were found to be safe and culturally connected spaces to meet and/or play, positive connections with others, and resources that promoted personal and/or community changes. The strategies sites used to address these needs fit into six overall categories: creating gathering spaces; creating networks; building or improving capacity to help self and others; supporting civic/community action; aiding advocacy efforts; and creating leadership opportunities.

The authors' institution conducted an independent evaluation of the MCI. The National Implementation Research Network (NIRN) active implementation framework was used as part of the overall process evaluation to assess implementation progress. This theoretical, integrated approach to implementation outlines five frameworks, which include activities that support effective program implementation [19]. The framework incorporated as part of the evaluation was the Implementation Stages. The process starts with a needs assessment and selecting the program (Exploration), moves to organizational resource preparation (Installation), then starting the program (Initial Implementation), and moving the program forward as designed (Full Implementation) [20]. In year one, all sites were in the exploration and installation stages of implementation. By year two, sites were in the installation to initial stages of implementation, and by the end of year three, sites were primarily in full implementation. Implementation drivers is another framework; it is important to note that sites did not utilize this framework nor was it assessed during the evaluation. However, in reviewing the years of data, there was evidence of the implementation drivers' utilization at each site to various extents. Organizational Driver components (which help develop the supports and resources needed for new programs) of facilitative administration and systems intervention were present at all sites. Decision-Support Data Systems, the third component was present at very few sites. All Competency Driver components (activities that develop, improve, support, and sustain staff's ability to implement the programs), except Assessing Fidelity, were present at all sites. Staff Selection, Training, and Coaching occurred at all sites to varying extents [21]. Any use of drivers related to community engagement is included in the findings. The evaluation of the planning and implementation activities identified strategies that enabled grantees to successfully build capacity to develop strong community programs. This article reports on strategies related to community engagement that were found most successful in facilitating progress across sites during the planning and implementing years of the project.

For the purpose of this evaluation, community engagement was defined as garnering the input, advice, and active participation of the community in the planning and implementation of the local MCI. This definition of community engagement builds upon the previous definition of community as the individuals most affected by the issues being addressed [22]. Based on this definition, community included both members-at-large (such as representatives from community organizations) and members of the focus population. Community members fitting the site's focus population were usually identified by the primary grantee organization and/or by the partners. Some members were already known to these organizations and others were recruited. Community members were included as partners and/or members of an advisory board. Some agency partners served a dual role as community members. This occurred when (1) the agency partner operated in the community, (2) the agency's primary mission is community benefit, and (3) agency staff and leadership are comprised primarily of community members and advocates.

Study design

The process evaluation employed a mixed-method design explanatory case study design in which each grantee site served as a case (i.e., unit of analysis). This framework is helpful for understanding program implementation within individual sites, and it allows for comparison of findings across sites in order to compare theorized with actual outcomes [23, 24]. Funded sites under MCI varied considerably in program scope and populations of focus, and the case study design provided opportunities to comprehend if desired outcomes are achieved despite varying intervention approaches and to identify patterns that allow for generalization regarding implementation strategies across grantees [12].

Data collection

Data were collected over the 5 years of the MCI. Year one evaluation activities focused on qualitative data collection in an effort to develop an in-depth understanding of grantee context and progress toward their planning goals, while the subsequent year's evaluation focused on the sites' implementation progress. Along with the assessment of sites' progress towards meeting project and MCI goals, another core evaluation question was the extent to which community partners were involved in project planning and implementation. For each site, data were collected from community partners (including grantees, community organizations, and any community members participating in the partnership) using multiple methods, including: (1) ongoing document review (e.g., grantee proposals, memoranda of understanding, project reports, meeting minutes, and formal contracts), (2) semi-structured telephone interviews with grantee staff and partners (initially conducted at least bi-monthly, but changed to monthly in year two), and (3) yearly visits to all sites, which included individual and/or group surveys and/or interviews with grantee staff, community partners and program participants, as well as direct observation of grantee activities including partner and community meetings.

Data analysis

Data analysis was ongoing; it began in the first project year and continued throughout the initiative. Analysis was also iterative, with thematic analysis used as the primary analytic strategy. This involved a process in which team members identified themes using coding of transcribed interview recordings by site, which were then discussed to identify common themes across sites. Codes were derived from the interview protocol (which was developed based on the evaluation questions) but were also emergent. Cross-site themes were classified as such if they were identified at multiple (more than four) sites.

Thematic analysis was also used in conjunction with additional analytic strategies such as sequencing, the use of multiple investigators, and triangulation to improve data reliability. Analytic sequencing first focuses on site-specific analyses by the assigned liaison team (i.e., two members of the evaluation team assigned to the site) and continues with cross-site analyses involving the entire evaluation team, allowing the team to gain familiarity with the data patterns of each site before undertaking cross-site comparisons [25]. The use of multiple investigators brought varied perspectives to data analysis, increasing the potential for novel insight. While some evaluators were involved with multiple sites, the fact that the sites were so different and most of the team members reviewing the data were not familiar with the site reduced potential bias in data/thematic interpretation. The evaluation team also used data triangulation to ensure that data from one source, such as interviews, were compared with other sources, such as observation notes, creating more credible evaluation results and enhancing the validity and reliability of findings [26].

Findings

Findings reported were observed over time. Data indicated that community engagement promoted the inclusion of diverse voices (i.e., voices from different members of the community that represented different racial or ethnic groups, various interests, and various community organizations) in the MCI planning process and that engagement contributed positively to a site's capacity to create community change. These diversities were observable from partner organization names, services provided, mission statement and vision, and/or by member report. In the planning year, community partners were engaged (mostly via meetings) to provide input into the type of project to be implemented locally and had to "sign off" on the actionable plan submitted to the funder. During implementation, their involvement remained a grant requirement but ranged from full engagement in implementation (involved in provision, delivery, and design of the local project) to just serving in an advisory capacity (providing input on certain aspects of programming when asked) and/or attending partner meetings. The following themes related to community engagement that facilitated implementation progress emerged in the planning and implementation years.

Building trust with community members

Data indicated that for many sites an initial barrier was reluctance on the part of community members to welcome the MCI into their community. This reluctance took three primary forms: (1) reluctance to participate in "just another program" that would come and go without making any real change, (2) reluctance to have people from outside of the community decide what was wrong with their community and what they needed most, and (3) reluctance to provide data about themselves and their community without seeing or benefitting from the results. Community members considered outsiders as organizations or individuals who did not live and/or work directly with or in the community on an ongoing basis, even if an organization was located in the community. Many MCI grantee communities are considered marginalized for a variety of reasons, including economics, limited opportunities, and challenging physical environments. Many distrust large organizations (even some within their community) and institutions. As such, trust-building was necessary to bridge and address these barriers.

Building trust with the communities was integral to the successful progress of the MCI sites and was a primary factor that aided the grantees that were successful with engagement of both community partners and community participants. Trust was defined in this evaluation as community partners/members' belief that they could rely on the other members of the partnership. This was assessed throughout the project by surveys and focus groups. In addition to the data from these sources, increased trust was also observed in a number of ways such as increased attendance at meetings, willingness to get other community partners/members involved in the project, and increased sharing of information and resources. Through program engagement efforts, some grantee organizations and partners were reportedly able to connect and create relationships that they believed may not have otherwise existed outside of MCI.

The increased and consistent engagement with community partner organizations and community members was indicative that trust was being built in grantee communities. One strategy utilized by a grantee (a large public organization) to build trust through open communication and transparency was participatory budgeting. This is a process where community partners were allowed direct involvement in deciding how the grant funds were allocated and utilized. Most trust-building strategies centered around sites (particularly the primary grantee leading the project) being open with all aspects of the project, having ongoing communication with the community during all aspects of implementation, and creating opportunities for shared leadership with community members so their voices shaped activities.

Having a deeper understanding of community need

Interview data indicated that community partners that engaged directly in the needs assessment process expressed a more detailed and shared understanding of community needs. Sites' needs assessment processes included engaging community members in various ways ranging from informal conversation to formal participation in activities such as data collection and analysis. Community partners reported that being involved in the needs assessment process provided more insight and an in-depth understanding of community needs and strengths than could not have been accomplished without community participation. Being able to hear directly how people have been or will be affected by programs was highlighted as the most impactful. In particular, organizational partners (both those that worked with the community members and those that did not) reported a better sense of connection with the community and increased commitment to the MCI.

In the implementation years, by making new connections via inclusion of community members as partners or by partnering with community-involved organizations, grantees have been able to better address emerging community needs (i.e., needs that were identified during programming). This positively impacted the ability of grantees to identify community conditions that needed to be addressed or changed to support their efforts and/or their focus population. For example, at one site, it was discovered that employment was a challenge for many of the young men engaged in programming so partnerships were developed with community agencies that were able to provide resources and support in this area. Additionally, engagement enabled grantee organizations to better maintain as well as obtain more buy-in and ownership within the local community. Buy-in was reported, as well as observed in several ways, such as consistent participation, outreach to others to participate in the program, and involvement in multiple aspects of the program. Ownership was promoted through varied activities such as having community members involved in designing the program, naming of the program, and/or in leading or being involved in implementation of different aspects of programming. Partners and community members (particularly youth) reported feeling "more invested," "connected," and that the program was theirs due to this involvement. Furthermore, continuous engagement with the community improved the grantee's ability to not only identify needs but also to advocate for community or organizational changes.

Empowering the focus population

The MCI provided substantial autonomy for sites to develop programs that were tailored to local needs. The focus population was engaged and involved to varying extents in each community, but all partnerships included a member of the focus population, representatives from agencies that served or were members of this population, or both. Data indicated that engaging with the community, particularly the focus population, empowered partners to mobilize and work together to further the mission and goals of MCI. Due to the aforementioned needs assessment process, site goals were largely informed by the focus population. Actively engaging the focus population in the partnership, as advisory members, and or as project staff resulted in their increased involvement in data collection and analysis, leadership, and speaking in public forums about their experiences, needs, and strengths. They reported an increased sense of "connection," dedication," and "ownership" from engaging with the programs in such ways. This engagement also fostered a sense of support from grantees and partners. Having support appeared to empower community members to engage in other efforts in the community. Youth especially were observed and reported to be engaged in other efforts to advocate for themselves and/or their community.

In the implementation years, most sites expanded their community engagement within their geographic area of focus and a few within neighboring communities. At most sites, this expansion

was a result of community partnerships. This expansion also resulted in increased participation of the community partners and the focus population in planned activities and increased opportunities for collaboration with other community groups. These partnerships also enabled sites challenged by participation and/or recruitment to expand their engagement. In such cases, engaging and empowering community partners in leadership or planning was beneficial in identifying strategies to promote their engagement. In particular, getting buy-in from community-engaged organizations and community members helped to support recruitment/engagement efforts.

Identifying partners and resources

Data indicated that community partners' knowledge of their community's strengths, needs, resources, and constraints supported grantee efforts to identify appropriate resources and partners for MCI. Identification of other partnerships was one of the greatest strengths in the implementation year, as partners were integral in supporting efforts to engage with the focus population and the community. Larger grantee organizations (e.g., public health departments) tended to partner with mid-size and smaller/grassroots organizations. Smaller/grassroots organizations partnered laterally or with larger institutions (such as universities) and mid-size grantee organizations partnered laterally or with smaller/grassroots community organizations. As such, community engagement and partnership development became mutually beneficial. The sites that have seen the most engagement and accomplishment of planned tasks were those whose partners have helped to facilitate direct connections with the focus population and the community. Partners were also able to facilitate access to resources such as meeting spaces and spaces for other activities, fiscal resources by partnering on other grants or funding MCI-related activities not covered by grant funds, and providing information about other community resources that benefitted the focus population. In addition, engagement with community partners also facilitated increased access to community and state-level policy influencers.

Using community influencers

As the grantees engaged with the community, there were often barriers to this process. When there was difficulty engaging with community members, one strategy that was very helpful was partnering with community influencers/champions to assist with engagement. These influencers/champions were members of the focus population, other community members who worked or were invested in the focus population, or partners from community agencies. When grantees were able to identify and work with community influencers/community champions, this provided a distinct advantage in engaging the focus population and other community members. These influencers/champions acted as a bridge between grantee organizations and the community. Their involvement was particularly helpful for larger grantee organizations who did not historically work directly with community partners or community members on grant initiatives and for grantee organizations that had a sordid reputation in the community. For grantees that had both characteristics, their community engagement in the planning year would not have been possible without community influencers/champions. Community influencers/champions continued to be integral facilitators to community engagement during implementation. Grantees were better able to engage with the focus population and have continuous participation in programs due to this type of partnership. Sites also hired community champions to engage community participants and to lead certain aspects of their programs.

Barriers

Geographic. For some grantees, community engagement was challenged by their geographic area of focus. Grantees that implemented programs in multiple communities, counties, or statewide had the difficult task of promoting engagement in multiple areas or across multiple communities. This presented many factors that grantees had to consider including distance, differences in community contexts, and extra time to build trust among the community members who may never have worked together before. Grantees worked to address these challenges in a variety of ways, one of which was having rotating meetings in the different communities. This was beneficial in multiple ways including familiarizing partners with the various communities. Another was phasing in communities at varied time points, establishing partnerships with agencies based in those communities, and focusing efforts in fewer locations simultaneously. This allowed grantees to be better able to address and tailor programs to each community's context and to use lessons learned to strengthen implementation in the subsequent communities. It did take time for partners to build trust with others in different communities, but partners reported appreciating the experience of learning about and learning from other communities doing similar work or working with a similar population.

Limited time. Finally, the most often reported challenge was having limited time and staff resources to fully dedicate to the MCI. Meaningful engagement requires time and effort. Some grantees compensated partners for their participation, but that in itself was not sufficient to overcome the challenge of having limited time. Many partners operated or were employees of community programs and understandably had to dedicate their time to their responsibilities. Community members (both partners and program participants) often also had other competing priorities such as work and school. Flexible meeting times, one-on-one meetings, calls, and incentives were used to ameliorate availability challenges, and whereas these helped, this was never a challenge that could be truly overcome.

Discussion

Community engagement enhances the positive impact of programs. It should be noted, however, that regardless of the potential for positive impact, community engagement is foremost a principled approach to community health that respects the rights of community members to be involved in decisions and actions that directly affect them. Community engagement, whether in the form of coalition members and/or the broader community members, is essential for program success. Engagement starts with partnerships but has to expand to the community at large if efforts are to be successful and sustainable. Without participants, there is no program, and without community engagement, there are no participants. Therefore, no community engagement, no program. A program can operate without community engagement, but its effect and longevity will be quickly diminished.

Many studies have been conducted that highlight the benefits of community engagement. However, the vast majority of those studies focus on community-research/academic partnerships and on individual health outcomes and within the medical and public health fields. There are also many studies that are not specifically focused on the US context [1, 2, 4, 11]. Very few studies have been found that focus on community engagement in the context of community programs, particularly in the area of mental health. This study addresses a limitation in the existing literature as it aims to identify and describe factors that impacted community engagement efforts within a US multisite, community-based prevention initiative focused on improving mental health and well-being among various racial, ethnic, and socio-economic groups of men and boys. The MCI has resulted in the emergence of local communities of practice focused on improving community conditions that impact the mental well-being of men and boys. Grantees have been able to motivate and mobilize

community members to support their effort to address factors that create a toxic environment for men and boys. This represents a significant achievement for communities, particularly for those where mental health is highly stigmatized and rarely discussed.

One of the most important components of community engagement found was trust-building. Through efforts to engage community members, MCI grantees were able to build trust within their communities of focus, both with partner organizations and the focus population. Trust building positively affects program development, operation, and sustainability [6]. Other researchers have similarly found that trust-building is integral to program success, even in the context of prevalent historical mistrust of institutions [27]. Distrust for outside organizations/institutions was prevalent (and remains prevalent) in many of the MCI grantee communities. One reason for this is the power imbalance that exists between organizations/institutions and the community members [10–12]. Trust building and continual engagement with the community provide an opportunity to dismantle and at least address some of that imbalance. MCI grantees were able to create spaces for these conversations to occur to increase organizational understanding and response to these power inequities. Through this process, project staff and partners were also able to develop a deeper understanding of community needs. This begun through the needs assessment process and continued throughout program implementation. This deeper understanding positively affected staff and partners' commitment to the MCI and sustained their engagement over time.

Findings also indicated that community members, particularly the focus population, were empowered by the various engagement efforts to become more involved in their community. MCI provided opportunities for the community members to become involved in coalitions, advisory boards, and as staff. Many of the focus population were youth, and these opportunities to get more involved, learn, and advocate for their needs motivated many to extend this advocacy to other community efforts. Past research also indicates that in exchange for their increased engagement and commitment, community members have high expectations that their involvement in research yields benefits to them and their community [28]. This engagement can also be the conduit to the engagement of others in the community, as was found in this study.

Successful engagement with community members and organizations led to the engagement of others in the community in multiple beneficial ways including as participants, partners, and providers of other resources. Increased or expanded engagement of the community further enhances the community's ability and potential to address their challenges [29]. It also increases the possibility that the intervention will be appropriate for the community [30], thereby increasing its effectiveness. Similar to other studies, this study also found that community influencers (sometimes referred to as community gatekeepers) were instrumental in creating bridges between organizations and community members [6, 31].

Community engagement is often not an easy process as it requires time and other resources that are usually in limited supply; time is one of the primary barriers to community engagement found in this and other studies [11, 12]. Community members and organizational staff had other responsibilities that sometimes competed with being able to engage on boards, in partnerships, or in program activities. Some MCI grantees provided incentives to improve engagement and compensate for time spent, but there were still many time-related challenges. Most were due to employment obligations. The challenge of having the time to engage was most challenging for grantees that had programs in multiple communities or had a wider geographic spread of activities. This is not unusual in community programs and grantees employed various strategies that have also been found in the literature to address these challenges [11].

Implications for Behavioral Health

There has been increased engagement with the community to conduct a variety of public health research and programs. Researchers have identified community engagement as a benefit, while others consider it an ethical obligation [30, 32]. Regardless, there is consensus that community engagement is an integral component of community-based research. This study found that engagement is also critical in program planning and implementation. Only a few studies have focused on the importance of this topic, particularly for community-based mental health programs. The findings from this study can be helpful to public health program funders, organizations, and professionals.

There is a foundation that needs to be established prior to and during community engagement and that foundation is trust. Trust-building is the first step in solidifying any relationship, and building a relationship with the community is no different. Many studies have focused on the importance of trust when working with the community [6, 27]. This study found that trust-building was important when starting programs in the community and engaging community members as program participants. This step was especially important for organizations that are located in the community but do not generally engage in working directly or in partnership with community members or other community grassroots organizations. Organizations should not take it for granted that community location leads to community acceptance. In fact, this study found that public health department grantees had the most challenges engaging with the community, largely because there was limited awareness of their community value and previous limited/unfavorable interactions that had created a lack of trust. Partnering with community members and small community organizations that worked directly with members and understood their needs, as well as providing opportunities for conversations to address power imbalances, helped to create better engagement with the community. Participatory budgeting was also a mechanism used to deconstruct inherent power structures that exist when working with larger community organizations. While this concept is usually applied to public funds, it can be used with grants (or other funds) that are intended to impact community members [33].

Community engagement should be a prioritized consideration when planning for community programs. Organizations have to be aware of the importance of intentional engagement that serves not just the needs of the organization, but also the needs of the community. Smith posits that a central question in engagement that should be considered is whose interest is being served [34]. This study found that assessing needs and having the community participate in the needs assessment and planning the response to the identified needs were beneficial. This process helped to ensure that the community's interest drove program creation and implementation. In addition, this study also found that continued engagement keeps organizations in tune with community needs.

The stigma surrounding mental health, particularly the participation in mental health programs and services by certain groups such as males and minorities, warrants having the community engaged from the start. Community influencers or gatekeepers were found to be helpful in reaching members who may be unlikely to participate in mental health programs or services. While the community may engage with mental health programs and services out of necessity due to the limited number of such programs in many communities, participants are less likely to seek future help or remain engaged if a program or organization is not meeting their needs or if they do not have a sense of connection to someone or something. This is consistent with previous research that found reasons for attrition include participants' perceptions of the intervention being intrusive or not as beneficial as anticipated [35].

Engagement should not be seen as a product of efforts, but as a process that is continual and necessary. Its benefits outweigh the resources, time, and efforts that are required to effectively engage with the community. This process should not stop if there are roadblocks but should continue regardless if initial engagement efforts are not successful. It takes time to build relationships and creativity in outreach is often required, particularly if no or few prior community relationships exist. However,

the increased availability of various media should not deter efforts. In fact, further community engagement and partnerships will likely be needed to achieve community-based program goals.

Limitations

This research addresses a gap in the literature regarding community engagement. It addresses community engagement within the context of community organization and community member partnerships, for the promotion of mental health and well-being. While this study can provide guidance to funders, program planners, organizations, and professionals, there are methodological limitations to consider. The qualitative methods utilized in this study were well-suited to understanding the various factors addressed and their contribution to community engagement, but with only 16 projects assessed and not all the findings observed at every site, this limits generalizability. Each MCI grantee and community are unique, and whereas this may be a strength, this may limit the application of results to other contexts. This study's focus on projects related to mental health may further limit application. Summarily, generalizations should be made with caution.

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Declarations

Conflict of Interest The authors declare no potential conflict of interest pertaining to this submission to the *Journal of Behavioral Health Services & Research.*

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