**EXECUTIVE SUMMARY**

Increasingly, policy and health system leaders recognize the importance of engaging consumers in health care system design and implementation. Despite emerging consensus on the evidence, there remains uncertainty about the best strategies to accomplish this. To better understand the most effective strategies for engagement, in 2017 the Center launched the Consumer Voices for Innovation 1.0 (CVI 1.0) Grant program, which funded 6 state health advocacy organizations to catalyze grassroots organizing and base building in health system transformation (HST). The program focused on consumer communities that have presented particular challenges for engagement: people from low-income communities, people of color, and/or older adults. Each grantees received funding, technical assistance (TA), mentorship, and group learning opportunities. Grantees used a wide variety of strategies to engage consumers, including broad-reaching techniques (e.g., advertising in local media), smaller-scale strategies (e.g., house parties) and outreach via service provision (e.g., providing care coordination).

The Institute for Community Health (ICH) conducted a mixed methods evaluation, using surveys with grantees and consumers, interviews with grantees, consumers, decision-makers and coalition partners, conversations with Center CVI staff, and review of quarterly reports and TA tracking.

CVI 1.0 provides several lessons for engaging consumers in HST processes. First, CVI 1.0 demonstrates that dedicated funds, TA, group learning opportunities and health systems mentors can help grassroots organizers to mobilize a base of engaged consumers, build consumer leaders, and deepen consumer engagement. Indeed, during the course of a two-year grant, nearly 30,000 consumers were reached, nearly 5,000 were added to the base, and over 1,000 leaders were recruited and trained. Second, this engagement can lead to increased incorporation of consumer voice into decision-making. Critically, CVI 1.0 demonstrated that a dedicated program can lead to a consistent and effective consumer voice at different levels of the health care system, as well as defense and/or implementation of policies and other local efforts that are responsive to the needs of underrepresented communities. In all five states, grantees achieved process changes, or changes in how policymaking bodies operated in order to facilitate consumer participation. Grantee efforts also led to consumer-friendly changes in how insurers communicated with members or enrollees in 2/5 states. Finally, grantee efforts led to policy or practice changes that were responsive to consumer needs in 4/5 states. For example, as a result of this initiative 18,000 seniors on Medicaid have access to transportation which supports social and health activities as well as overall well-being.
CVI 1.0 also identifies best practices for consumer engagement in HST. Grantees’ successful techniques for building consumer leaders included providing capacity supports, fostering a sense of self-efficacy, being optimistic and authentic, and investing in relationships and comradery. Grantees succeeded in influencing coalition leaders and decision-makers by serving as two-way “translators” between the language of policy and the everyday language of consumers; working closely with key individuals of relevant professional backgrounds; and serving on consumer advisory boards or other committees that facilitated contact with decision-makers. Ultimately, these best practices established and strengthened a cycle of success which was described by grantees, consumers and decision-makers alike. In this “cycle of success,” consumer participation in advocacy work, establishment of trust and strong relationships, and advocacy "wins" interacted in a reinforcing feedback loop that bred success and impact.

Lessons learned from the Center’s CVI 1.0 program can inform policy makers, advocacy organizations, health systems, and funders working to advance consumer engagement in health systems transformation for low-income and vulnerable patient populations.