

## INSPIRE's Community Engagement Learning Network

### Session #7: Creating meaningful family engagement in pediatric primary care

Featured presenter: [Pediatrics Northwest](#)

October 2025

Every month, the Community Engagement Learning Network brings together a nationwide team of community engagement (CE) professionals and people with lived experience to host group discussions about improving CE efforts, current best practices for launching and maintaining CE initiatives — drawn from experts in the field — and foster community-building among participants.



### Key takeaways

- The primary care medical home is a near-universal touchpoint for families in the first years of life, making it a crucial setting for family partnerships. However, engagement efforts with families—particularly ones that aim to authentically co-create together – are exceedingly rare in primary care practices.
- Initiating family engagement is not "hurry-up" work. It requires "going slow to go fast." This allows for the necessary foundational work of centering relationship building with families who are juggling busy lives.

- Successful transformation within a medical practice necessitates addressing wellness within the practice first. Symptoms of burnout among frontline medical workers are often a result of moral injury stemming from conditions like packed schedules, lack of breaks, and increasing acuity, which leads to cascading fears and makes considering family engagement difficult.
- There is currently no obvious funding mechanism for family partnership in a fee-for-service system that primarily pays for the efforts of the pediatric clinician. Funding for family engagement work is typically grant-based rather than built into fee-for-service agreements. Advocacy is needed to integrate this funding into value-based payment mechanisms and care transformation pathways.
- Parent leaders/patient partners can be found "hiding in plain sight" in primary care as clinicians already speak with many families who vulnerably share their lives and stories. By creating engagement pathways and opportunities, practices can ensure these experiences are translated into meaningful change.
- The process of engaging family partners and caregivers in co-creation can become a workforce solution, creating equitable pathways for them to become paid Community Health Workers (CHWs), which addresses workforce shortages and can improve workforce diversity and representation.
- Co-creation with families leads to improved healthcare. Examples of direct outcomes include revising punitive missed appointment policies, improving screening practices (e.g., screening two caregivers for perinatal mood disorders), and improving trustworthiness.



## Action steps

### For people with lived experience

- Consider what is most meaningful to you in the ways you choose to engage and partner with organizations. Is it building connections with others? Affecting real and meaningful change? Identifying pathways for advocacy?
- Once you are clear on what your goals and motivations are, have conversations with organizational staff about how their engagement opportunities are, are not, or can be better aligned with your goals and motivations. Encourage conversations across the advisory boards and community groups you are a member of to have these conversations together.
- Recognize that family partnership roles can be a pathway to paid healthcare roles, such as becoming a CHW or Peer Support Specialist. Discuss existing opportunities for PWLE to hold roles within the organization's workforce and what opportunities exist to expand access to these roles.

### For professionals leading CE

- Prioritize organizational well-being: Conduct staff assessments (e.g., using the [Mayo Well-Being Index](#) or [Mini Z Work Life Survey](#)) to understand clinical well-being, burnout, and moral injury among staff.

- Start the conversation: Host internal listening sessions, town halls, or Lunch and Learns with staff centered on questions like "What does family engagement mean to you?" to surface staff ambivalence and build internal buy-in.
- Ensure equitable compensation: Consider how to fairly reimburse and compensate family leaders, taking into account barriers like childcare, transportation, and missed work. Work toward a routinized payment structure for predictability.
- Integrate family voice into decision-making: Ensure there is the "omnipresence of a family leader" on important organizational committees (like quality or clinical responsibilities) to slow down decision-making intervals and ensure that decisions are thoughtful and family-centered.
- Create meaningful social spaces: Host regular social gatherings and communal meals such as "family nights" to foster community, gather wisdom, and provide peer support. Make the space inviting and inclusive. Build from these relational spaces to introduce opportunities for families to participate in engagement, advising, and advocacy opportunities.

---

**"Transformation to us means building a new system designed by those who are being served by it."**

---



## Resources for additional learning

- [Family Engagement in Systems Tools - Family Voices](#)
- [Institute for Patient- and Family-Centered Care- Tools/Checklists](#)
- [Improving Pediatric Care Through Patient and Family Engagement Assessments - Center for Health Care Strategies](#)

# inspire partners

### Organizations



### People with lived experience



Alan Coker



Burt Pusch



Laura Carroll



Rebecca Esparza



Savina Makalena



Stephanie Burdick