

Community Engagement in Public Health

Abstract

Local public health departments are charged with promoting overall community health and well-being and addressing the causes of disease and disability.¹ To achieve these goals in the 21st century, local health departments need to engage diverse communities in developing a broad spectrum of solutions to today's most pressing problems, including chronic diseases (the leading causes of death), health disparities, and other complex community health issues.²

Drawing from a decade of experience in a relatively large local health department in California, this paper introduces a conceptual framework for community engagement in public health. It presents the *Ladder of Community Participation* as a way to illustrate a range of approaches that can be used to engage communities around both traditional and emerging public health issues. This paper highlights real life examples of Contra Costa Health Services' community engagement practices. Based on the lessons learned, it offers suggestions to help other local health departments enhance their own activities.

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Introduction

The public health issues of the 21st century include chronic diseases (such as cancer, obesity and diabetes), gun violence, and homelessness, as well as communicable disease and maternal and child health. These problems affect low-income and minority populations disproportionately and are influenced by the physical, social and economic environments in which people live.

To address these complex health issues effectively, modern local health departments (LHDs) must broaden their approaches and use a spectrum of strategies to build community capacity and promote community health.^{3,4} Respected public health organizations around the world, including the World Health Organization, recognize the importance of including community engagement in this spectrum of strategies.⁵ The Centers for Disease Control and Prevention's (CDC) Ten Essential Services for Public Health outlines the core public health activities including two community engagement-related essential public health functions: "Inform, educate and empower people about health issues" and "Mobilize community partnerships and actions to identify and solve health problems."⁶ To carry out these functions and address the public health disparities of today, local health departments must expand their ability to engage communities.^{7,8}



What is Community Engagement?

Community engagement involves dynamic relationships and dialogue between community members and local health department staff, with varying degrees of community and health department involvement, decision-making and control. In public health, community engagement refers to efforts that promote a mutual exchange of information, ideas and resources between community members and the health department. While the health department shares its health expertise, services and other resources with the community through this process, the community can share its own wisdom and experiences to help guide public health program efforts. “Community” may include individuals, groups, organizations, and associations or informal networks that share common characteristics and interests based on place-, issue-, or identity-based factors. These communities often have similar concerns, which can be shared with the health department to help create more relevant and effective health programs.

A Historical Perspective

Community engagement is not a new strategy in public health. It has played an important role in the field over the last century, originating in traditional public health practice and evolving in response to changing population health issues and the need to develop additional strategies to address them.

In the early 20th century, public health experts took the lead in determining the priority health issues and solutions. At that time, public health used community engagement strategies primarily to control communicable diseases by mobilizing people to participate in mass immunization, sanitation and hygiene programs.

When chronic diseases emerged as the leading causes of death in the 1950s, public health recognized that social and environmental factors strongly influenced the development of these conditions. Local health departments started to involve community stakeholders in developing broader solutions to address both behavioral and environmental risk factors associated with these diseases. The passage of California’s Proposition 99 Tobacco Tax in 1988 provided funding for health departments to go further in their efforts, forming coalitions and mobilizing communities to organize and advocate for policies to prevent tobacco use. These activities led to environmental and public health protective policies, changed community and social norms about smoking, and decreased smoking rates across the country.

Increasingly, LHDs have engaged diverse communities in helping to set the local public health agenda and collectively determine appropriate interventions. Reducing the health disparities of the 21st century will require even greater community participation to harness the diverse skills, resources

and perspectives needed to identify and define issues and to craft viable solutions.^{9 10 11} Even when addressing newer issues such as bioterrorism planning, where the health department is the lead, sharing ownership of the agenda with communities has been shown to be critical to developing trust and creating plans that incorporate local concerns.¹²

Contra Costa’s Experience

Contra Costa Health Services (CCHS) has a long history of developing strategies for engaging communities to promote the public’s health.^{13 14 15 16} More than 20 years ago, CCHS formed a coalition of heart, lung and cancer agencies and engaged the local medical community to enact the nation’s first uniform, countywide legislation restricting tobacco use in public areas in the work place in all 19 cities in Contra Costa County. In 1987, CCHS established a Public and Environmental Health Advisory Board, a citizen group to advise the Health Department and County Board of Supervisors on community concerns and emerging public health issues. In the 1990s, CCHS expanded the coalition strategy to address public health issues ranging from childhood injury and breast cancer to gun violence and homelessness. During this time period, CCHS launched the Healthy Neighborhoods Project (HNP), which uses a community leadership development strategy to stimulate involvement of low-income, ethnically diverse communities in identifying and collectively addressing their own community health priorities. These community partnership and engagement approaches have been institutionalized in CCHS through the creation of two specific public health units, the Community Wellness and Prevention Program (CW&PP) and Public Health Outreach, Education and Collaborations (PHOEC).

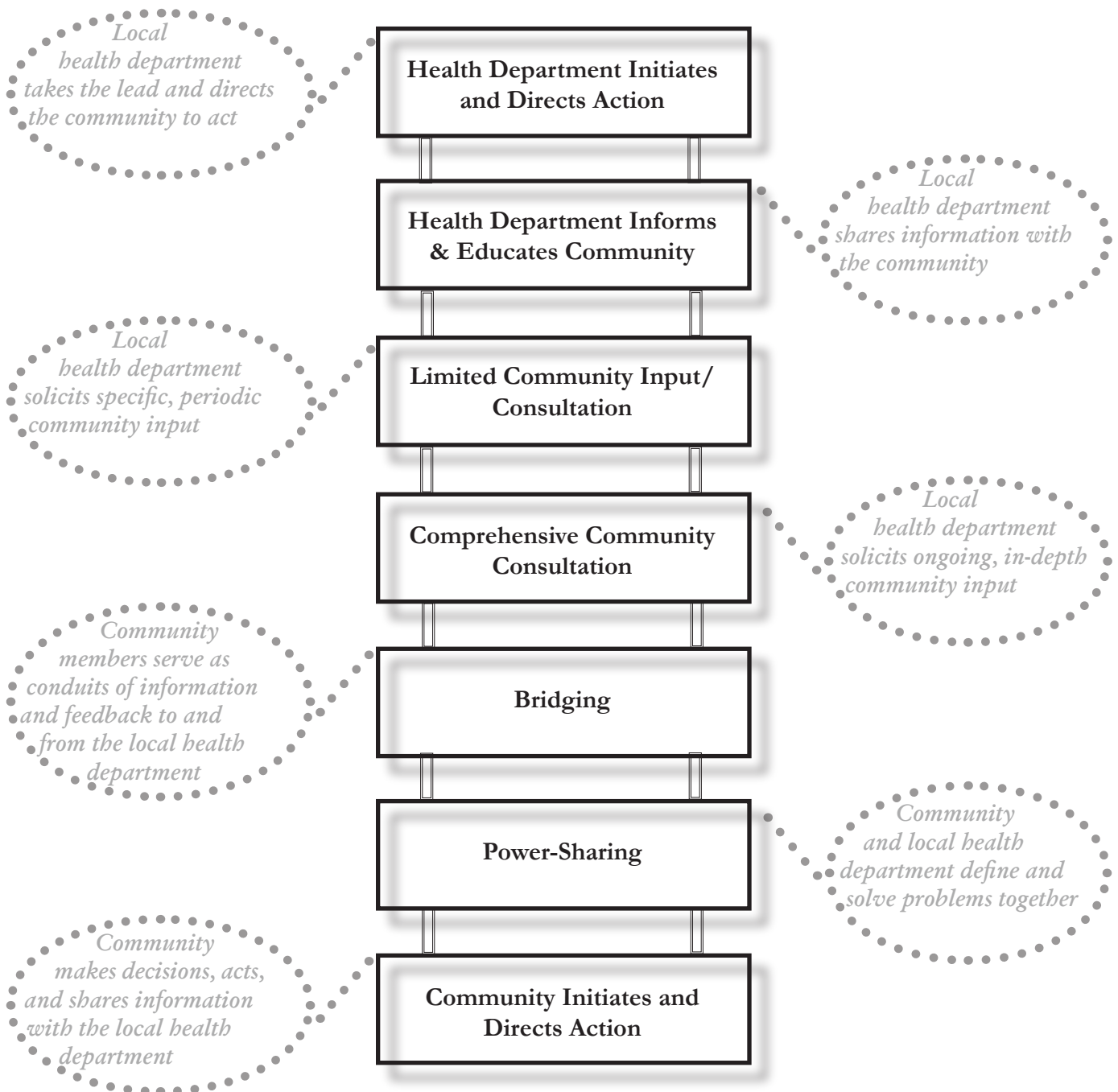
This paper shares the results of our efforts to document and understand CCHS’ efforts in community engagement. In 2004, PHOEC organized workshops on community participation strategies for public health staff and conducted in-depth interviews and surveys with Advisory Boards’ leaders and program managers to identify their most promising community engagement practices. We describe some of these practices here. Drawing on the lessons learned, we offer suggestions to guide local health departments in their efforts to develop their own community engagement strategies.

Like most other local health departments, Contra Costa has had limited ability to document and demonstrate a direct link between community engagement practices and improvements in population health outcomes. Health departments often lack the staff resources and the necessary data to evaluate these kinds of long-term impacts, which can take many years to achieve. For this reason, this article focuses on more intermediate results of community engagement work by describing changes to the climate within the health department, the service delivery system, and in organizational or public policies that impact the community environment.

A Framework: Ladder of Community Participation

Based on our experiences, CCHS adapted the *Ladder of Community Participation*⁷ as a tool for local health departments to use when thinking about how to build on their existing efforts to engage communities in public health. The Ladder describes a continuum of approaches that are used even in the most traditional public health areas, such as environmental health and emergency response. The strategies are arranged according to the degree of community and public health department involvement, decision-making and control. At the ends of the continuum, either the local health department or the community takes the lead. Between these two endpoints, more balanced power-sharing can be achieved, including joint decision-making to set public health priorities, identify interventions and determine how resources will be allocated. At any level on the Ladder, ongoing communication between the health department and the community is essential to foster trust and to ensure that those in the lead have the necessary information to craft viable solutions for everyone.

The Ladder of Community Participation includes seven strategies:



How the Ladder Can Be Used

The *Ladder of Community Participation* gives public health planners and program managers a framework for planning, evaluating, adapting and expanding their community engagement approaches. It can be used as a tool for internal dialogue as programs are being planned, and may be particularly helpful as a trigger for discussions about which strategies to use, and how to manage expectations, clarify roles and delineate responsibilities. It can also be a useful framework for discussion with community partners about how to maximize their participation and to jointly determine which strategies will be most suitable to achieve a particular public health goal.

Some may see this Ladder as connotating a hierarchy, where the lowest rung is least desirable. However, the analogy is used here primarily to illustrate that a local health department can move from one level to another in order to reach its goal of protecting and improving community health. Our experience has shown that movement among rungs occurs as the health department engages communities over time and across issues, and that there is often progression in transfer of power and decision-making from the health department to the community. Based on the CCHS experience, the ideal is to maximize community engagement and participation in decision-making whenever possible.

To help bring the *Ladder of Community Participation* framework to life, the following examples highlight some promising community engagement practices drawn from our experiences. Given the dynamic nature of the model in practice, the examples below often describe strategies that in fact have moved between rungs as efforts have evolved and been adapted over time.

Health Department Initiates and Directs Action

With this option, the local health department leads decision-making and actions. This approach is typically employed in public health emergencies, such as disaster response, when there is a clear and immediate threat to the public's health and safety. In such an event, the government is obligated to direct the community to act and to adhere to predefined, standardized safety procedures. However, experience has shown that the community is more likely to follow public health directives during an emergency if it is involved in the development of these procedures and has a chance through that process to develop a sense of trust with the local health department.¹²

CCHS has successfully adapted this approach in its bioterrorism and other health emergency preparedness activities by including a broader segment of the community in early planning efforts. When **Communicable Disease Programs** staff developed protocols and directives to address a possible avian flu outbreak and prepare for self-isolation and quarantine, they incorporated input gathered at a tabletop exercise. Sixty organizational and agency stakeholders participated, contributing suggestions and ideas, including information about how to reach monolingual Southeast Asian communities with appropriate instructions.

Health Department Informs & Educates

The *Inform and Educate* option is characterized by one-way communication, in which the local health department delivers health information to the community through a variety of mechanisms and channels. Many local health departments communicate information through printed materials, such as brochures and flyers, and electronic and other forms of media. Trained health professionals also deliver health messages through one-on-one instruction or classes held in clinical settings.

CCHS' Community Wellness & Prevention Program (CW&PP) employs this strategy through its **Asthma Community Advocates (ACAs)**. ACAs are community residents who, unlike traditional community health workers, provide education to community members outside of clinic sites, in day care centers, churches and people's homes. They not only help community members identify personal behaviors they can change, but also conduct in-home trigger checkups to assess environmental risk factors. By creating a home visiting team comprised of the bilingual ACA and the county's health plan nurse, the health department increased its ability to respond to the needs of monolingual families as well as expanded its focus on individual treatment to include preventive education about environmental triggers in the home.

Limited Community Input/ Consultation

With the *Limited Input/ Consultation* strategy, the local health department solicits occasional community input on predefined, discrete issues, and subsequently uses this information to make decisions about interventions. Typically, this strategy assesses community needs or gathers consumer feedback related to health programs through surveys, interviews, focus groups, or community forums.

CCHS' Family Maternal and Child Health Programs (FMCH) took a creative approach to this strategy through their use of Photovoice, a process that engages community residents in recording and reflecting upon important issues in their lives and communicating these issues to policymakers and others who can be mobilized to make change.¹⁸ Through their **Picture This Photovoice** project, FMCH staff trained residents to take photos reflecting their views on family, maternal and child health assets and concerns in their community, and then engaged them in discussions about these issues. This process highlighted the differences between traditional FMCH issues (e.g., low birth weight, maternal mortality, and teen pregnancy prevention, etc.) and residents' key concerns, such as the lack of afterschool resources for youth in the county. As a result of this input from the community, FMCH directed more of its efforts and resources toward providing after school programs for youth and encouraging other community agencies to do the same.

When we gave community residents these cameras and they took pictures of their lives, it gave us a picture into their world that we didn't know about."

Cheri Pies,
Director, Family, Maternal & Child Health Programs

Comprehensive Community Consultation

With the *Comprehensive Consultation* strategy, local health departments solicit community input on a broad range of issues and engage community members in helping to shape department priorities related to programs, planning and resources. This strategy requires a more substantial commitment of resources and is characterized by ongoing and institutionalized mechanisms for community involvement, such as advisory boards and coalitions.

The **Homeless Continuum of Care Advisory Board (COCB)**, appointed by the Contra Costa Board of Supervisors, has recently expanded its membership to include formerly homeless residents. COCB helps guide long-range planning and policy development and advises CCHS on creating and ensuring an integrated service system for homeless people. While the effort to engage these formerly homeless residents is just beginning, staff has already received invaluable feedback about program gaps and barriers to service delivery, based on their first hand experiences.

Bridging

The *Bridging* strategy engages community members as conduits of information and feedback both to the local health department and from the health department to the community. Local health departments often use this strategy when they hire and train individual residents to be health educators and

other kinds of health workers. These bridging roles serve as institutionalized entry points through which diverse people and ideas become part of and influence the county's health care delivery system. These bridging roles can also become formal mechanisms for creating a more diverse health department workforce.

CCHS has incorporated this strategy by establishing programs that utilize trained community residents as community health workers, patient navigators and community health advocates. The **Bay Point Promotoras Program** hires and trains monolingual, bi-cultural Hispanic/Latino community members as lay health educators. These Promotoras provide traditional health information, imbued with their cultural, linguistic and other local knowledge, to make it reflective of and relevant to the Hispanic/Latino community. Promotoras also bring information about community needs back to the health department, which has led to improvements in the health care delivery system. In one community, Promotoras' efforts led to the establishment of a new shuttle service to a local health center and cultural sensitivity training for clinic appointment staff to improve the quality of appointment services for Hispanic/Latino clients.

Power-Sharing

With the *Power-Sharing* strategy, the community and local health department solve problems together. Although this strategy sometimes evolves naturally from other community engagement efforts, it is less familiar to many local health departments than the other community engagement strategies. Of all the strategies, it is likely to require the most significant commitment of time and staff resources in order to be successful.

CCHS' **Developmental Disabilities Council** is a voluntary advisory group of clients, families, service providers and other advocates of the developmentally disabled community. Chaired by a community member and staffed by the health department, the Council advises the health department on services, and advocates for the broader needs of the disabled community. One example of this group's work illustrates the power of partnership between the community and the local health department. In 2002, the State was proposing devastating budget cuts for disabled services. A member agency of the Council led efforts to mobilize the disabled community to fight these changes and health department staff provided relevant technical expertise to support these community efforts. This collaboration led to restoration of program funding.

“When we work together, there is no problem we can't solve.”

Sary Tatpaporn,
Resident Community Organizer

Through its **Healthy Neighborhoods Project (HNP)**, the health department's PHOEC unit works directly with low-income, ethnically diverse communities and neighborhoods to jointly identify and respond to emerging health issues. HNP is an asset-based, community-building model¹⁹ that encourages residents to use their talents and resources to advocate collectively for positive community health improvements. Health department staff educate residents about the relationship between community health and neighborhood quality of life and train them in asset mapping, community organizing, and media and policy advocacy strategies. Health department organizers assist residents to form action teams, develop and implement action plans, and involve, educate and mobilize their neighbors to act on the community's most pressing health concerns. HNP teams have been successful in advocating for passage of local environmental health protective policies, creation of a new community health center in a geographically isolated neighborhood, and establishment of neighborhood safety improvements such as street lighting and speed bumps to reduce gang and illicit drug activity.²⁰

Community Initiates and Directs Action

With this option, the community makes decisions and acts independently of the health department. In some cases, the health department has no or only a very limited role in the activity. In these cases, communication with the health department may come in the form of community organizing and advocacy. This kind of community initiative can provide real opportunities for public health departments to respond to and support community-defined concerns and set the stage for future collaborations. The first example below highlights how dynamic and fluid community engagement can be in real life situations. In this case, there was movement from the initial *Community Initiates* level, to the level of *Inform and Educate* and finally to the *Bridging* level as the community leaders and health department began to work together to address the problem.

After a chemical release occurred in 1999, the Laotian Organizing Project in Richmond organized to voice residents' concerns about the Contra Costa County's **Community Warning System** for chemical releases. They felt that the system's English-language telephone notification process was not reaching the county's monolingual Laotian community. These residents took their concerns directly to the Board of Supervisors. This led to collaboration between the Office of the Sheriff, the Health Department's Hazardous Materials Ombudsman, the Laotian Organizing Project, and other community and industry groups. Three important outcomes resulted: 1) new culturally appropriate health department efforts to educate Laotian community members about how to “shelter in place” during a chemical release or fire; 2) a new multi-lingual emergency notification system that delivers warning alerts by phone in four Laotian languages; and 3) further collaboration among the health department and Laotian residents to address community needs for translators and additional mental health services, as a result of the trust built during this process.

Contra Costa's **Monument Community Partnership (MCP)** offers a different kind of example of how a local health department can participate in a community initiated and directed effort. The MCP and CCHS were funded by The California Endowment's (TCE) Partnership for the Public's Health Initiative in 2000. While TCE funding has ended, MCP continues to thrive and grow. Health department staff offer their skills and expertise to help MCP develop organizationally. By being present at Partnership meetings, staff is able to identify ways CCHS can contribute to and further the community's health agenda. CCHS has, for example, provided neighborhood-level data to illuminate community demographics and trends, helped train and staff a resident-led Photovoice Project, provided outreach volunteers with training in the county's computerized resource network, and is currently working with MCP on neighborhood safety issues.

Preparing to Navigate the Ladder

As health departments grapple with how best to address today's complex, inter-related health problems, many are looking at ways to create stronger partnerships with communities where problem identification, decision-making and action can be shared. To be prepared to pursue such community engagement strategies, local health departments need to begin to get the following elements in place:

1. A formal vision of community engagement and why it is critical to the local health department's work
2. Mission and values statements that incorporate a commitment to listen to and act on community input
3. A strategic and articulated decision-making process to identify issues communities care about and for which the local health department has responsibility, and to define a course of action for tackling them
4. A flexible structure that allows funding and resources to be allocated to respond to emerging community concerns; this may include stipends or other creative means of compensation for community resident leaders who become more intensively involved in public health efforts
5. Consistent, visible and committed local health department leaders at multiple levels within the organization who will champion the community engagement approach
6. Staff with both public health expertise and the ability to work effectively with communities
7. Political leaders who appreciate and understand public health and the role the community plays in achieving public health goals
8. Humility and a sense of humor

Tips for Success

Once a health department commits to using or expanding its community engagement strategies and lays the internal foundation necessary before launching such efforts, here are some tips for making these efforts successful:

Honor and build on community interests, priorities and assets

Learn as much as possible about the community before developing strategies to engage them. Communities are more likely to want to work with the local health department if their own priorities are recognized and incorporated into a shared agenda. Identify community interests and concerns in order to create links between community priorities and public health goals.

“As health department employees, we need to always remember that we are guests in the community.”

Tiombe Mashama,
Senior Health Educator

Understand the formal and informal networks, organizations, systems, procedures, and norms to enhance the local health department's ability to approach the community in a way that members feel is respectful and valuable. Appreciate community assets, to maximize and strengthen community resources.²⁰

Identify and leverage existing institutional relationships

Build on good relationships that have been established by other health department programs or staff members. Repair relationships and rebuild mistrust resulting from bad experiences. Be honest and open about the problems encountered, acknowledging mistakes of the past. Demonstrate through action that the local health department will deliver on its commitments.

Define and communicate the parameters of joint health department and community efforts

Establish roles in project oversight and decision-making early on. Be open about when the health department can share decision-making power with the community. Where the local health department does not play the lead role, it can act as a convener, facilitator, or technical assistance provider and can help tap into other resources, such as those in local government and the faith community.

Provide support to maximize and maintain community participation

Assess the community's readiness and ability to engage, and provide support to build their capacity to participate. Provide training in health issues or specific skills, ongoing coaching and mentoring, interpretation and translation services, childcare and food and transportation to events.

Document and communicate the link between community engagement strategies and improved public health outcomes

Measure the impact of community involvement on community health. Changes in community health can take many years to be realized. Document intermediate milestones along the road to improved health and use creative methods to measure such as improvements to the health care system, increased utilization of services and other factors demonstrating institutional and organizational change. Incorporate community residents' ideas about how they would measure success.



Summary

Local health departments cannot act alone to create healthy communities. Many recognize the need to engage communities in public health and already do so. In Contra Costa, we have found that engaging communities in a variety of ways has had numerous positive results. It has increased the community's understanding and appreciation of public health, built trust and credibility between the health department and the residents, facilitated the genuine involvement of communities that have been traditionally absent from the planning process, and helped create a broad constituency that can advocate on behalf of local community health concerns.

Local health departments must continue to test, refine and share their work and power with communities and others as we tackle the health disparities of today. We hope that CCHS' *Ladder of Community Participation* framework and the community engagement examples presented in this paper will stimulate other local health departments to think about how to advance their own efforts and incorporate additional community engagement strategies into their work. We look forward to feedback on our work and to learning about other local health department efforts to engage communities in promoting community health.

For more information about the activities described here, or to share your examples of community engagement, please contact the Public Health Outreach, Education and Collaborations unit, 597 Center Avenue, Suite 315, Martinez, California 94553, call 925-313-6715, or visit our website at <http://ccpublichealth.org>

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