Community Engagement

(Compiled from CDC Website)

Concepts of Community Engagement

The Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR) Committee for Community Engagement developed a working definition of community engagement. Loosely defined, community engagement is 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. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices (Fawcett et al., 1995).

In practice, community engagement is a blend of social science and art. The science comes from sociology, political science, cultural anthropology, organizational development, psychology, social work, and other disciplines with organizing concepts drawn from the literature on community participation, community mobilization, constituency building, community psychology, cultural influences, and other sources. Several of these concepts from the social science literature are presented here. The equally important artistic element necessary to the process, however, involves using understanding, skill, and sensitivity to apply and adapt the science in ways that fit the community and purposes of specific engagement efforts.

In developing this document, the CDC/ATSDR Committee for Community Engagement drew on their knowledge of the literature and on practice experiences as well as the collective experience of their constituencies in the practice of community engagement. These practical experiences combined with the organizing concepts from the literature, suggested several underlying principles that can help guide community leaders in designing, implementing, and evaluating community engagement efforts. As many have learned, community processes can be difficult and labor intensive. They require dedicated resources to help ensure their success. CDC/ATSDR hopes that thoughtful consideration of these principles will help community leaders to form effective engagement partnerships.

Each principle covers a broad practice area of engagement, often addressing multiple issues, and is organized in three sections — items to consider before starting the engagement effort, what is necessary for engagement to occur, and what to consider for the engagement to be successful. The nine principles are numbered and discussed below.

Principles of Community Engagement

BEFORE STARTING A COMMUNITY ENGAGEMENT EFFORT . . .

1) **Be clear about the purposes or goals of the engagement effort, and the populations and/or communities you want to engage.**

The implementers of the engagement process need to be able to communicate to the community why participation is worthwhile. Of course, as seen in the discussion under Coalitions and Community Organization in Part 1, simply being able to articulate that involvement is worthwhile does not guarantee participation. Those implementing the effort should be prepared

for a variety of responses from the community. There may be many barriers to engagement and, as discussed in Part 1's Benefits and Costs, incentives should be established to help overcome these barriers. The processes for involvement and participation must be appropriate to meet the overall goals and objectives of the engagement.

The impetus for specific engagement efforts may vary. For example, legislation may make community involvement a condition of funding. Institutions or health professionals, on the other hand, may see community organizing and mobilization as part of their mission or profession. In other instances, outside pressures may demand that an entity be more responsive to a wide range of community concerns.

Community engagement goals also vary. For example, a community engagement effort could be focused on very specific health issues, such as HIV/AIDS, tuberculosis, substance abuse, immunizations, or cardiovascular disease. On the other hand, an effort might have a very broad focus, with either a direct or indirect impact on health improvement and disease prevention in the community. Examples of broad efforts are those that:

- are directed at overall community improvement, including economic and infrastructure development, which will indirectly contribute to health improvement and disease prevention, or

- ask community members to specify their health-related concerns, identify areas that need action, and become involved in planning, designing, implementing, and evaluating programs to promote and protect health and prevent disease.

The level at which these goals are focused has implications for managing and sustaining the engagement. A broader goal may enable community leaders to involve larger segments of the community, while a narrower focus may keep activities more directed and manageable. Similarly, there are several dimensions to participation by the community. Leaders of community engagement efforts need to be clear about whether they: (1) are seeking data, information, advice, and feedback to help them design programs; or (2) are interested in partnering and sharing control with the community. This second kind of partnership includes being willing to address the issues that the community identifies as important — even if those are not the ones originally anticipated.
It is equally important to be clear about who is to be engaged — at least initially. Is it a geographic community and all of those who reside within its boundaries? Or, is it a specific racial/ethnic group, an income-specific population, or an age group, such as youth? Is it a specific set of institutions and groups, such as faith communities, schools, or the judicial system? Or, is it a combination? Answers to these questions will begin to provide the parameters for the engagement effort.

2) **Become knowledgeable about the community in terms of its economic conditions, political structures, norms and values, demographic trends, history, and experience with engagement efforts. Learn about the community's perceptions of those initiating the engagement activities.**

It is important to learn as much about the community as possible, through both qualitative and quantitative methods from as many sources as feasible. Many of the organizing concepts found in the literature support this principle regarding community diagnosis. Social ecological theories,

for example, emphasize the need to understand the larger physical and social environment, as well as individual health behaviors. An understanding of the community's perceived benefits and costs to participating can influence successful engagement. The concept of stages of innovation also highlights the need to diagnose where the community is in terms of readiness to adopt new strategies.

This understanding of the community will help leaders in the engagement effort to map community assets, develop a picture of how business is done, and identify the individuals and groups whose support is necessary. The information may also provide clues about who must be approached and involved in the initial stages of engagement.

Many communities are already involved in coalitions and partnerships around specific issues such as HIV/AIDS, substance abuse prevention, and community and economic development. It is important to consider how trying to engage or mobilize the community around new issues may affect these pre-existing efforts.

It is also helpful for those initiating the process to consider how the community perceives them (or their affiliations). Understanding these perceptions can help identify strengths that can be built upon and barriers that may need to be overcome.

FOR ENGAGEMENT TO OCCUR, IT IS NECESSARY TO . . .

3) **Go into the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.**

Engagement is based on community support for whatever the process is trying to achieve. The insights from the literature on community participation and organization, as discussed in Part 1, illuminate this principle of community engagement. The literature suggests that positive change is more likely to occur when community members are an integral part of a program's development and implementation. Potential participants need to see that respect for community members and opinion leaders is being fostered. For example, meeting with key community leaders and groups in their surroundings helps to build trust for a true partnership. Such meetings provide organizers of engagement activities with more information about the community, its concerns, and factors that will facilitate and constrain participation. Once a successful rapport is established, the meetings and exchanges with community members can snowball into an ongoing and substantive partnership.

When going into the community, some implementors find it most effective to reach out to the fullest possible range of formal and informal leaders and organizations. They try to work with all factions, expand the engagement table, and avoid becoming identified with one group. Alternatively, implementors of engagement efforts may find that identifying and working with key stakeholders is the most successful approach. Therefore, they engage with a smaller, perhaps more manageable, number of community members to achieve their mission. The range of individuals and groups contacted for an engagement effort depends in part on the issue at hand, the engagement strategy chosen, and whether the effort is mandated or voluntary.
It is essential for those engaging the community to adhere to the highest ethical standards. Past ethical failures have created distrust among some communities and have produced great

challenges for current community organizers. If there is any potential for harm within the community through its involvement or endorsement of an intended action, the community must be educated to those risks so that an informed decision is possible. Failure to act ethically is not an option. Ethical action is the only hope for developing and maintaining the trust of communities.

4) **Remember and accept that community self-determination is the responsibility and right of all people who comprise a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.**

Just because an institution or organization introduces itself into the community does not mean that it is automatically of the community. An organization is of the community when it is run by and controlled by individuals or groups who are members of the community. This dynamic can be quite complex — communities themselves may be composed of factions that contend for power and influence. It should be recognized that internal and external forces may be at play in any engagement effort. As Principle #6 below discusses, a diversity of ideas may be encountered and negotiated throughout the engagement process.

As strongly supported by the literature on community empowerment, issues, problems, and potential solutions should be defined by the community. Communities and individuals need to "own" the issues, name the problem, identify action areas, plan and implement action strategies, and evaluate outcomes.

People in a community are more likely to become involved if they identify with the issues being addressed and consider them important, and feel they have influence and can make a contribution. Participation will also be easier if people encounter few barriers to participation, find that the benefits of participating outweigh the costs (e.g., time, energy, dollars), and believe the participation process and related organizational climate are open and supportive.

FOR ENGAGEMENT TO SUCCEED . . .

5) **Partnering with the community is necessary to create change and improve health.**

The American Heritage Dictionary defines partnership as "a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal." Many of the organizing concepts highlighted in Part 1, namely social ecology, community participation, and community organization, speak to the relationship between community partnerships and positive change. We know from discussions on empowerment that equity in these partnerships is more likely to lead to desired outcomes (see Principle #4). The individuals and groups involved in a partnership must feel that they each have something to contribute and something to gain. Every party in such a relationship also holds important responsibility for the final outcome of an effort.

6) **All aspects of community engagement must recognize and respect community diversity.**

Awareness of the various cultures of a community and other factors of diversity must be paramount in designing and implementing community engagement approaches. Diversity may be

related to economic, educational, employment, and health status as well as to differences in cultures, language, age, mobility, literacy, and interests. Engaging these diverse populations will require the use of multiple engagement strategies. Culture relates to traditions, values, and norms of a particular group of people. It may be rooted in family and heritage (e.g., the culture associated with ethnicity and religion), or in affinity groups (e.g., clubs and associations). We know from the literature on cultural influences that the processes, strategies, and techniques used to engage the community around health promotion, health protection, and disease prevention must be respectful of and designed to complement these traditions.

7) **Community engagement can only be sustained by identifying and mobilizing community assets, and by developing capacities and resources for community health decisions and action.**

Community assets include the interests, skills, and experiences of individuals and local organizations. Individual and institutional resources such as facilities, materials, skills, and economic power all have the potential for being mobilized for community health decision-making and action. Community structures and members should be viewed as resources for change and action. The Benefits and Costs discussion in Part 1 highlights the need to make an exchange of resources available to ensure community participation. Of course, depending on the "trigger" for the engagement process (i.e., a funded mandate vs. a more grass-roots effort), resources are likely to be quite varied.

The literature involving Capacity Building and Coalitions stresses that engagement is more likely to be sustained when appropriately nurtured. Engaging the community around health decision-making and action may involve providing experts and resources to help communities develop the necessary capacities and infrastructure to analyze situations, make decisions, and take action. This assistance may involve training in leadership, facilitating meetings and discussions, and other skills-building activities.

8) **An engaging organization or individual change agent must be prepared to release control of actions or interventions to the community, and be flexible enough to meet the changing needs of the community.**

Engaging the community is ultimately about community-driven action (see discussions under Community Empowerment and Community Organization in Part 1). While balancing with the need to create a manageable process, community action should include as many different elements of a community as possible in order to be sustained. The community engagement process is also a way to facilitate behavior change that is acceptable to the community. As a result, change will occur in relationships and in the way institutions and individuals demonstrate their capacity and strength to act on specific issues. Coalitions, networks, and new alliances are likely to emerge. Efforts will affect public and private programs, policies, and resource allocation. Those implementing engagement efforts must be prepared to anticipate and respond to these changes.

9) **Community collaboration requires long-term commitment by the engaging organization and its partners.**

Communities differ in their stage of development. As discussed under Principle #7 and supported by the literature on Coalitions and Capacity Building, community participation and mobilization frequently need nurturing over the long term. Building trust and helping communities develop the capacity and infrastructure for successful community action take time. Before individuals and organizations can gain influence and become players and partners in community health decision-making and action, they may need additional resources, knowledge, and skills. For example, people and organizations in the community might need long-term technical assistance and training related to developing an organization, securing resources, organizing constituencies to work for change, participating in partnerships and coalitions, resolving conflict, and other technical knowledge necessary to address issues of concern.