Principles of Community Engagement

Chapter 2
Principles of Community Engagement[1]

INTRODUCTION

In developing this primer, the authors drew on their knowledge of the literature, their practice experiences, and the collective experience of their constituencies in the practice of community engagement. These practical experiences, combined with the organizing concepts, models, and frameworks from the literature, which were discussed in Chapter 1, suggested several underlying principles that can assist health professionals, researchers, policy makers, and community leaders in planning, designing, implementing, and evaluating community engagement efforts. Because community processes can be complex, challenging, and labor-intensive, however, these health professionals and others require dedicated resources to help ensure their success. In addition, efforts to engage communities require skill sets that leaders may not have previously developed. Thoughtful consideration of the nine principles laid out in this chapter and what is needed to put them into action will help readers to form effective partnerships. The principles are organized in three sections: items to consider prior to beginning engagement, what is necessary for engagement to occur, and what to consider for engagement to be

[1] This chapter was adapted from the first edition of *Principles of Community Engagement.*

successful. Each principle covers a broad practice area of engagement, often addressing multiple issues.

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.

Those wishing to engage the community need to be able to communicate to that community why its participation is worthwhile. Of course, as seen in the discussion about coalition building and community organizing in Chapter 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 Chapter 1's section on community participation, appropriate compensation should be provided to participants. The processes for involvement and participation must be appropriate for meeting the overall goals and objectives of the engagement.

The impetus for specific engagement efforts may vary. For example, legislation or policy may make community involvement a condition of funding. Engagement leaders may see community organizing and mobilization as part of their mission or profession, or they may recognize the strengths of community engagement: its potential to enhance the ethical foundations of action, the identification of issues, the design and delivery of programs, and translational research. Alternatively, outside pressures may demand that an entity be more responsive to community concerns.

Just as the impetus for community engagement varies, so do its goals. For example, efforts in community engagement could be focused on specific health issues, such as HIV/AIDS, tuberculosis, mental illness, substance abuse, immunizations, or cardiovascular disease. Alternatively, efforts could have a very broad focus, as in the following examples:

• Focus on overall community improvement, including economic and infrastructure development, which will directly or indirectly contribute to health improvements and disease prevention.

- Ask community members to specify their health-related concerns, identify areas that need action, and become involved in planning, designing, implementing, and evaluating appropriate programs.

The level at which 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, whereas a narrower focus may keep activities more directed and manageable.

Similarly, participation by the community could have several possible dimensions. Broadly speaking, leaders of efforts to engage communities need to be clear about whether they are (1) seeking data, information, advice, and feedback to help them design programs, or (2) interested in partnering and sharing control with the community. The latter 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 all those who reside within certain geographic 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? Is it a "virtual" community sharing a common interest? How might other collaborations or partnerships in the community of interest enhance engagement efforts? Answers to these questions will begin to provide the parameters for the engagement effort.

2. Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experience with efforts by outside groups to engage it in various programs. 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, and from as many sources as feasible. Many of the organizing concepts, models, and frameworks presented in Chapter 1 support this principle. Social ecological theories, for example, emphasize the need to understand the larger physical and social/

cultural environment and its interaction with individual health behaviors. An understanding of how the community perceives the benefits and costs of participating will facilitate decision making and consensus building and will translate into improved program planning, design, policy development, organization, and advocacy. The concept of stages of diffusion of innovation (discussed in Chapter 1) highlights the need to assess the community's readiness to adopt new strategies. Understanding 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, including which individuals or groups must be approached and involved in the initial stages of engagement.

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

It is also helpful for those initiating the community engagement process to consider how the community perceives them (or their affiliations). Understanding these perceptions will help them identify strengths they can build upon and barriers they need to overcome. There are many community-engagement techniques that can be used to (1) learn about the community's perceptions of the credibility of those initiating the process and (2) simultaneously lay the groundwork for meaningful and genuine partnerships.

FOR ENGAGEMENT TO OCCUR, IT IS NECESSARY TO…

3. Go to 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. The literature on community participation and organization discussed in Chapter 1 illuminates this principle and suggests that positive change is more likely to occur when community members are an integral part of a program's development and implementation. All partners must be actively respected from the start. For example, meeting with key community leaders and groups in their surroundings helps to build

trust for a true partnership. Such meetings provide the organizers of engagement activities with more information about the community, its concerns, and the factors that will facilitate or constrain participation. In addition, community members need to see and experience "real" benefits for the extra time, effort, and involvement they are asked to give. Once a successful rapport is established, meetings and exchanges with community members can build into an ongoing and substantive partnership.

When contacting the community, some engagement leaders 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. Coalition building, as described in Chapter 1, can be a key part of community engagement. Alternatively, implementers of engagement efforts may find that identifying and working primarily 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.

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It is essential for those engaging a community to adhere to the highest ethical standards. Indeed, under some circumstances, community engagement might itself be considered an ethical imperative. The rights, interests, and well-being of individuals and communities must have the utmost priority. Past ethical failures such as the Tuskegee syphilis study have created distrust among some communities and have produced great challenges for community organizers. The community must be educated about any potential for harm through its involvement with or endorsement of an initiative so it can make an informed decision. Failure to act ethically is not an option.

4. Remember and accept that collective self-determination is the responsibility and right of all people in 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 automatically becomes of the community. An organization

is of the community when it is controlled by individuals or groups who are members of the community. This concept of self-determination is central to the concept of community empowerment. The dynamic can be quite complex, however, because communities themselves may have factions that contend for power and influence. More broadly, it should be recognized that internal and external forces may be at play in any engagement effort. As addressed in Principle 6 (below), a diversity of ideas may be encountered and negotiated throughout the engagement process.

The literature on community empowerment strongly supports the idea that 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 strategies, and evaluate outcomes. Moreover, people in a community are more likely to become involved if they identify with the issues being addressed, consider them important, and feel they have influence and can make a contribution. Participation will also be easier to elicit if people encounter few barriers to participation, consider the benefits of participating to outweigh the costs (e.g., time, energy, dollars), and believe that 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, models, and frameworks highlighted in Chapter 1, such as social ecology, community participation, and community organization, speak to the relationship between community partnerships and positive change. Indeed, community-based participatory research and current approaches to translational research explicitly recognize that community engagement significantly enhances the potential for research to lead to improved health by improving participation in the research, its implementation, and dissemination of its findings. Community engagement based on improving health takes place in the context of and must respond to economic, social, and political trends

that affect health and health disparities. Furthermore, as the literature on community empowerment contends, equitable community partnerships and transparent discussions of power are more likely to lead to desired outcomes (see Principle 4). The individuals and groups involved in a partnership must identify opportunities for co-learning and feel that they each have something meaningful to contribute to the pursuit of improved health, while at the same time seeing 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 the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.

Diversity may be related to economic, educational, employment, or health status as well as differences in culture, language, race, ethnicity, age, gender, mobility, literacy, or personal interests. These elements of diversity may affect individuals' and communities' access to health care delivery, their health status, and their response to community engagement efforts. For example, as indicated in Chapter 1, the processes, strategies, and techniques used to engage the community must be respectful of and complement cultural traditions. The systems perspective suggests attention to another element of community diversity: the diversity of roles that different people and organizations play in the functioning of a community. Engaging these diverse populations will require the use of multiple engagement strategies.

7. Community engagement can only be sustained by identifying and mobilizing community assets and strengths and by developing the community's capacity and resources to make decisions and take action.

Community assets include the interests, skills, and experiences of individuals and local organizations as well as the networks of relationships that connect them. Individual and institutional resources such as facilities, materials, skills, and economic power all can be mobilized for community health decision making and action. In brief, community members and institutions should be viewed as resources to bring about change and take action. The discussion of community participation in Chapter 1 highlights the need to offer an exchange of resources to ensure community participation. Of course, depending on

the "trigger" for the engagement process (e.g., a funded mandate vs. a more grassroots effort), resources are likely to be quite varied.

Although it is essential to begin by using existing resources, the literature on capacity building and coalitions stresses that engagement is more likely to be sustained when new resources and capacities are developed. Engaging the community in making decisions about health and taking action in that arena may involve the provision of experts and resources to help communities develop the necessary capacities (e.g., through leadership training) and infrastructure to analyze situations, make decisions, and take action.

8. Organizations that wish to engage a community as well as individuals seeking to effect change must be prepared to release control of actions or interventions to the community and be flexible enough to meet its changing needs.

Engaging the community is ultimately about facilitating community-driven action (see discussions under community empowerment and community organization in Chapter 1). Community action should include the many elements of a community that are needed for the action to be sustained while still creating a manageable process. Community engagement will create changes in relationships and in the way institutions and individuals demonstrate their capacity and strength to act on specific issues. In environments characterized by dynamism and constant change, coalitions, networks, and new alliances are likely to emerge. Efforts made to engage communities will affect the nature of public and private programs, policies, and resource allocation. Those implementing efforts to engage a community must be prepared to anticipate and respond to these changes.

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

Communities and community collaborations differ in their stage of development (see the active community engagement continuum and diffusion of innovation in Chapter 1). As noted earlier, community engagement sometimes occurs around a specific, time-limited initiative. More commonly, however, community participation and mobilization need nurturing over the long term. Moreover, long-term partnerships have the greatest capacity for making a

difference in the health of the population. Not surprisingly, building trust and helping communities develop the capacity and infrastructure for successful community action takes time. Before individuals and organizations can gain influence and become players and partners in decision making and action steps taken by communities relative to their health, they may need additional resources, knowledge, and skills. For example, partners 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. Furthermore, strategies must be developed for sustaining efforts. The probability of sustained engagement and effective programming increases when community participants are active partners in the process.

CONCLUSION

In this chapter, we presented nine principles that are essential to the success of community-engaged health promotion and research. As noted in Chapter 1, however, community engagement is a continuum, and its specifics must be determined in response to the nature of one's endeavor and the organizational and community context in which it occurs. The next chapter will provide examples of how these principles have been applied in specific collaborative efforts.