Welcome to the Performance Improvement Managers Network Call

The Role of Community Engagement in Community Health Improvement

June 28, 2012

1-888-566-8978 or 1-517-623-4997, code: 3478212
Agenda

Today’s Presenters:

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Neil Hann, Oklahoma State Department of Health

Moderators:
Liza Corso & Teresa Daub, CDC/OSTLTS
The Role of Community Engagement in Community Health Improvement

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Division of Toxicology and Human Health Sciences (proposed)
Agency for Toxic Substances and Disease Registry

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Agency for Toxic Substances and Disease Registry.

http://www.atsdr.cdc.gov/communityengagement/
Presentation Objectives

Participants will be prepared to:

• Describe use of Principles of Community Engagement in community health improvement

• Describe the community engagement continuum as an organizing concept for engaging population segments by levels of engagement and participation
Presentation Objectives continued

Participants will be prepared to:

• Discuss the relationship community engagement has in collaborative decision-making and intervention design

• Examine community engagement practice and organizational management in performance improvement of Essential Public Health Services
Defining Community Engagement

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 wellbeing of those people.

CDC/ATSDR Principles of Community Engagement, 1997
Principles of Community Engagement*

• Be clear about the populations/communities to be engaged and the goals of the effort.

• Know the community, including its economic condition, political structure, norms, history, and experience with engagement efforts.

• Go into the community to build trust and relationships and to seek commitments from formal and informal leadership.

Principles of Community Engagement continued*

• Accept that collective self-determination is the responsibility and right of all community members.

• Partnering with the community is necessary to create change and improve health.

• Recognize and respect community cultures and other factors affecting diversity when designing and implementing engagement approaches.
Principles of Community Engagement continued*

• Sustainability results from mobilizing community assets and developing capacities and resources for community health decision-making and actions.

• Be prepared to release control to the community and be flexible enough to meet its changing needs.

• Community collaboration requires long-term commitment.

*Condensed in consideration of space limitations.
Principles of Community Engagement - Second Edition

Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the Principles of Community Engagement

NIH Publication No. 11-7782

Previous Version
Principles of Community Engagement, 1997 Edition

File Formats Help:
How do I view different file formats (PDF, DOC, PPT, MPEG) on this site?

http://www.atsdr.cdc.gov/communityengagement/
### Community Engagement Continuum: Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Share Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some community involvement</td>
<td>More community involvement</td>
<td>Better community involvement</td>
<td>Community involvement</td>
<td>Strong bidirectional relationship</td>
</tr>
<tr>
<td>Communication flows from one to the other, to inform.</td>
<td>Communication flows to the community and then back, answer seeking.</td>
<td>Communication flows both ways, participatory form of communication.</td>
<td>Communication flow is bidirectional.</td>
<td>Final decision making is at the community level.</td>
</tr>
<tr>
<td>Provides community with information.</td>
<td>Gets information or feedback from the community.</td>
<td>Involves more participation with community on issues.</td>
<td>Forms partnerships with community on each aspect of project from development to solution.</td>
<td>Information is co-developed with the community.</td>
</tr>
<tr>
<td>Entities coexist.</td>
<td>Entities share information.</td>
<td>Entities cooperate with each other.</td>
<td>Entities form bidirectional communication channels.</td>
<td>Entities have formed strong partnership structures.</td>
</tr>
</tbody>
</table>

**Outcomes:**

- **Outreach:** Optimally, establishes communication channels and channels for outreach.
- **Consult:** Develops connections.
- **Involve:** Visibility of partnership established with increased cooperation.
- **Collaborate:** Partnership building, trust building.
- **Share Leadership:** Broader health outcomes affecting broader community. Strong bidirectional trust built.

Reference: Modified by the authors from the International Association for Public Participation. Figure 1.1. Community Engagement Continuum reproduced from, Principles of Community Engagement: 2nd Edition.
CBPR Conceptual Logic Model

References:
Community Engagement Practice Elements

- Know the community, its constituents, and capabilities (2,6,7,9)*
- Establish positions and strategies to guide interactions (1,4,6,8,9)*

Reference:
http://www.atstdrcdc.gov/communityengagement/pce_mos_intro.html
* Specific community engagement principles
Community Engagement
Practice Elements

• Build and sustain networks to maintain relationships, communications, and leveraging of resources (3,7,9)*

• Mobilize communities and constituencies for decision-making and social action (4,5,6,7,8,9)*


* Specific community engagement principles
Position and Strategy Development

- Authoritative strategy applies rules and regulations to require a desired action

- Competitive strategies attempt to make an organization’s position more desirable and attractive to constituents

Position and Strategy Development

• Cooperative strategies establish agreements that offer mutual benefits to constituents and their organizations
  – Contracting
  – Coalition
  – Co-optation

• Disruption strategies are “the purposeful conduct of activities which threaten the resource-generating capacities” of an adversary

<table>
<thead>
<tr>
<th>Community Coalition Action Theory</th>
<th>Principles of Community Engagement</th>
<th>Structural Capacity Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Propositions:</strong></td>
<td><strong>Principles:</strong></td>
<td><strong>People Skilled in:</strong></td>
</tr>
<tr>
<td>4. Coalitions form in response to an opportunity, threat, or mandate.</td>
<td>1. Be clear about the population/communities to be engaged and the goals of the effort.</td>
<td>• Information and policy analysis, strategic planning and strategy development, and initiative planning and implementation.</td>
</tr>
<tr>
<td>7. Coalition formation usually begins by recruiting a core group of people committed to resolving the issue.</td>
<td>4. Remember that community self-determination is the responsibility and right of all people who comprise a community.</td>
<td>• Collaborative methods to work with diverse populations and build community capacity to analyze and apply information in decision making.</td>
</tr>
<tr>
<td>9. Open, frequent communication creates a positive climate for collaborative synergy.</td>
<td>6. Recognize and respect the various cultures of a community and other factors that indicate its diversity in all aspects of designing and implementing community engagement approaches.</td>
<td>• Resource identification and leveraged resource management.</td>
</tr>
<tr>
<td>10. Shared and formalized decision-making helps make collaborative synergy more likely through member engagement and pooling of resources.</td>
<td>8. Be prepared to release control to the community, and be flexible enough to meet the changing needs of the community.</td>
<td><strong>Information/Data on:</strong></td>
</tr>
<tr>
<td>12. Strong leadership improves coalition functioning and makes collaborative synergy more likely.</td>
<td>9. Community collaboration requires long-term commitment.</td>
<td>• Populations potentially affected by positions under consideration and influencing factors of socioeconomic, cultural, and other contextual data.</td>
</tr>
<tr>
<td>13. Paid staff with interpersonal and organizational skills can facilitate the collaborative process.</td>
<td><strong>Organizational Structures to:</strong></td>
<td>• Population response anticipated based on beliefs, attitudes, past behaviors, and readiness to act and participate.</td>
</tr>
<tr>
<td>14. Formalized rules, roles, structures, and procedures make collaborative synergy more likely.</td>
<td>• Establish information systems to obtain formative information on issues for which community engagement is needed.</td>
<td>• Opportunities to engage opinion leaders in position and strategy determination.</td>
</tr>
<tr>
<td>16. Synergistic pooling of resources promotes effective assessment, planning, and implementation.</td>
<td>• Analyze the range of solutions or actions, unintended consequences, and the opportunities to successfully address the issue(s) where community engagement is intended.</td>
<td><strong>Fiscal and Physical Support for:</strong></td>
</tr>
<tr>
<td>17. Comprehensive assessment and planning aid successful implementation of effective strategies.</td>
<td>• Project resource needs and potential ways to attract, leverage, and manage resources.</td>
<td>• Personnel budget for strategic and program planning, and development of community capacity to act.</td>
</tr>
<tr>
<td>18. Coalitions that direct interventions at multiple levels are more likely to create change in community policies, practices, and environments.</td>
<td>• Present positions and negotiate consensus on community actions or what outcomes to achieve.</td>
<td>• Office space for staff engaged in strategic and program planning.</td>
</tr>
</tbody>
</table>

**References:** Butterfoss, 2007; Butterfoss et al., 2009. Reprinted with permission of John Wiley & Sons, Inc.
Framework to Identify Aims

With optimal improvement in population health as the ultimate goal, what characteristics describe:

The fundamental tactics to fulfilling the role of public health?

The expected outcomes?

Aims (Characteristics)
- Population-Centered
- Equitable
- Proactive
- Health Promoting
- Risk-reducing
- Vigilant
- Transparent
- Effective
- Efficient

The role of Public Health described as:
Definitions of Public Health
Public Health Vision
3 Core Functions
10 Essential Services
Operational Definition of a Local Health Department

Framework to Identify Aims

The role of Community Engagement in Public Health described as:

- Defined as: Guideline of the Principles of Community Engagement
- Organizational Management of Community Engagement
- Service Elements of the 10 Essential Public Health Services

With optimal improvement in population health as the ultimate goal, what characteristics describe:

- The fundamental tactics to engage the community in public health?
- The expected outcome levels?

Aims (Characteristics):
- Population-Centered
- Equitable
- Proactive
- Health Promoting
- Risk-reducing
- Vigilant
- Transparent
- Effective
- Efficient
Tactics for Community Engagement

- Outreach
- Consultation
- Involvement
- Collaboration
- Share Leadership
- Individual Dynamics
- Relational Dynamics
- Structural Dynamics
Interaction Outcomes for Community Engagement

- Optimally, establishes communication channels and channels for outreach
- Develops connections
- Visibility of partnership established with increased cooperation
- Partnership building, trust building
- Broader health outcomes affecting broader community
- Strong bidirectional trust built
- System and Capacity Outcomes
System and Capacity Outcomes for Community Engagement

- Change in policy and practice
- Change in power relationships
- Empowerment
  - Community voice heard
  - Capacity of advisory councils
  - Critical thinking
Health Outcomes for Community Engagement

- Transformed social and economic condition
- Improved population health indicators
- Reduced health disparities
# Evaluation Types and Phases

## Table 7.1. Types of Evaluation Questions by Evaluation Phase

<table>
<thead>
<tr>
<th>Evaluation Stage</th>
<th>Quantitative</th>
<th>Qualitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>What is the prevalence of the problem?</td>
<td>What are the values of the different stakeholders?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the expectations and goals of participants?</td>
</tr>
<tr>
<td>Implementation</td>
<td>How many individuals are participating?</td>
<td>How are participants experiencing the change?</td>
</tr>
<tr>
<td></td>
<td>What are the changes in performance?</td>
<td>How does the program change the way individuals relate to or feel about each other?</td>
</tr>
<tr>
<td></td>
<td>How many/what resources are used during implementation?</td>
<td>To what extent is the intervention culturally and contextually valid?</td>
</tr>
<tr>
<td>Outcome</td>
<td>Is there a change in quality of life?</td>
<td>How has the culture changed?</td>
</tr>
<tr>
<td></td>
<td>Is there a change in biological and health measures?</td>
<td>What themes underscore the participant’s experience?</td>
</tr>
<tr>
<td></td>
<td>Is there a difference between those who were involved in the intervention and those who were not?</td>
<td>What metaphors describe the change?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the participant’s personal stories?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Were there any unanticipated benefits?</td>
</tr>
</tbody>
</table>

References: Holland et al., 2005; Steckler et al., 1992.

Questions to Evaluate Community Engagement

• Are the right community members at the table?

• Does the process and structure of meetings allow for all voices to be heard and equally valued?

• How are community members involved in developing the program or intervention?
Questions to Evaluate Community Engagement

• How are community members involved in implementing the program or intervention?

• How are community members involved in program evaluation or data analysis?

• What kind of learning has occurred, for both the community and the academics?

(CDC, 2009; Green et al., 1995; Israel et al., 1998)
Thank you for interest and for the important work you do!

Question?

http://www.atsdr.cdc.gov/communityengagement/
Oklahoma Turning Point

From Poor Health Outcomes to Community Partnerships

Neil E. Hann, MPH, CHES
Chief, Community Development Service
Oklahoma State Department of Health
Oklahoma
Age-Adjusted Death Rates
Public Health Practice in Oklahoma: Historical Perspective

- A Centralized System.
- Decisions made at the Central Office and implemented in communities in a “cookie-cutter” fashion.
- Result -- no health improvement.
Healthy Communities

- Turning Point: Building Healthy Communities in Oklahoma through Partnerships.
- Develop a “new way of thinking” about health in Oklahoma which emphasized collaboration of key state and local partners.
Community Partnerships

- Began in 1998 with three community partnerships.
Today, there are over 70 community partnerships.
Health Improvement System Changes

- Communities with an equal voice in public health decisions.
- Public health workers supportive to community-based decisions and initiatives.
Health Improvement System Changes

• Turning Point formally endorsed by the State Board of Health in 2000 as the key philosophy to approach public health and prevention.
• Turning Point built into the organizational fabric of the State Health Department through the Community Development Service.
Lessons Learned

• Collaboration works!
• Giving up control and not being concerned about who gets credit contributes to the success of partnerships.
• Dedicated staff for partnership development is important.
Final Thoughts

• It’s all about relationships.
• It’s about *us* working together to build healthy communities.
• The same relationships that are made for community health improvement efforts are needed when a new public health threat emerges.
Building Healthy Communities

“Undoubtedly the most important personal change from Turning Point is a better understanding of my community…my involvement in Turning Point created a new enthusiasm for public health and the potential for making an impact. I felt empowered to really create change – something that without the synergy of the group I would not have thought possible to do. Turning Point taught each of us that we can change and can more effectively serve our community if priorities and solutions are developed and implemented locally.”

Ed Kirtley, Past Chair, Texas County Turning Point Partnership
THE JOURNEY TO IMPROVE POPULATION HEALTH

New Mexico Department of Health
New Mexico…
A Centralized Public Health System

Health Cabinet Secretary and State Offices

5 Public Health Regions 55 Local Public Health Offices (all state employees)
Questions & Discussion

_All lines are open and live!

Please remember to use your mute button or *6_
Thank you!

Please send your questions and comments to:

pimnetwork@cdc.gov