Benefits of Community Engagement

- **Focuses on social justice**: Community wisdom and science work in tandem to ensure a more balanced set of political, social, economic and cultural priorities, resulting in shared resources and shared power, thus leading to equity and social justice.

- **Helps shape services**: Including a broad array of community residents from the beginning of a planning process will help shape services so they are culturally acceptable and more closely meet specific needs.

- **Helps build trust**: Inviting leadership from community groups will help demonstrate that their participation is valued and that their views will be considered. This can help to build trust, increase communication and create openness to utilizing services.

- **Helps with outreach**: More residents will feel involved with community activities and decisions and will be able to explain or interpret them positively to others. Spreading the word through this informal approach will improve outreach.

- **Connects people and resources**: Community engagement efforts improve connections between individuals, community associations, businesses, and churches, which in turn creates greater community support for public health.

- **Develops new leaders**: Inviting community members and leaders of community groups into planning processes will help in the identification of champions and development of leaders who understand public health issues.

- **Creates an opportunity for critical reflection**: Community engagement processes provide opportunities for cooperative, co-learning experiences, and critical reflection that benefit from community wisdom.

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. Those wishing to engage the community need to be able to communicate to that community why its participation is worthwhile.
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 data and meeting with community leaders.

**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. Positive change is more likely to occur when community members are an integral part of a program’s development and implementation.

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 is 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.

**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.”

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, sexual identity, mobility, literacy, or personal interests.

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 members and institutions have strength and resources to bring about change 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.

9. Community collaboration requires **long-term commitment** by the engaging organization and its partners. Community participation and mobilization need nurturing over the long term.

**Source:** [CDC/ATSDR Committee on Community Engagement. (2011)](http://www.cdc.gov/nceh/atsdr/docs/community-engagement-guidelines.pdf)

### Community Engagement Models

There are numerous models of community engagement, civic engagement, community involvement and participation. Three examples are highlighted below.
Asset-Based Community Development Model

Asset-based community development (ABCD) is a strategy, developed by John McKnight and John Kretzmann, which is used to discover a community’s capacities and assets and to mobilize those assets for community improvement. The ABCD process focuses on the strengths of a community and how to bring those strengths to bear in community improvement activities. For example, a typical needs assessment may ask, “What is the problem?” In contrast, ABCD work asks, “How can our community assemble its strengths into new combinations, new structures of opportunity, new sources of income and control, and new possibilities?”

According to McKnight and Kretzmann, each community boasts a unique combination of assets upon which to build its future. One can discover in every community a vast and often surprising array of individual talents and productive skills, few of which are being mobilized for community-building purposes.

Association for Community Health Model

The Association for Community Health Improvement works to strengthen community health through education, peer networking, and the dissemination of practical tools. The Association convenes and supports leaders from the health care, public health, community, and philanthropic sectors to identify and achieve shared community health goals. It serves needs in a number of focus areas within community health, including:

- **Access to care**: Primary and specialty care for underserved populations, insurance coverage and barriers to access, disparities in care due to language and cultural differences, transportation, and more.
- **Chronic disease prevention and management**: Community-based approaches to create the conditions for health and reverse the course of chronic disease.
- **Community benefit**: Tools and methods to improve community benefit practices within hospitals and health service organizations.
- **Collaborative strategies**: Effective partnerships based on healthy communities principles to achieve real advances in community health while strengthening the health system.
- **Measurement and evaluation**: Logic models, indicators, and assessments to help establish goals, understand outcomes, and communicate progress.

The Association for Community Health Improvement was conceived in 2002 as a successor to three national community health initiatives that were approaching the end of their grant cycles or were otherwise ripe for renewal and growth: the Community Care Network Demonstration Program, ACT National Outcomes Network, and Coalition for Healthier Cities and Communities. These three programs had made complementary contributions to community health since the mid-1990s, focusing on topics including:

- Health care delivery and preventive health systems that ensure accessibility and are accountable to local needs;
- Careful planning for and measurement of progress toward defined community health goals, and;
- Broad community engagement in resolving systemic challenges to community health and social well-being.

The Association adopted the key tenets of each and blends them with additional ingredients of effective community health practice, to create a unified professional association with broad value as a hub of networking and continual learning. The Association for Community Health Improvement has hundreds of members from 47 states, the District of Columbia, and Canada.

Cultural Complementarity Model

In 1993, the Greater Twin Cities United Way’s Success by 6 Cultural Dynamics Committee developed and adopted a blueprint for new ways of thinking and discussing culture and race that could be used by individuals and organizations to rebuild relations.

Cultural Complementarity involves diverse people working together, valuing the attributes that such diversity brings to the group, in a combined effort to attain mutually agreed goals that would be difficult to accomplish via separate efforts. Working in a circle using a process of consensus, believing that all cultures and people have different areas of excellence as well as different challenges which, when brought together, will complement each other. The objective of this model is to provide clarity...
and direction to the efforts to attain equality by people of color through practicing “circle consensus” that exercises the principles described below:

- A sharing of rights and responsibilities among all members.
- A “power with” concept which utilizes personal and community empowerment by acknowledging multiple values, participatory negotiation, nurturing and a spirit of cooperation.
- An attitude of abundance, creativity and the belief that limitless collective power is shared, instead of a scarcity approach for power and resources.
- A positive inclusive approach in communicating that eliminates dualistic thinking.
- A celebration of differences that evolves out of on-going dialogue and exchange among participants.
- A sharing of experiential/active learning based on personal experiences, supporting the premise that knowledge is an on-going, continuous process.
- Sharing equally in the creation of future actions.
- Collective work to eliminate racism, believing that racism is based on basic deceptions about the value of human beings.

**Key Resources**

- Community Engagement
- Principles of Community Engagement – Centers for Disease Control and Prevention
- Mobilizing for Action through Planning and Partnerships (MAPP) – National Association of County and City Health Officials (NACCHO)
- The Community Tool Box – University of Kansas Workgroup for Community Health and Development