

**Community Engagement as a Public
Health Approach:
A Targeted Literature Review**

**Final Report
October 2012**

Prepared for Peel Public Health

**Prepared by Dr. Brent Moloughney
Public Health Consultant**

EXECUTIVE SUMMARY

Background

Peel Public Health is finalizing a comprehensive strategy to create supportive environments for physical activity and healthy eating. One of the strategy's foundational components is to pursue health equity and inclusion for diversity. Of particular concern is the large South Asian population in Peel that is at particularly higher risk for adverse health outcomes such as diabetes. Peel Public Health envisions working collaboratively with the South Asian population to seek ways to create socially and culturally appropriate supportive environments for physical activity and healthy eating in order to reduce the risk of diabetes and improve opportunities for health in this population.

Objectives

To examine the effectiveness of community engagement strategies to improve health in order to inform Peel Public Health's future work.

Search Methods

To establish the practice context, the extent to which community engagement is reflected in existing public health practice expectations was initially sought. A grey literature search was then conducted comprising searches of several public health-related organizations' websites and databases. Search terms included "community engagement", "community partnership", and "citizen engagement". Medline and Google Scholar were searched for the years 2005-2012. Searches were restricted to systematic reviews and comprehensive practice guidance documents published in English since 2005. Preference was given to publications of a generalized nature versus those focussing on a specific population or health issue.

Data Collection and Analysis

The search strategy retrieved two highly relevant reports. One guidance document published in 2008 by the National Institute for Health and Clinical Excellence (NICE) focuses on public health community engagement. Its recommendations are linked to the evidence from multiple commissioned systematic reviews and economic modelling reports. An additional comprehensive guidance report on the principles of community engagement was published by the Centers for Disease Control and Prevention (CDC) in 2011. An additional systematic review of potential relevance was published by the Canadian Health Services Research Foundation (CHSRF) in 2010. Its focus was on 'interactive public engagement' in the development of healthcare policies and programs.

The methodology of the two NICE-related systematic reviews was reviewed. They had a massive challenge of attempting to search and review a very large and diverse literature with each of the two reviews retrieving approximately 40,000 records. A quality assessment of one of these reviews found it to be a strong review. The overall NICE report describes a number of considerations and challenges in conducting this work including the synthesis of data from a diverse range of study types.

The CHSRF review referred to three primary studies that were of potentially greater relevance. These primary studies were retrieved.

Main Results

The concepts of community engagement, collaboration and partnership are firmly embedded across the public health practice documents that were reviewed. These included descriptions of population health, provincial public health standards, the U.S.' list of public health essential services, CDC recommendations for community strategies to prevent obesity, and a collaborative practice framework described by the Institute of Medicine.

Community engagement is a blend of science and art that is based on multiple scientific disciplines and organizing concepts. There is therefore considerable variation in use and meaning of many related terms. Nevertheless, the definitions of community engagement provided by the NICE and CDC reports highlight the following key themes:

- 'Community' can be defined in different ways depending upon context (i.e., groups of people affiliated by geographic proximity, special interest, or similar situations)
- Process of working with and through groups of people so that they become involved in decisions that affect them
- Includes planning, development and management of services, as well as other activities (e.g., policy change) with the aim to improve health, well-being, or reduce health inequalities.

'Community' can also be conceptualized in different ways including a systems perspective, social perspective, virtual perspective and individual perspective. These perspectives provide different insights into the process of community engagement.

Many different benefits of community engagement are identified and these relate to the nature of the engagement effort. For example, approaches that inform or consult with communities may impact on the appropriateness, accessibility and uptake of services, although likely have marginal impact on health outcomes. In contrast, approaches that help communities to work as equal partners may lead to more positive health outcomes and improve their sense of belonging.

The NICE report's evidence-based recommendations are structured into four inter-locking themes: prerequisites, infrastructure, process, and evaluation. The report stresses that these should be considered as a total package representing the best possible scenario for community

engagement. The review indicated that harm may be caused when elements of the prerequisites are not implemented.

The CDC report is complementary in nature providing a much greater level of detail regarding underlying concepts and pragmatic recommendations regarding implementation of a community engagement effort by public health. These include conceptual frameworks, examples of evaluation questions and detailed breakdowns of organizational capacities required to conduct this work. The CHSRF systematic review was much broader and heterogeneous in scope. Most of the studies involved ad hoc deliberative meetings held over 1-3 days to seek input on a range of issues including health goals, planning, and priority setting. Three empirical studies were cited involving long-term collaborative partnerships over several months to years and these were retrieved. The most relevant described a policy-oriented engagement initiative with a local community.

Considering the recommendations of the NICE and CDC reports, a preliminary approach to engaging Peel's South Asian community is identified.

Conclusion

This targeted review confirmed that community engagement is a core expectation for public health practice. The review located two major reports that will be informative to Peel Public Health's engagement efforts. The NICE report provides the evidentiary basis while the CDC report provides the greater detail and tools to inform practice decisions. These reports provide sufficient evidence- and theory-informed guidance to Peel Public Health's future community engagement efforts.

TABLE OF CONTENTS

Executive Summary.....	ii
Introduction	1
Community Engagement as Established Public Health Practice	1
Population Health Template	1
Ontario Public Health Standards.....	3
U.S. Public Health Expectations	4
Summary	5
Approach.....	5
Results.....	6
Overview	6
Concepts and Terminology.....	6
Concepts of Community.....	8
Rationales.....	9
Retrieved Reviews.....	12
NICE Public Health Guidance (2008)	12
CDC Principles of Community Engagement (2011).....	19
CHSRF – Strategies for Public Engagement (2010).....	24
Discussion.....	27
Conclusion.....	30
Appendix 1 - Search Strategies	31
Appendix 2 - Structural Capacity Needed for Community Engagement.....	32
References	36

Community Engagement as a Public Health Approach: A Targeted Literature Review

INTRODUCTION

Peel Public Health is finalizing a comprehensive strategy to create supportive environments for physical activity and healthy eating. The strategy includes a combined focus on a series of priority settings and foundational components. Among the latter is pursuing health equity and inclusion for diversity. Of particular concern within Peel is a large South Asian population that is at particularly higher risk for adverse health outcomes such as diabetes. Peel Public Health envisions working collaboratively with the South Asian population to seek ways to create socially and culturally appropriate supportive environments for physical activity and healthy eating in order to reduce the risk of diabetes and improve opportunities for health in this population. The purpose of this report is to examine the effectiveness of community engagement strategies to improve health in order to inform Peel Public Health's future work.

COMMUNITY ENGAGEMENT AS ESTABLISHED PUBLIC HEALTH

PRACTICE

Prior to performing a targeted literature search, the extent to which 'community engagement' is currently embedded within existing public health practice descriptions was explored. Information was sought from the *Population Health Template*, the *Ontario Public Health Standards*, and U.S.-based sources.

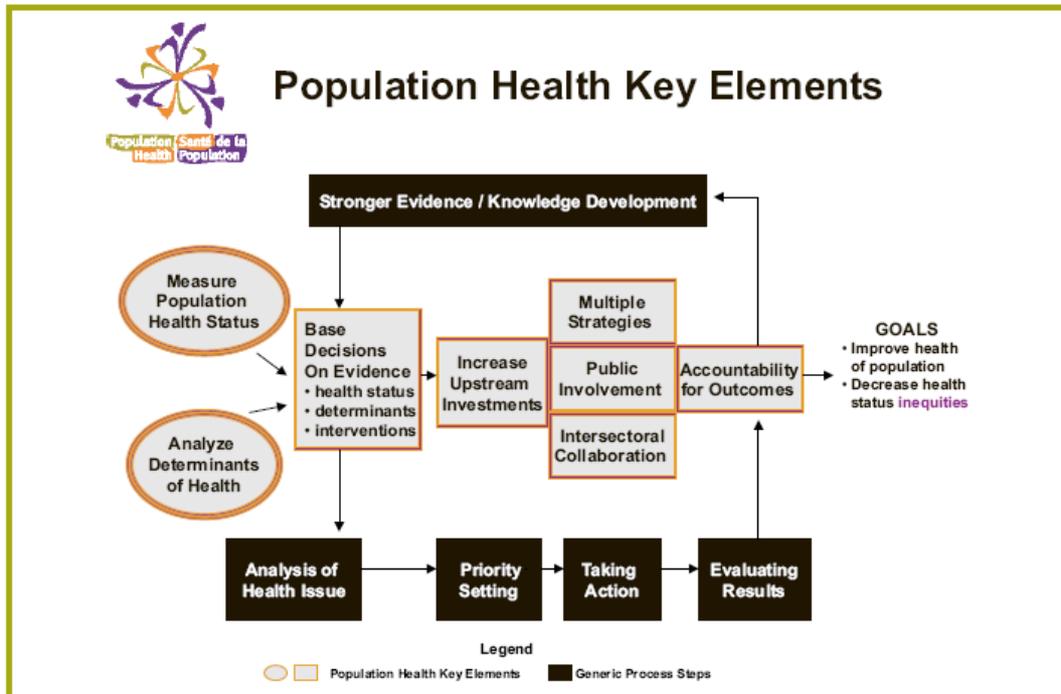
POPULATION HEALTH TEMPLATE

Population health is a foundational concept for public health practice. The *Population Health Template* describes the understanding of population health and outlines the procedures and processes required to implement a population health approach.¹ Figure 1 depicts the key elements of the population health approach. Of particular note, 'public involvement' and 'intersectoral collaboration' are included as key elements.

For 'public involvement', the document states,

“A population health approach engages citizens through the public involvement process which recognizes the role, contribution and shared accountability of stakeholders, citizens and governments in the development of public policies for health improvement. *Public* is defined as individuals, consumers, citizens, special interest groups, industry, and scientific and professional associations. *Involvement* refers to the level of participation along a continuum. All points along the continuum represent valid contribution. The degree of involvement depends on the objectives of the exercise and desired level of public comment or influence.”

Figure 1: Inclusion of Public Involvement and Intersectoral Collaboration in the Population Health Template



Source: Health Canada. The population health template: key elements and actions that define a population health approach. Ottawa, 2001.

The document describes a continuum of public involvement including communication, consultation and citizen engagement. For the latter,

“Citizens are engaged when they participate as important partners in program and policy development that involves societal-level values and trade-offs. Citizen engagement involves those groups for which a policy or program is intended, especially groups that have been previously disenfranchised. Citizens accept the challenge of generating solutions and strategies for health improvement and work with government toward solution implementation. Typically, citizen engagement involves community-based and publicly driven initiatives where government assumes the role of facilitator or enabler. Decisions to involve citizens at the higher level of the continuum are guided by assessments of whether issues concern the formulation and implementation of policies and programs that involve potential conflicts in values or identity, difficult choices or tradeoffs, or have a major impact on citizen lives.”

Public involvement strategies should be linked to the overarching purpose. The report describes several factors that need to be considered in selecting the appropriate public involvement strategy. These include:

- nature and complexity of the issue
- goal and phase of the planning/policy process
- expected level of participant influence
- mix of citizens versus interest group representatives
- previous experience of facilitators with public involvement techniques
- time lines, financial costs, human resources and expertise
- degree of intersectoral collaboration required
- level of support for public involvement process from stakeholders and government partners.¹

‘Intersectoral collaboration’ is another key element in the Template. The report defines it as the “joint action between health and other government sectors, as well as representatives from private, voluntary and non-profit groups, to improve the health of populations. It requires coordination and action within the health sector while engaging interests outside health.” The document identifies several conditions for successful intersectoral collaboration:

1. engage partners early on to establish shared values and alignment of purpose
2. establish concrete objectives and focus on visible results
3. identify and support a champion
4. invest in the alliance building process
5. generate political support and build on positive factors in the policy environment
6. share leadership, accountability and rewards among partners.¹

ONTARIO PUBLIC HEALTH STANDARDS

The Ontario Public Health Standards indicate that partnership and collaboration is one of the four foundational principles for public health. Specifically, it states that,

“Boards of health shall foster the creation of a supportive environment for health through community and citizen engagement in the assessment, planning, delivery, management, and evaluation of programs and services. This will support improved local capacity to meet the public health needs of the community.”²

Furthermore, the *Standards* indicate that “public health promotes community capacity building by fostering partnerships and collaborating with community partners, including the voluntary sector, non-governmental organizations, local associations, community groups, networks, coalitions, academia, governmental bodies, the private sector, and others. Where appropriate, boards of health shall collaborate with other boards of health to coordinate the delivery of public health programs and services.”

The expectation for partnership or collaboration appears in multiple requirements across the *Standards*.

U.S. PUBLIC HEALTH EXPECTATIONS

The *10 Essential Public Health Services* “provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.”³ For example, they are the framework for the Centers for Disease Control and Prevention (CDC)-led National Public Health Performance Standards Program. Among the list of essential services is the following:

Mobilize community partnerships and action to identify and solve health problems.

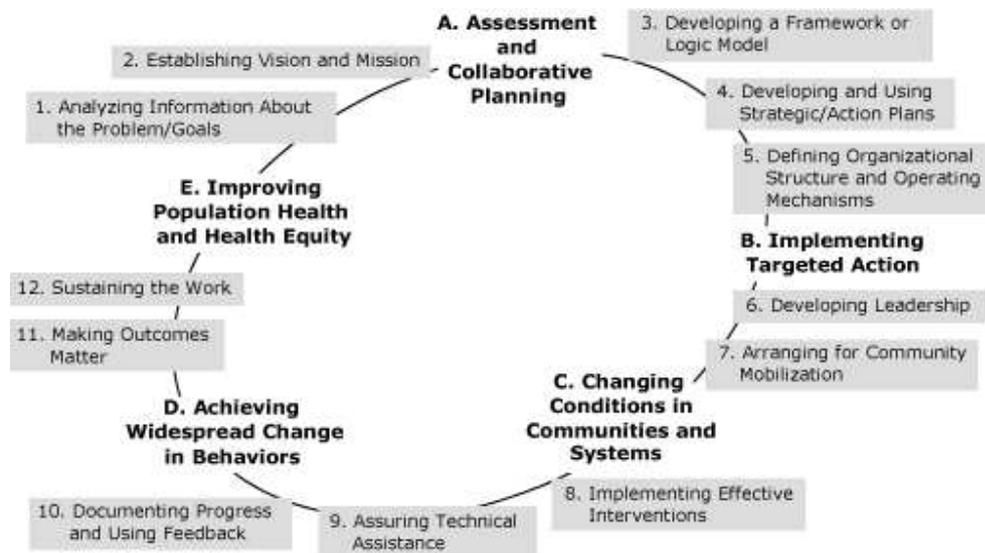
At the local public health level, this includes the following expectations:

- Identifying potential stakeholders who contribute to or benefit from public health, and increase their awareness of the value of public health.
- Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in understanding defined health improvement projects, including preventive, screening, rehabilitation, and support programs.⁴

In addition, the CDC’s recommendations for community strategies to prevent obesity in the U.S. include the use of community coalitions or partnerships to address obesity through the coordinated use of resources, leadership and action.⁵

An Institute of Medicine (IOM) report on public health argues that “realizing the vision of healthy people in healthy communities is possible only if the community, in its full cultural, social, and economic diversity, is an authentic partner in changing the conditions for health.”⁶ The IOM report provides a framework originally developed by Fawcett et al. An updated version of the framework is shown in Figure 2.

Figure 2: Framework and Processes for Collaborative Action



Source: Fawcett et al. Building multisectoral partnerships for population health and health equity. *Prev Chronic Dis* 2010; 7(6).

SUMMARY

While the foregoing is a brief overview of selected sources, the clear message is that pursuing an approach of community engagement and partnership is highly supported by current practice recommendations and expectations.

APPROACH

The specific question of interest was:

What is the evidence for the effectiveness of community engagement strategies to improve health?

Targeted searches of the public health grey literature was conducted using the following search terms: “community engagement”, “community partnership”, and “citizen engagement”. Searched sites included:

- Centers for Disease Control and Prevention
- Centre for Reviews and Dissemination
- Cochrane Library
- Community Guide
- Health-evidence.ca
- National Institute for Health and Clinical Excellence
- Public Health Agency of Canada.

This search was supplemented with Medline and Internet (Google Scholar) searches. See Appendix 1 for the specific search strategies.

Searches were restricted to systematic reviews and comprehensive practice guidance documents published in English since 2005. Preference was given to publications of a generalized nature versus those focussing on a specific population or health issue.

RESULTS

OVERVIEW

The grey literature search retrieved a guidance document by the National Institute for Health and Clinical Excellence (NICE) based on multiple systematic reviews and economic modelling reports, as well as a comprehensive guidance document from CDC.

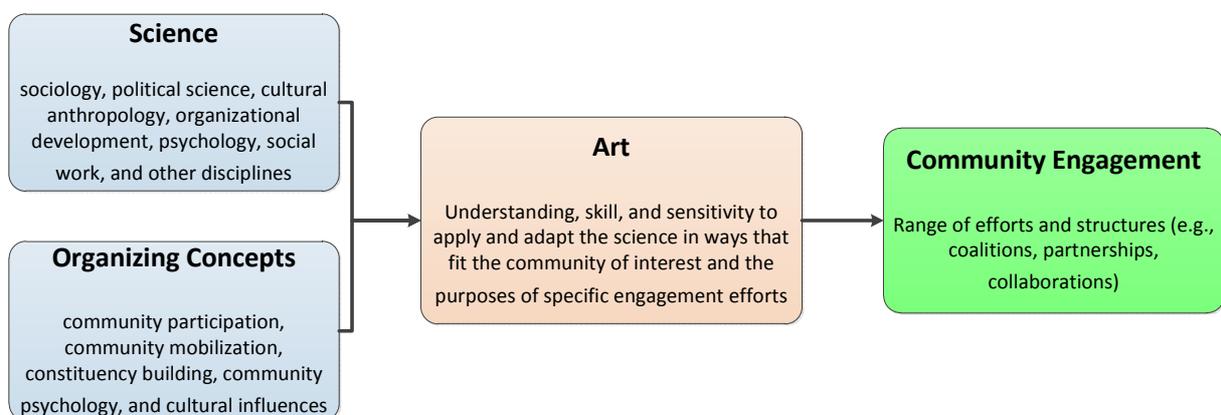
No pertinent reviews were located in the Medline search.

The Google Scholar search produced 5,740 items. Scanning the initial 100 items did not locate anything of direct interest, but did indicate the Canadian Policy Research Network (CPRN) as a potential information source. This website indicated that Abelson was a leading reviewer in this area and a subsequent search located a 2010 review conducted for the Canadian Health Services Research Foundation (CHSRF). A policy toolkit for public involvement in decision making from Health Canada was also encountered.⁷ Its description of how to apply different techniques is potentially useful from an application perspective.

Overall, the search identified a guidance document based on systematic reviews and economic modelling (NICE), one detailed guidance document (CDC), and a systematic review (CHSRF).

CONCEPTS AND TERMINOLOGY

The CDC report indicates that community engagement is a blend of science and art.⁸



Based on content provided in: Principles of Community Engagement, 2011.⁸

With so many disciplines making contributions, the net result is a multitude of overlapping concepts and definitions that are not necessarily consistent across sources. Two definitions, by CDC and NICE, were encountered for ‘**community engagement**’:

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 these people. (CDC)⁸

The process of getting communities involved in decisions that affect them. This includes the planning, development and management of services, as well as activities which aim to improve health or reduce health inequalities. (NICE)⁹

These two definitions appear to be complementary highlighting different themes:

- ‘Community’ can be defined in different ways depending upon context (i.e., groups of people affiliated by geographic proximity, special interest, or similar situations)
- Process of working with and through groups of people so that they become involved in decisions that affect them
- Includes planning, development and management of services, as well as other activities (e.g., policy change) with the aim to improve health, well-being, or reduce health inequalities.

These themes appear useful for providing a working definition of community engagement for this project.

Several related terms were encountered during this targeted review. These are listed below to provide awareness of their existence as they may be encountered during future work. However, just because one source has provided a definition does not mean that others will use the term in the same way.

Citizen Engagement (CPRN): values the right of citizens to have an informed say in the decisions that affect their lives. Citizen engagement emphasizes the sharing of power, information, and a mutual respect between government and citizens. It requires governments to share in agenda-setting and to ensure that policy proposals generated jointly will be taken into account in reaching a final decision.¹⁰

Citizens’ Juries (NICE): are a way of involving people in a public body’s decision-making process. They usually involve 12–16 people. They look at a particular issue and answer a predetermined question after hearing evidence from a range of speakers.⁹

Community-Based Participatory Research (AHRQ): a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issues being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change.¹¹

Community Development (NICE): is about building active and sustainable communities based on social justice, mutual respect, participation, equality, learning and cooperation. It involves changing power structures to remove the barriers that prevent people from participating in the issues that affect their lives.⁹

Community Coalitions (NICE): are formal arrangements set up to support collaboration between groups or sectors of a community. Each group retains its identity but they work together to build a safe and healthy community.⁹

Community Mobilization

Engages all sectors of the population in a community-wide effort to address a health, social or environmental issue. It brings together policy makers and opinion leaders, local, state, and federal governments, professional groups, religious groups, businesses, and individual community members. It empowers individuals and groups to take some kind of action to facilitate change. (CDC)⁸

People coming together to take action on an issue – can enhance social connectedness and efficacy or the ability to have influence and control over the environment. (Watson-Thompson et al)¹²

Participatory Approaches (Evans et al): overlapping concepts of community development, engagement, involvement and participation.¹³

Participatory Research (NICE): is a collaborative process whereby people are encouraged to define the problems and issues of concern. They are also encouraged to help gather and analyse data and apply the research findings.⁹

Public Engagement (Abelson et al): efforts to bring citizens into public policy and health system decision-making processes.¹⁴

CONCEPTS OF COMMUNITY

The preceding section identified that communities can be defined in different ways. There are also different ways of conceptualizing ‘community’, which provides different insights in the process of community engagement.⁸ The CDC report discusses four perspectives:

- Systems perspective:
 - A community is similar to a living creature with different parts and processes occurring in relation to the whole organism.
 - A healthy community has well-connected interdependent sectors that share responsibility for recognizing and resolving problems and enhancing well-being
 - Addressing a community’s problems requires integration, collaboration and coordination of resources from all parts – thereby, collaboration is a logical approach to health improvement.

- Social perspective:
 - A community can be defined by describing the social and political networks that link individuals, community organizations and leaders.
 - Understanding these networks is critical in planning efforts in engagement.
- Virtual perspective:
 - Social groups or groups with a common interest that interact in an organized fashion on the Internet are ‘virtual communities’.
 - These virtual communities are potential partners for community-engaged health promotion and research.
- Individual perspective:
 - Individuals have their own sense of community membership beyond the definitions of communities by researchers and engagement leaders.
 - This may be a sense of belonging to more than one community and this sense can change over time and may affect participation.
 - Should not make assumptions about identity based on appearance, language or cultural origin, nor make assumptions about an individual’s perspective based on his or her identity.
 - Practitioners of community engagement need to learn how individuals understand their identity and connections, enter into relationships, and form communities.⁸

RATIONALES

Underlying the differences in terms and concepts is differing rationales for involvement of communities and the public in health planning, decision making and delivery of health initiatives.¹⁵ These include:

- Communities and individuals are seen as having a right to participate in determining health priorities and action
- Democratization of health and healthcare ensuring local accountability for services
- Public participation in assessment and prioritization of health needs allow organizations to target services more effectively
- Community development approaches to tackle health inequalities and engage communities and individuals in health action.¹⁵

Focussing on the benefits identified in a literature review of community-based participatory research, the CDC report identifies the following nine areas in which community engagement made a positive impact:

1 Agenda—Engagement changes the choice and focus of projects, how they are initiated, and their potential to obtain funding. New areas for collaboration are identified, and funding that requires community engagement becomes accessible.

2 Design and delivery—Improvements to study design, tools, interventions, representation/participation, data collection and analysis, communication, and dissemination can be implemented. New interventions or previously unappreciated causal links can be identified through the community’s knowledge of local circumstances. The speed and efficiency of the project can be enhanced by rapidly engaging partners and participants and identifying new sources of information.

3 Implementation and change—Improvements can be made in the way research findings are used to bring about change (e.g., through new or improved services, policy or funding changes, or transformation of professional practices), and capacity for change and the maintenance of long-term partnerships can be expanded.

4 Ethics—Engagement creates opportunities to improve the consent process, identify ethical pitfalls, and create processes for resolving ethical problems when they arise.

5 The public involved in the project—The knowledge and skills of the public involved in the project can be enhanced, and their contributions can be recognized (possibly through financial rewards). These efforts foster goodwill and help lay the groundwork for subsequent collaborations.

6 Academic partners—Academic partners can gain enhanced understanding of the issue under study and appreciation of the role and value of community involvement, which sometimes result in direct career benefits. In addition, new insights into the relevance of a project and the various benefits to be gained from it can result in increased opportunities to disseminate its findings and their wider use.

7 Individual research participants—Improvements in the way studies are carried out can make it easier to participate in them and bring benefits to participants.

8 Community organizations—These organizations can gain enhanced knowledge, a higher profile in the community, more linkages with other community members and entities, and new organizational capacity. These benefits can create goodwill and help lay the groundwork for subsequent collaborations.

9 The general public—The general public is likely to be more receptive to the research and reap greater benefits from it.⁸

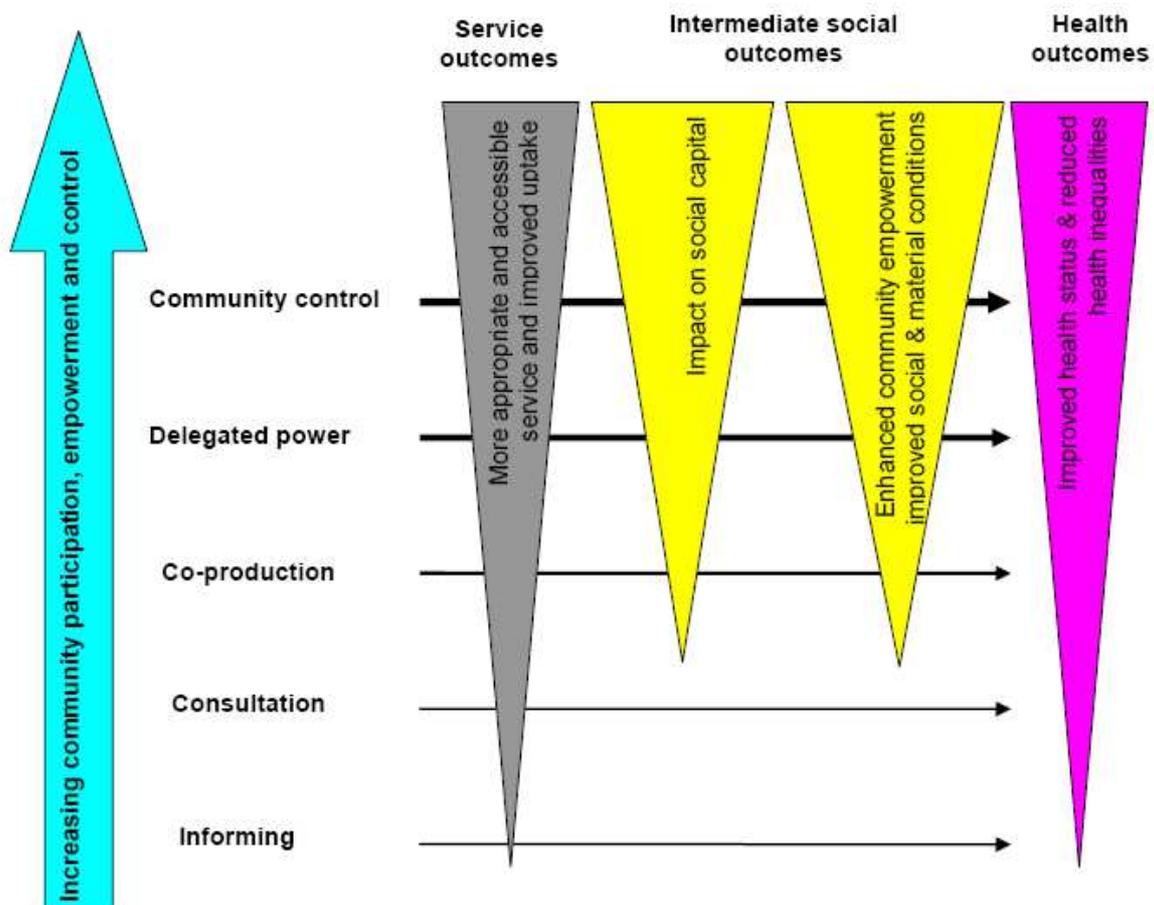
The NICE review identifies that the types of outcomes from engagement efforts are related to the nature of the participation.⁹ Figure 3 provides a framework reproduced from the NICE review that guided their evidence reviews, although the authors note that it is just one of a number of ways of describing the levels of engagement needed to support the development of healthy communities.

Overall, four broad categories of outcomes are identified:

- More appropriate and accessible service and improved uptake
- Impact on social capital
- Enhanced community empowerment, improved social and material conditions
- Improved health status and reduced health inequalities.

For example, approaches that inform or consult with communities may have an impact on the appropriateness, accessibility and uptake of services, although will likely have marginal impact on health outcomes. In contrast, approaches that help communities to work as equal partners may lead to more positive health outcomes and improve their sense of belonging.

Figure 3: Pathways from Community Participation, Empowerment and Control to Health Improvement



Source: NICE. Community engagement to improve health. 2008.⁹

RETRIEVED REVIEWS

NICE Public Health Guidance (2008)

The National Institute for Health and Clinical Excellence issued a public health guidance report on community engagement to improve health in 2008.⁹ The report reflects the synthesis of several project components:

- Systematic reviews:
 - Community engagement in initiatives addressing the wider social determinants of health. A rapid review of evidence on impact, experience and process.
 - Effectiveness of community engagement approaches and methods for health promotion interventions.
- Economic modelling reports:
 - Economic analysis/modeling of cost-effectiveness of community engagement to improve health
 - Cost effectiveness vignettes for community engagement
- Fieldwork report – qualitative interviews and group discussions and survey on draft guidance report.

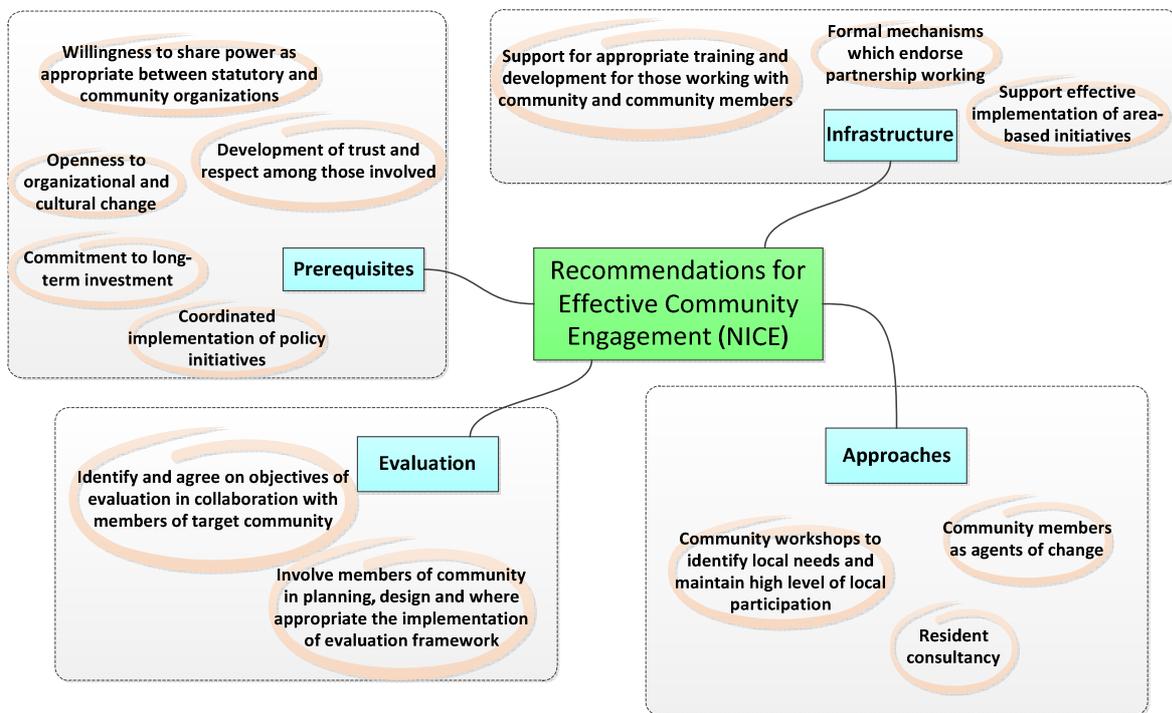
Considering the breadth of disciplines, settings, issues, and approaches, conduct of the literature reviews had the massive challenge of attempting to search and review a very large and diverse literature. For example, each of the literature reviews resulted in the initial identification of approximately 40,000 records of potential relevance. A quality assessment of the first-listed systematic review was conducted and found to be ‘strong’ (9/10) using the health-evidence.ca *Quality Assessment Tool for Review Articles*.

Reflecting the challenges in conducting the reviews, the NICE report describes at length a number of considerations and challenges. For example, the reviewers encountered multiple terms that at times were used to describe very similar approaches. A range of studies were considered from randomized trials to case studies. Synthesizing data from these diverse study types was deemed to have been “complex but fruitful.”⁹

The recommendations are structured into four inter-locking themes: prerequisites, infrastructure, process, and evaluation. According to the NICE guidance, the recommendations should be considered as a total package representing the best possible scenario for community engagement. The review indicated that harm may be caused when elements of the prerequisites are not implemented.

Figure 4 provides a high level summary of the NICE recommendations.

Figure 4: Recommendations for Effective Community Engagement: NICE, 2008



The NICE recommendations contain a further level of detail, which is provided below. The NICE report links each statement with the supporting evidence found in the literature reviews.

Prerequisites for Effective Community Engagement

- i. Coordinated implementation of the relevant policy initiatives
 - a. Plan, design and coordinate activities (including area-based initiatives) that incorporate a community involvement component across – as well as within – departments and organizations
 - b. Take account of existing community activities and area-based initiatives, past experiences and issues raised by the communities involved.
- ii. Commitment to long-term investment
 - a. Understand the gradual, incremental and long-term nature of community engagement activities. Ensure mechanisms are in place to evaluate and learn from these processes on a continuing, systematic basis.
 - b. Align this long-term approach with local priorities (such as those defined by local area agreements).
 - c. Identify how to fund community engagement activities and identify lines of accountability. This could include arrangements for multiple funding sources. It may also include funds for shorter-term activities.
 - d. Set realistic timescales for the involvement of local communities and plan activities within the available funding. Recognise that a short-term focus on activities and area-based initiatives can undermine efforts to secure long-term and effective community participation.
 - e. Build on past experiences to mitigate the possibility of communities experiencing ‘consultation fatigue’.

- f. Agree and be clear about how community engagement can influence decision-making and/or lead to improved services. Anticipate the degree of impact it can have on the wider social determinants of health and health inequalities.
 - g. Negotiate with all those involved to determine which community engagement approaches are most appropriate for different stages of the initiative.
 - h. Clearly state the intended outcomes of the activity.
- iii. Openness to organizational and cultural change
- a. Work with the target community to identify how the culture of public sector organisations (their values and attitudes) supports or prevents community engagement. Make any necessary changes (for example, change the performance management structure) to encourage successful engagement.
 - b. Acknowledge the skills and knowledge in the community by encouraging local people to help identify priorities and contribute to the commissioning, design and delivery of services.
 - c. Draw on the expertise of the particular communities concerned. Consider diversity training and other activities to raise cultural awareness within the organisation. Do not stereotype the target community or community groups with regard to age, sex/gender, disability, race/ethnicity, sexual orientation, religion or belief, or any other characteristic.
 - d. Encourage all communities and individuals (including those whose views are less frequently heard) to express their opinions, regardless of whether they disagree – or are dissatisfied – with national, regional or local policy and strategy.
 - e. Give weight to the views of local communities when decisions affecting them are taken. Make lines of accountability clear so they can see the response to their views. Where community views have been overridden by other concerns, this should be explicitly stated. Manage conflicts between communities (and within them) and the agencies that serve them.
- iv. Willingness to share power as appropriate between statutory and community organizations
- a. Identify how power is currently distributed among all those involved (including public sector agencies/organisations and representatives and individuals from the community). Negotiate and agree with all relevant parties how power will be shared and distributed in relation to decision-making, resource allocation and defining project objectives and outcomes. (Recognise that ‘power’ takes many forms including: access to and use of data, information and people; responsibility for setting agendas; responsibility for allocating resources and funds; and skills and capacity.)
 - b. Make all parties aware of the importance, value and benefit of community involvement in decision-making, service provision and management. This includes public sector agencies and organisations, representatives and individuals from the community.
 - c. Identify and recognise local diversity and local priorities (both within and between communities). Ensure diverse communities are represented (particularly those that tend to be under-represented or at risk of poor health). Clearly state the responsibilities of all parties involved and put in place mechanisms to track accountability.
 - d. Identify and change practices that can exclude or discriminate against certain sectors of the community (for example, short-term funding, organisational style and timing of meetings).

- e. Let members of the local community decide how willing and able they are to contribute to decision-making, service provision and management (recognise that this may change over time). The allocation of responsibilities should match this. Training and support should be available to help all those involved meet their responsibilities.
- f. Recognise that some groups and individuals (from the public, community and voluntary sectors) may have their own agendas and could monopolise groups (so inhibiting community engagement).
- g. Jointly agree ways of working with relevant members of the community at both a strategic and operational level. This should include:
 - identifying who will be involved in decisions concerning the scope, vision and focus of initiatives
 - identifying and agreeing project priorities, objectives and outcomes and what can be realistically achieved by involving community members
 - selecting the community engagement approach most likely to achieve the project's objectives and outcomes
 - agreeing governance structures and systems (including how each party will be represented and involved)
 - agreeing the criteria that will be used to allocate, control and use resources
 - using a variety of methods to elicit the views and concerns of different communities such as black and minority ethnic groups, older people and those with disabilities
 - agreeing to hold meetings in accessible, suitable venues and timing and conducting them in a way that allows community members to participate fully and is sensitive to their needs. (For example, where necessary, translation and other services such as Braille and the loop system should be used or crèche facilities provided)
 - agreeing to avoid technical and professional jargon
 - building feedback mechanisms into the process (to ensure achievements are reported and explanations provided when proposals are not taken forward or outcomes are not achieved).
- v. Development of trust and respect among all those involved
 - a. Learn from and build on previous or existing activities and local people's experiences to engage them, using existing community networks and infrastructures.
 - b. Identify and provide the structures and resources needed to help community organisations and their representatives participate fully.
 - c. Working with the community, assess its broad and specific health needs. In particular, work with groups that may be under-represented and/or at increased risk of poor health, such as black and minority ethnic groups, older people, those with disabilities and people living in rural communities.
 - d. Tailor the approach used to involve and reach out to under-represented groups, but respect the rights of individuals and communities not to become involved. Recognise that some individuals or groups may create barriers to community engagement and identify ways to overcome these barriers.
 - e. Negotiate and agree how much control and influence community members have and the commitment required from them (in terms of their time and workload).
 - f. Regularly inform communities about the progress being made to tackle issues of concern. Use mechanisms such as existing community networks or forums.

Infrastructure to Support Practice on the Ground

- i. Support for appropriate training and development for those working with the community – including members of that community
 - a. Develop and build on the local community’s strengths and assets (that is, its skills, knowledge, talents and capacity).
 - b. Provide public sector agencies and those working with communities (including community representatives and organisations) with the opportunity to develop the knowledge and skills they need for community engagement. Where possible, training should be undertaken jointly by all those involved and should cover:
 - organisational change and development
 - community engagement
 - community leadership
 - communication and negotiation (including how to deal with conflicts of interest and confidentiality)
 - partnership working and accountability
 - business planning and financial management
 - participatory research and evaluation skills.
 - c. Provide information on the policy context, how public sector organisations work and on other relevant organisational issues.
 - d. Provide opportunities and resources for networking so that all those involved can share their learning and experiences.
 - e. Identify funding sources for community engagement training.
 - f. Identify support for community engagement. This includes working with existing community networks and voluntary organisations that can reach groups that are traditionally under-represented.
 - g. Where necessary, work with local and national non-governmental organisations (NGOs) and those in the voluntary sector to provide small community organisations with the assistance they need to get involved (this includes the provision of training and resources).
 - h. Address any constraints facing members of the community who want to be involved. This may include helping them to develop knowledge and skills, including the ability to deal with discrimination and stigma (this could be an issue, for example, if someone has HIV). It may also involve dealing with practical issues such as the time they have available, their financial constraints, caring responsibilities or any difficulties they have with transport.
 - i. Provide appropriate, accessible meeting spaces and equipment (such as telephones, computers and photocopying facilities) as required.
 - j. Consider training individual members of the community to act as mentors.
- ii. Formal mechanisms which endorse partnership working
 - a. Develop statements of partnership working for all those involved in health promotion or activities to address the wider social determinants of health (including community groups and individuals). This will help increase knowledge of – and communication between – the sectors and improve the opportunities for joint working and/or consultation on service provision. A compact drawn up between local government and voluntary and community organisations is an example of how this could be achieved.
- iii. Support for effective implementation of area-based initiatives

- a. Encourage local people to be involved in the organisation and management (including financial management) of area-based and regeneration activities, by recognising and developing their skills.
- b. Give community groups the power to influence local authority decisions and regional and national issues related to area-based initiatives. Also give them the power to help improve communication across sectors. Both can be achieved by:
 - providing resources (such as access to community facilities and help from voluntary and community groups) to support community participation in area-based initiatives
 - involving communities in decision-making and the planning and delivery of services to address the wider social determinants of health (via structures and mechanisms such as LSPs, local area agreements and comprehensive area assessments).

Approaches to Support and Increase Levels of Community Engagement

- i. Community members as agents of change
 - a. Recruit individuals from the local community to plan, design and deliver health promotion activities and to help address the wider social determinants of health. These ‘agents of change’ could take on a variety of roles, for example, as peer leaders and educators, community and health champions, community volunteers or neighbourhood wardens. Where necessary, offer training in how to plan, design and deliver community-based activities. Encourage them to recruit other members of their community to work on community-based interventions (so retaining the skills and knowledge gained within the community).
 - b. Encourage local communities to form a group of ‘agents of change’ (or use existing groups) to plan, design and deliver health promotion activities. The groups could include neighbourhood or community committees, community coalitions and school health promotion councils.
 - c. Recruit people to act as a conduit between local communities and organisations in the public, voluntary and community sectors. Ideally, recruit members of the local community. The recruit(s) may be described as neighbourhood managers or something similar. They should work with neighbourhood partnerships, community forums and community representatives to identify local needs in relation to employment, education, training, income, crime and other issues. They also need to help members of the local community to develop their capacity for involvement in community activities.
 - d. Use mechanisms such as tenant-controlled organisations, estate housing associations, housing boards and committees, as well as working with neighbourhood managers and renewal advisers to ensure the community’s views are heard (including the views of those who are often under-represented). In addition, use these methods to help residents tackle and improve:
 - housing (reducing repair and re-letting times and improving rent collection)
 - community facilities and youth activities
 - perceptions of the environment and crime (tackling rubbish, graffiti and fly tipping)

- local service delivery (by improving links and partnership working with the community and across and within sectors).
- ii. Community workshops to identify local needs and maintain high level of local participation
 - a. Run community workshops (for example, community arts and health workshops) or similar events. These should be used to identify local community needs and to maintain a high level of local participation in the planning, design, management and delivery of health promotion activities. The events should be co-managed by professionals and members of the community and held at a local venue.
- iii. Resident consultancy
 - a. Draw on the skills and experience of individuals and groups previously involved in regeneration activities (for example, via resident consultancy initiatives) to improve social cohesion and people's general wellbeing. These skills and experience should be drawn from as wide a range of individuals and groups as possible and used to:
 - engage with local residents and secure their trust
 - work 'with' rather than 'for' the local community
 - identify and work with local structures and organisations
 - offer advice, guidance, mentoring and training, if necessary
 - empower local people to build partnerships and run community organisations.

Evaluation

- i. Identify and agree the objectives of evaluation in collaboration with members of the target community and those involved in the planning, design and implementation of the activity. This should be agreed before the activity is introduced.
- ii. Involve members of the community in the planning, design and, where appropriate, the implementation of an evaluation framework that:
 - a. encourages joint development (by commissioners and the local community) of baseline measurement indicators and methods of monitoring the whole activity
 - b. considers the theory of change required to achieve success
 - c. embraces a mixed-method approach which uses appropriate research designs according to the questions asked (and makes use of participatory research methods)
 - d. includes a range of indicators that help to evaluate not only what works but in what context, as well as the costs and the experiences of those involved
 - e. ensures outcomes match the resources available and the time invested in the activity
 - f. identifies the comparators that will be used (if appropriate).

The NICE guidance report is scheduled to be updated in 2013.

CDC Principles of Community Engagement (2011)

This substantive report updates an earlier and smaller brochure that was produced by CDC in 1997. The heavily referenced report’s intent is to provide public health professionals and others with both a science base and practical guidance for engaging partners in projects that may affect them.⁸ It provides a deeper explanation than, and is complementary to, the NICE recommendations.

Similar to the *Population Health Template*, the CDC report outlines the differing levels of community engagement provided (see Figure 5).

Figure 5: Continuum of Community Engagement



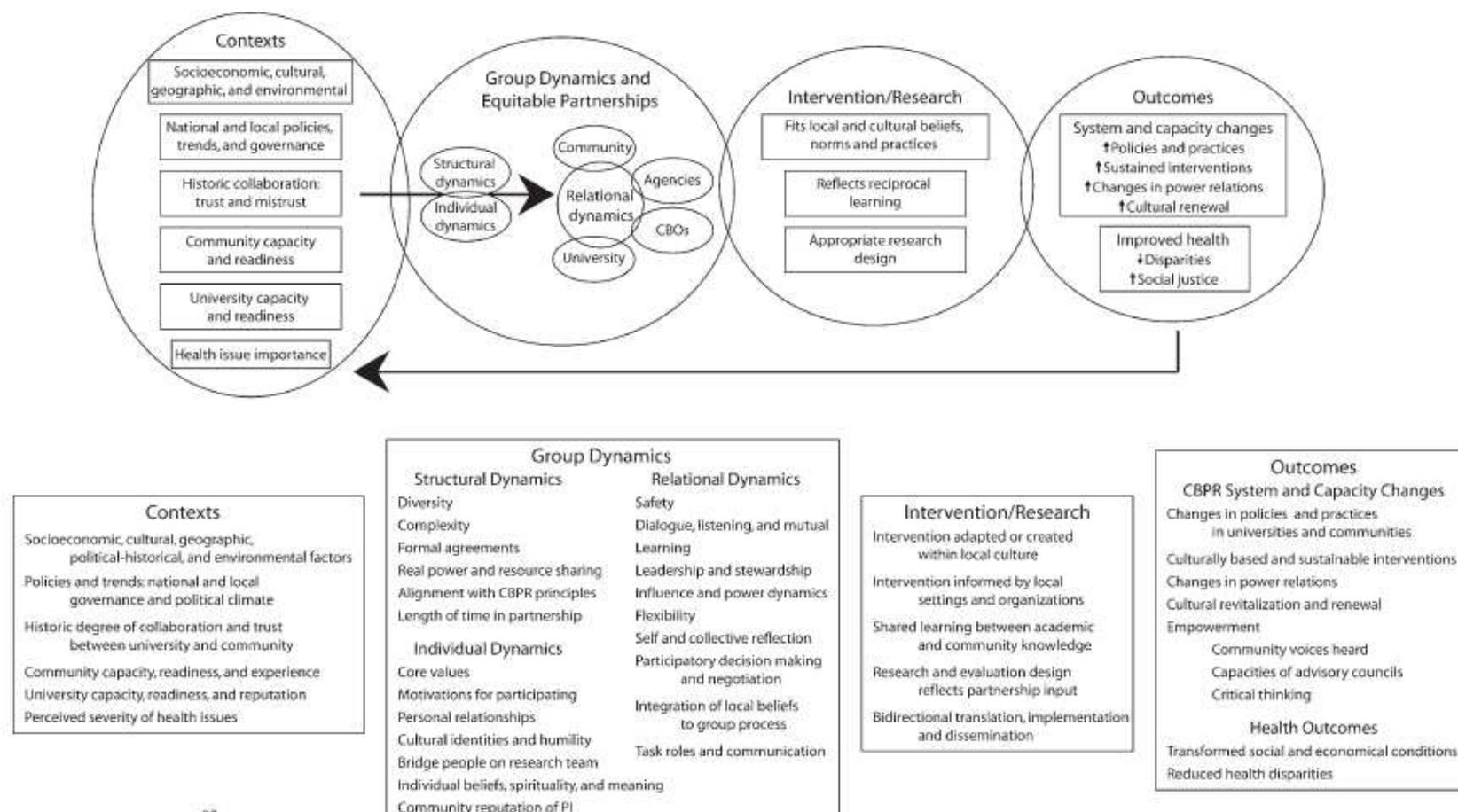
Source: Principles of Community Engagement. CDC, 2011.

The report provides a descriptive background of ‘useful concepts for the practice of community engagement’ including the following:

- culture and community engagement;
- community organization;
- community participation;
- constituency development;
- capacity building;
- community empowerment; and
- coalition building.

The report highlights a number of models and frameworks for community engagement. Figure 6 shows the Community-Based Participatory Research conceptual model, which highlights contexts, group dynamics, intervention characteristics and outcomes.

Figure 6: Conceptual Model for Community-Based Participatory Research.



Source: Wallerstein and Duran, 2010.¹⁶

Central to the report are the following principles for 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.
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.

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.
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.

For engagement to succeed....

5. Partnering with the community is necessary to create change and improve health.
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.
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.
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.
9. Community collaboration requires long-term commitment by the engaging organization and its partners.

The report describes 12 successful projects with reference to the application of the above nine principles.

Another chapter focuses on the organizational support for community engagement, which would be highly relevant for a public health organization planning to pursue this approach. As shown in the following table shell, the report addresses organizational planning by the dimensions of four practice elements and the types of structural capacity that are required. Appendix 2 provides the actual table contents.

Table 1: Table Shell to Facilitate Organizational Planning in Support of Community Engagement Initiatives

Practice Elements	Structural Capacity			
	Staff Competencies	Information/Data Requirements	Organizational Structures	Fiscal and Physical Support
Know the community				
Establish positions and strategies				
Building and sustaining networks				
Mobilizing constituencies.				

Additional chapters address challenges in improving community engagement in research, the value of social networking, and program evaluation. With respect to evaluation, the chapter reviews the various types of evaluation providing examples of evaluation questions. Table 2 is reproduced from the document, which provides sample evaluation questions by evaluation phase.

Table 2: Types of Evaluation Questions by Evaluation Phase

Evaluation Stage	Quantitative	Qualitative
Planning	What is the prevalence of the problem?	What are the values of the different stakeholders? What are the expectations and goals of participants?
Implementation	How many individuals are participating? What are the changes in performance? How many/what resources are used during implementation?	How are participants experiencing the change? How does the program change the way individuals relate to or feel about each other? To what extent is the intervention culturally and contextually valid?
Outcome	Is there a change in quality of life? Is there a change in biological and health measures? Is there a difference between those who were involved in the interventions and those that	How has the culture changed? What themes underscore the participants' experience? What metaphors describe the change? What are the participants' personal stories?

	were not?	Were there any unanticipated benefits?
--	-----------	--

Source: Principles of Community Engagement. CDC, 2011.

The chapter also briefly addresses evaluation of the engagement process providing the following example questions:

- Are the right community members at the table? This is a question that needs to be reassessed throughout the program or intervention because the “right community members” might change over time
- Does the process and structure of meetings allow for all voices to be heard and equally valued? For example, where do meetings take place, at what time of day or night, and who leads the meetings? What is the mechanism for decision-making or coming to consensus; how are conflicts handled?
- How are community members involved in developing the program or intervention? Did they help conceptualize the project, establish project goals, and develop or plan the project? How did community members help assure that the program or intervention is culturally sensitive?
- How are community members involved in implementing the program or intervention? Did they assist with the development of study materials or the implementation of project activities or provide space?
- How are community members involved in program evaluation or data analysis? Did they help interpret or synthesize conclusions? Did they help develop or disseminate materials? Are they coauthors on all publication or products?
- What kind of learning has occurred, for both the community and the academics? Have community members learned about evaluation or research methods? Have academics learned about the community health issues? Are there examples of co-learning?⁸

CHSRF – Strategies for Public Engagement (2010)

This critical interpretive synthesis focuses on “what is known about the effectiveness of interactive strategies for engaging the public in the development of healthcare policies and programs.”¹⁴ For the review, ‘interactive public engagement’ was deemed to include at least three components:

- i. provision of information to participants about the topic/issue;
- ii. opportunity for interactive discussion among participants and potentially between participants and the public engagement sponsors; and,
- iii. an explicit process for collecting individual and collective input.

Their extensive search strategy identified five existing reviews published between 2000 and 2009. Of these, the two of potentially greatest relevance have the same lead author (Abelson) as the current review. The other three reviews focussed on planning, priority setting and resource allocation for healthcare services. A key concern raised by the review is that the public engagement literature has paid little attention to defining and evaluating the effectiveness of the process.

The current review located 12 published empirical studies in the health field involving the evaluation of a public engagement initiative. Reflecting the broad definition of interactive public engagement, these studies were heterogeneous in nature. Most of the studies involved ad hoc deliberative meetings held over 1-3 days to seek input on a range of issues including health goals, planning, and priority setting. In some instances, a highly specific topic (e.g., xenotransplantation) was the subject of the engagement. In three studies, there were long-term collaborative partnerships over several months to years. These studies were retrieved and are reviewed in more detail.

A community-based participatory research project in a small town in Indiana describes the long-term partnership between a School of Nursing and the town's Healthy Cities Committee.¹⁷ Their goal was to make the healthy choice the easy choice. An initial review of health outcomes for the community found that they compared poorly to state and national rates. A number of policies were identified for immediate (tobacco control), intermediate (playground), and longer-term efforts (trails project and comprehensive land use policy). With the benefit of assessing progress over a period of years, a number of successful outcomes were identified. These included the passage of bylaws establishing non-smoking areas in all City buildings and the building of an elaborate playground on City property. For the latter, extensive involvement of community members occurred. Even when a policy initiative was unsuccessful (e.g., create a teen skate park), the large turnout of teens to the council meeting was viewed as a partial success regarding teen engagement. The trails project has had partial success at the time of the assessment. Overall, there was improvement in the community's increased concern about their health and that the community could do something about it.

A study by Sitzia et al describes area cancer partnerships in the UK National Health Service (NHS), which are comprised of patients, managers and a variety of health professionals.¹⁸ These groups are intended to provide an accessible source of consumer opinion, patient information and communication projects, and lobbying for service improvements. A number of tensions have been experienced including varying motivations of professional staff, obligatory participation by NHS staff, disclosure of patients' health and treatment experiences, and emotional attachment to the group. The unique nature of such groups likely limit the generalizability to public health issues.

The third paper by South et al describes the development of an organizational assessment tool for evaluating community involvement.¹⁵ The tool was designed to complement performance management frameworks allowing organizations to evaluate their progress on community involvement through a series of questions covering six aspects of community involvement. The intent therefore is not the evaluation of a particular community involvement initiative, but rather the extent to which the organization has positioned itself and is involved with its community.

Even among these three collaborative partnership studies, only the Indiana case study appears directly relevant for a public health organization embarking on a community engagement initiative. Of particular note is that the group did not have a well defined goal initially, but rather that it would seek to make the healthy choice the easy choice. From there, subsequent planning identified policy options for immediate, intermediate and longer-term action.

Overall, the review's key findings were:

- Interactive public engagement – that is, informed discussion among citizens that is designed to contribute to decision-making – can be implemented successfully in a variety of situations.
- The degree to which these processes are likely to be successfully implemented is shaped by a range of contextual variables. Organizational commitment and issue characteristics seem to play more important roles than other contextual variables.
- Public engagement mechanisms should be adapted to the wider context of policy development around the issue, including the type of topic, the group(s) to be engaged, the history of the issue and the perceived power dynamics.
- The skills required to conduct interactive processes can be learned in a supportive organizational environment.
- Participants in well-designed interactive public engagement processes tend to report high levels of satisfaction with the communication of objectives, adequacy of the information materials provided to inform discussions, and the logistics and management of the deliberation. Increased levels of topic-specific learning are also commonly reported.
- Interactive public engagement methods can influence participant views but are less likely to change more dominant views (top rankings, highest priorities).
- Group debate is an important contributor to perceived satisfaction with the process and the subjective outcomes of the event. Process satisfaction does not necessarily correspond with the perceived impact of participation on policy decision-making.
- Partnerships play a central role in promoting the effectiveness of community-based public engagement strategies. The institutionalization of these partnerships beyond their active phase is critical to enabling sustainable change.

DISCUSSION

As a public health approach, ‘community engagement’ is explicitly embedded within existing practice expectations and recommendations. Two key practice-relevant, comprehensive reports were retrieved. The review by NICE provides the evidentiary basis for community engagement efforts, while the CDC report provides more detailed guidance regarding *how* to do this work. Considering the extent and diversity of the primary literature, and the quality of these existing reports, it would neither be feasible nor is necessary to update these reports. NICE indicates it will be updating its guidance document in 2013, the results of which should be monitored.

Considering the number of conceptual frameworks, recommendations, principles, elements and organizational capacities described in these two reports, there is a pragmatic challenge of how Peel Public Health should pursue an evidence-informed community engagement initiative. The CDC report’s principles appear to provide guidance in this regard. Principle 1 states:

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

Key points regarding this principle include the following:

- The population/community to engage is the South Asian population because of their relative size in Peel and their relatively increased risk for adverse health outcomes related to type 2 diabetes
- The purpose or goal involves working with key organizations and leaders to create more supportive social and physical environments (i.e., policies) to improve the health of this population
- It is envisioned that a partnership involving community organizations and Peel Public Health will work collaboratively to identify opportunities for policy change and pursue action to achieve positive change. The nature, structure and processes for this collaboration will need to be iteratively adapted to the interests and perspectives of the community.

Principle 2 states:

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.

Achieving this principle will be a work-in-progress. As indicated in the information/data needs for community engagement (Appendix 2), an increasingly detailed understanding will be needed regarding:

- Community demographics.
- Socioeconomic status.
- Cultural beliefs, attitudes, and behaviours regarding health and other contextual aspects of community life.
- Community civic, faith, business, philanthropic, governmental, and other special interest entities — their missions/purpose, assets, and opinion leaders.
- Physical attributes of the community.

A preliminary understanding from available sources would ideally be available prior to pursuing engagement efforts. In addition, the understanding being sought needs to incorporate Principles 6-8. Specifically,

- Respect the diversity of the community regarding differences with mainstream Western norms, but also recognize and respect the diversity that likely exists *within* the South Asian community.
- Identify existing community assets and strengths and how they may be used in the engagement effort.
- The need to be flexible to meet the needs of the community. For example, there are different levels and types of community engagement, and these can evolve over time. Principle 4 indicates that “no external entity should assume it can bestow on a community the power to act in its own self-interest”. It will be counter-productive to assume a type of involvement that the community is not ready for or interested in pursuing. While Peel Public Health may initially envision the development of a collaborative process involving multiple community organizations to address structural policies, the early engagement efforts may indicate that a different type of engagement may be appropriate or find that there is a lack of current interest in pursuing public policy change.

The next step is to begin to pursue engagement as outlined in Principle 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.

An initial approach might be to:

- Arrange individual meetings with key organizations and community leaders to explore interest and perspectives on the nature of the problem, what might be done about it, and

key community features and attributes. A key outcome will be the extent of interest in meeting with other groups and individuals to identify ways of addressing the problem.

- Analyse what has been learned from these initial meetings with respect to common understanding of:
 - Nature of the problem (magnitude and causes)
 - What needs to be done about it (i.e., recognition of need for policy change)
 - Level of interest to work with others to address policy change
- Based on above analysis, design a workshop (if appropriate) with interested parties to improve common understanding and purpose and to seek agreement on moving forward (e.g., priorities for action; high level action plans; structural/operating mechanisms; etc.). It may not be feasible to tackle all of these questions in an initial workshop.

Based on the CDC report's advice regarding evaluation, as well as the Framework for Collaborative Action¹⁹, the following potential questions of interest are identified:

- What are the perspectives of different stakeholders?
- What are the expectations and goals of participants?
- Was a common purpose that transcends the work of individual agencies identified?
- How many organizations/individuals are committed to participating?
- Was a framework for action identified? (i.e., path of how community will get from 'here' to 'there'?)
- Were priorities/objectives for action identified?
- Were needs regarding organizational structure and operating mechanisms identified?

The appropriateness of the above questions is dependent upon the rate of progress made with the community.

As a quality check, the proposed process was compared with the NICE report's recommendations. Many of the recommendations do not yet apply since they address features once the engagement initiative is established. Nevertheless, the proposed approach appears to be consistent with the NICE recommendations. Specific NICE recommendations that are directly applicable include:

- Take account of existing community activities and area-based initiatives, past experiences and issues raised by the communities involved.
- Understand the gradual, incremental and long-term nature of community engagement activities.
- Set realistic timescales for the involvement of local communities and plan activities within the available funding.
- Build on past experiences to mitigate the possibility of communities experiencing 'consultation fatigue'.
- Agree and be clear about how community engagement can influence decision-making and/or lead to improved services. Anticipate the degree of impact it can have on the wider social determinants of health and health inequalities.

- Negotiate with all those involved to determine which community engagement approaches are most appropriate for different stages of the initiative.
- Clearly state the intended outcomes of the activity.
- Do not stereotype the target community or community groups with regard to age, sex/gender, disability, race/ethnicity, sexual orientation, religion or belief, or any other characteristic.
- Let members of the local community decide how willing and able they are to contribute to decision-making, service provision and management (recognise that this may change over time).
- selecting the community engagement approach most likely to achieve the project's objectives and outcomes
- Develop and build on the local community's strengths and assets (that is, its skills, knowledge, talents and capacity).
- Develop statements of partnership working for all those involved in health promotion or activities to address the wider social determinants of health (including community groups and individuals).
- Encourage local communities to form a group of 'agents of change' (or use existing groups) to plan, design and deliver health promotion activities. The groups could include neighbourhood or community committees, community coalitions and school health promotion councils.

Overall, the NICE and CDC reports provide important resources for a community engagement effort and will likely need to be utilized on an ongoing basis. For example, it is envisioned that there will be bursts of activity where Peel Public Health assesses its understanding of the community and situation and then embarks on a set of evidence- and principle-informed activities. This will produce more information which will improve/change the understanding and a new set of evidence- and principle-informed activities will be pursued. These moments of reflection and planning provide the opportunity to review the NICE and CDC recommendations and tools to constantly align analysis and action with recommended practices.

CONCLUSION

This targeted review confirmed that community engagement is a core expectation for public health practice. The review located two major reports that will be informative to Peel Public Health's engagement efforts. The NICE report provides the evidentiary basis while the CDC report provides the greater detail and tools to inform practice decisions. These reports provide sufficient evidence- and theory-informed guidance to Peel Public Health's future community engagement efforts.

APPENDIX 1 - SEARCH STRATEGIES

Medline:

Community engagement Community partnership Citizen engagement	AND	Health policy Public health	AND	Systematic review Meta-analysis Intervention\$
---	------------	--------------------------------	------------	--

Google Scholar:

(citizen engagement or community engagement or public engagement) AND (health policy or public health) AND (review or meta-analysis)

APPENDIX 2 - STRUCTURAL CAPACITY NEEDED FOR COMMUNITY ENGAGEMENT

Key Element	Staff Competencies	Information/Data	Organizational Structures	Fiscal and Physical Support
Know community, its constituents and its capabilities	<p>Outreach, relationship building, data collection and analysis, and information development and presentation.</p> <p>Technical assistance and assessment of training needs for organizational formation, planning and implementation of initiatives, communication and networking, and other engagement processes.</p> <p>Situational analysis and identifying opportunities for reciprocity within the community.</p>	<p>Community demographics.</p> <p>Socioeconomic status.</p> <p>Cultural beliefs, attitudes, and behaviours regarding health and other contextual aspects of community life.</p> <p>Community civic, faith, business, philanthropic, governmental, and other special interest entities — their missions/purpose, assets, and opinion leaders.</p> <p>Physical attributes of the community.</p>	<p>Organizational mission or values statement that supports a culture of long-term engagement with community partners.</p> <p>Recognition and reward systems for personnel who effectively perform duties of community information development.</p> <p>Information systems to manage collection, storage, analysis, and reporting of data on the capabilities of community partners; technical assistance and training needs for partners to undertake the formation of engagements, planning of initiatives, and implementation; development and maintenance of communication channels and networks; and opportunities to take part in other engagement processes.</p> <p>Policies and procedures regarding collection, storage, release, or publication of information, along with privacy and security safeguards.</p>	<p>Personnel, contract, or budget for providing information services.</p> <p>Budget for development and distribution of information materials.</p> <p>Office space for staff engaged in information services.</p> <p>Computer hardware, communication devices, and other office equipment.</p>

Key Element	Staff Competencies	Information/Data	Organizational Structures	Fiscal and Physical Support
<p>Establish positions and strategies to guide interaction</p>	<p>Information and policy analysis, strategic planning and strategy development, and initiative planning and implementation.</p> <p>Collaborative methods to work with diverse populations and build community capacity to analyze and apply information in decision making.</p> <p>Affiliation and network linkage development, organizational formation, collaborative leadership, facilitation, and participatory governance.</p> <p>Resource identification and leveraged resource management.</p> <p>Communications development and delivery.</p>	<p>Populations potentially affected by positions under consideration and influencing factors of socioeconomic, cultural, and other situational/contextual data.</p> <p>Population response anticipated based on beliefs, attitudes, past behaviors, and readiness to act and participate.</p> <p>Opportunities to engage opinion leaders in position and strategy determination.</p> <p>Symbols, physical location, institutions, and events likely to improve engagement.</p>	<p>Establish information systems to obtain formative information on issues for which community engagement is needed.</p> <p>Analyze the range of solutions or actions, unintended consequences, and the opportunities to successfully address the issue(s) where community engagement is intended.</p> <p>Project resource needs and potential ways to attract, leverage, and manage resources.</p> <p>Determine organizational position and strategies to initiate community dialogue on perceived issues.</p> <p>Present positions and negotiate consensus on community actions or what outcomes to achieve.</p> <p>Recognize and reward personnel that effectively perform community engagement and strategy development duties.</p>	<p>Personnel budget for strategic and program planning.</p> <p>Personnel budget for facilitating development of community capacity to act.</p> <p>Budget for strategic and program planning.</p> <p>Office space for staff engaged in strategic and program planning.</p> <p>Communication and computer hardware and other office equipment to support position and strategy development activities.</p>

Key Element	Staff Competencies	Information/Data	Organizational Structures	Fiscal and Physical Support
<p>Build and sustain networks to maintain relationships, communications and leveraging resources</p>	<p>Network analysis and affiliation processes, engagement processes that respect diverse populations and viewpoints, collaborative leader-ship, network formation and ethical management of asymmetrical power relationships, resource identification and leveraged resource management, and communications development and delivery.</p>	<p>Network demographics and socioeconomic status.</p> <p>Network cultural beliefs, attitudes, and behaviours regarding health and other aspects of community life.</p> <p>Network structures and opinion leaders within these structures.</p> <p>Network “boundary-spanners” who provide linkage across population and system segments of the community.</p>	<p>Recognize and reward personnel who effectively perform community engagement network duties.</p> <p>Identify and understand the patterns of communication, influence, and resource flow.</p> <p>Establish information systems to manage and maintain trusted two-way network communication.</p> <p>Encourage personnel to affiliate with formal and informal organizations and groups across the community and leverage those affiliation points to support the organization’s network structures (communication, power/influence, and resource flow).</p> <p>Establish information systems to support network formation and affiliation processes, network planning and implementation, and network resource identification and leveraged management.</p> <p>Oversee communications and policy-related activities needed to lever-age resources within the network structure.</p> <p>Establish, use, and monitor resource exchange systems that support network interactions and coordinated community collaborative work.</p>	<p>Personnel budget for network development and maintenance.</p> <p>Personnel budget to support and reward personnel performance in network development and maintenance.</p> <p>Office space for staff engaged in network development and maintenance.</p> <p>Communication and computer hardware and other office equipment to support mobilization activities.</p>

Key Element	Staff Competencies	Information/Data	Organizational Structures	Fiscal and Physical Support
<p>Mobilize communities and constituencies for decision making and social action</p>	<p>Mobilization and engagement processes, execution of mobilization strategies, initiative planning and implementation, collaborative organizational formation and participatory governance, listening, appreciating diverse populations and viewpoints, collaborative leadership to ethically manage asymmetric power relationships, resource identification, and leveraged resource management, and communications development and delivery.</p> <p>Technical assistance and training to build partner capacity to participate in community actions.</p>	<p>Emerging or new competitive viewpoints and cultural beliefs, attitudes, and behaviours regarding health and other aspects of community life.</p> <p>Shifts in community structures and opinions of leaders within these structures.</p> <p>Impacts of engagement and mobilization efforts</p>	<p>Collectively govern the collaborative process and communicate effectively with community partners.</p> <p>Establish information systems to manage and maintain trusted two-way network communication.</p> <p>Establish information systems to support affiliations and mobilization process of engagement initiatives, contingency planning to adapt implementation of collaborative interventions, and feedback on use and management of network resources.</p> <p>Deliver technical assistance and training.</p> <p>Establish information systems to provide feedback loops to evaluate impacts of engagement and intervention mobilization efforts.</p> <p>Track personnel affiliated with formal and informal organizations and groups across the community.</p> <p>Leverage affiliation points to support the organization's network and mobilization activities (communication, power/influence, resource flow, and collaborative interventions).</p> <p>Oversee communications and policy-related activities network and mobilization activities.</p> <p>Manage resource exchange needed to accomplish coordinated community collaborative work.</p> <p>Recognize and reward personnel that effectively perform community engagement and social mobilization duties.</p>	<p>Personnel budget for managing and evaluating mobilization activities that address active communication, power relationships, resource flow and use, and other collaborative processes.</p> <p>Personnel budget to support and reward personnel performance in managing and evaluating mobilization activities.</p> <p>Office space for staff engaged in managing and evaluating mobilization activities.</p> <p>Communication and computer hardware and other office equipment to support mobilization activities.</p>

Source: Principles of Community Engagement, 2011.⁸

REFERENCES

- (1) Public Health Agency of Canada. Population health template: key elements and actions that define a population health approach. Ottawa: PHAC (formerly PPHB, Health Canada), 2001.
- (2) Ontario Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto: Queen's Printer for Ontario, 2008.
- (3) Centers for Disease Control and Prevention. 10 Essential Public Health Services. 2010. Available from: www.cdc.gov/nphpsp/essentialservices.html. Accessed: 30-8-2012.
- (4) Centers for Disease Control and Prevention. National public health performance standards: local public health system performance assessment instrument. Atlanta: CDC, 2003.
- (5) Keener D, Goodman K, Lowry A, Zaro S, Kettel Khan L. Recommended community strategies and measurements to prevent obesity in the United States: implementation and measurements guide. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, 2009.
- (6) Institute of Medicine. The future of the public's health in the 21st century. Washington: National Academy Press, 2003.
- (7) Health Canada. Health Canada policy toolkit for public involvement in decision making. Ottawa: Health Canada, 2000.
- (8) Principles of community engagement. 2nd ed. Washington: Department of Health and Human Services, 2011.
- (9) National Institute for Health and Clinical Excellence. Community engagement to improve health. London: NICE, 2008.
- (10) Sheedy A. Handbook on citizen engagement: beyond consultation. Ottawa: Canadian Policy Research Networks, 2008.
- (11) Shalowitz MU, Isacco A, Barquin N, Clark-Kauffman E, Delger P, Nelson D et al. Community-based participatory research: a review of the literature with strategies for community engagement. *J Dev Behav Pediatr* 2009; 30(4):350-361.
- (12) Watson-Thompson J, Fawcett SB, Schultz JA. A framework for community mobilization to promote healthy youth development. *Am J Prev Med* 2008; 34(3 Suppl):S72-S81.
- (13) Evans D, Pilkington P, McEachran M. Rhetoric or reality? A systematic review of the impact of participatory approaches by UK public health units on health and social outcomes. *J Public Health (Oxf)* 2010; 32(3):418-426.

- (14) Abelson J, Montesanti S, Li K, Gauvin F-P, Martin E. Effective strategies for interactive public engagement in the development of healthcare policies and programs. Ottawa: Canadian Health Services Research Foundation, 2010.
- (15) South J, Fairfax P, Green E. Developing an assessment tool for evaluating community involvement. *Health Expect* 2005; 8(1):64-73.
- (16) Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *Am J Public Health* 2010; 100 Suppl 1:S40-S46.
- (17) Minkler M, Vasquez VB, Warner JR, Steussey H, Facente S. Sowing the seeds for sustainable change: a community-based participatory research partnership for health promotion in Indiana, USA and its aftermath. *Health Promot Int* 2006; 21(4):293-300.
- (18) Sitzia J, Cotterell P, Richardson A. Interprofessional collaboration with service users in the development of cancer services: the Cancer Partnership Project. *J Interprof Care* 2006; 20(1):60-74.
- (19) Fawcett S, Schultz J, Watson-Thompson J, Fox M, Bremby R. Building multisectoral partnerships for population health and health equity. *Prev Chronic Dis* 2010; 7(6):A118.