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A RIPPEL INITIATIVE

Companion on Community Member Engagement for Health Action Chapters

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Community Members Engagement Companion for Health Action Chapters

Introduction

Over the last two decades, the term “community engagement” (as well as resident, patient, and client engagement) has become such an important buzzword that rarely will a public health initiative neglect to explain, in detail, their plans for engaging the “community.” Partnerships proudly report employing a variety of methods of engagement: surveys, focus groups, town hall meetings, design charrettes, and more. In fact, community engagement has become a catch-all phrase that is used to describe almost any activity that involves local residents.

ReThink Health has analyzed actual practices associated with the word “engagement” and created the Resident Engagement Practices Typology which classifies the practices based on the three outcomes that partnerships or other organizations could actually achieve:

- Increase resident *awareness and participation* in the services provided by organizations
- *Secure feedback and input* from residents to improve services, processes, or policies
- Support *active resident leadership (community activation)* by creating conditions for large groups of residents to lead and be involved in transformational efforts



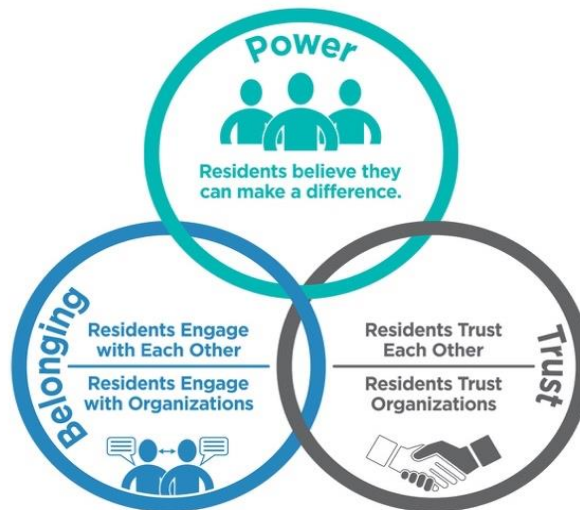
The purpose of this companion is to support Sonoma County Health Action Chapters in creating conditions for residents to lead and act collectively (active resident leadership), with the purpose of creating health.

The companion was co-created by the Sonoma County Community Members Engagement team and ReThink Health consultant Pedja Stojicic as part of the CACHI initiative. Team members were Erin Hawkins, Leticia Romero, Martin Rivarola, Karina Zappa, Vince Harper, Rebecca Ennis, Maricarmen Reyes, Linda Mechner, Evette Minor and Beth Dadko.



11 “Rules of Thumb” for engaging community members

ReThink Health’s research concluded that organizations which are most effective at creating the conditions for residents to lead and get involved ensure that their actions are helping residents experience all of the following: 1) a sense of belonging, 2) a sense of trust, and 3) a sense of power.



We’ve used this framework as our starting point to co-create the “rules of thumb,” based on practical experience rather than theory. These “rules of thumb” could guide **Health Action Chapters/Organizations** throughout its community member engagement efforts irrespective of changes in its goals, activities or plans.

1. Be consistent, transparent and hold the space for resident leaders
2. Relationship building takes a lot of time, but it’s critical for your success
3. Meet people where they are. Don’t force issues or topics, it will either disengage them or backfire against your efforts
4. Use the power of personal invite (always start with self-interest), but then create space for everyone to participate in actions, meetings etc.
5. Resident leaders are developed through *collective actions* not individual actions
6. Passion about the issues does not make a leader. Person must be able to organize and communicate with other members of the community
7. Small groups of effective resident leaders can accomplish a lot if you help them articulate their goals and actionable strategies

- 8. It's easier to recruit/engage people for specific issues/campaigns, but after an initial success we should broaden their interests**
- 9. Always work with the existing organizational leaders and prep them how to support the community members/resident leaders**
- 10. Be creative and fun. Playing games helps break down barriers, establish trust. Share food and celebrate**
- 11. Your Actions are creating long term legacies. Follow through. It's important to follow through on your commitments to individuals and communities**

Health Action Chapter Main STRATEGIES for Developing Active Resident Leadership



**Door to Door and
Listening
Campaigns**



**Issue- based
Peer
Education
Programs
(including
Community
Health
Workers)**



**Resident
Leadership
Development
Training and
Support System**



**Creating and
Activating
Inclusive
Community
Spaces and
Places**

Community Members Engagement Coordinator/Organizer

1. Hire a Community Member Engagement Coordinator/Organizer

Why would you do it?

Hiring a Community Member Engagement Coordinator/Organizer is a foundational pillar for developing active resident leadership. This person will support and lead all the other pillars and grow the capacity of Health Action Chapter to engage with residents. In addition, the Coordinator can serve and support other functions of Health Action Chapters, such as organizational coordination, leadership and alignment.

Community Member Engagement Coordinator/ Organizer Roles and Responsibilities (example)

- Develop a long term (5-year) strategy and coordinate activities
- Analyze history of community engagement in the community. Understand history from the resident perspective
- Review local health data. CHNA's summary measures of health
- Map and build partnerships with local existing groups/organizations
- Form and support resident leader activities and teams
- Develop effective communication plans (including social media)

2. Door-to-Door and Listening Campaigns

Why would you do it?

The Door-to-Door & Listening Campaigns are focused efforts to learn and build relationships in a geographic area or community. These campaigns can be performed regularly and could benefit both the chapters that are just starting to develop active resident leadership and those who already have years of experience behind them. There are many outcomes and benefits of conducting these type of campaigns, and among them are:

- Getting to know your people and announcing your presence in the community
- Identifying specific issues of concern
- Finding and recruiting new potential resident leaders/peer educators/community health workers
- Hearing feedback about events, activities and programs you are providing in the community
- Immediately connecting community members with existing resources or offerings
- Building trust and credibility in the community

Typical strategies (examples)

Corazon Healdsburg (led by Leticia Romero)

A door-to-door campaign was organized by Leticia Romero in Healdsburg. Leticia started by developing a list of questions to guide her conversations with community members. (see Appendix 1). If you are less experienced in doing door-to-door canvassing, make sure you practice by doing a role play with your colleagues or volunteers.

Decide when to conduct the door-to-door activity based on your knowledge of community habits in order to maximize the number of people who are home that you could reach. **Your personal safety should always be the highest priority, so use your best judgment on how to respond to different situations.**

In case of Healdsburg, Leticia was able to identify key topics that matter to her people and announce her presence and potential future activities in the community. The key topics that people identified were housing affordability and access to affordable, healthy food. Instead of forcing issues that are important to the Health Action Chapter, Leticia was able to make the connections between Chapter priorities and issues that were important for residents. During the process, she was also able to identify people who were interested in participating in future activities and potentially could be recruited as resident leaders.

As a follow up to the door-to-door campaign, Corazon Healdsburg organized “know your rights” community meetings to address the immigration concerns of community members and their families. People identified during the door-to-door campaign were invited to participate (and share information in their neighborhoods). The meetings were well attended, and Leticia recruited the initial group of future resident leaders (Committee of Residents).

Way to Wellville Listening Campaign, Spartanburg, SC

In 2017, ReThink Health had an opportunity to work with community leaders from the Way to Wellville initiative in Spartanburg, South Carolina. After winning the Robert Wood Johnson Foundation’s Culture of Health Prize in 2015, the initiative decided to conduct a deep listening campaign in five neighborhoods. The goal of the campaign was to understand what really matters to the residents regarding health and well-being, develop strategies for action, and identify new resident leaders to work with.

Way to Wellville leaders recruited and trained residents from different neighborhoods so they could learn the necessary community organizing skills to conduct the listening campaign.

The campaign was planned and implemented in three phases:

Phase 1: Recruitment (2 months). Activities included:

- Organizing information gatherings in the community to recruit volunteers (3-5 community gatherings)
- Spreading the word in the community through different channels (Facebook, radio, fairs, meetings, etc.)

Through this process 60 volunteers from the community were recruited.

Phase 2: Listening (8 weeks). Activities included:

- One day training and instruction for 60 volunteers
- 1:1 meetings with residents, house/public small meetings, larger meetings
- Celebration for the 60 volunteers and leadership team

At the end of this phase, the campaign engaged over 1200 residents.

Phase 3: Analysis and Report (2 months) Activities included:

- Analysis of the emerging topics/issues
- Follow up with one large community gathering to present the findings and ensure and recruit for the next steps

When resident volunteers started putting their skills to work in the campaign on the ground, we discovered that every neighborhood required a somewhat different approach in order for the listening campaign to be successful. Sometimes there were small things to consider, like ensuring the time of the listening sessions worked for residents' schedules, and sometimes there were much bigger issues, like racial tensions or differences in perspectives about neighborhood boundaries (city administrations use geographical definitions while residents' definitions depend much more on tradition and belonging). In the end, the Way to Wellville was able to adapt the campaign to each context, and as a result was better able to gather more complete information needed to work with residents on addressing barriers to health and well-being (and not just the thoughts of some residents from some neighborhoods).

3. Issue-based Peer Education Programs (including Community Health Works)

Why would you do it?

If the goal of your Health Action Chapter is to activate residents around specific health issues/topics and create space for people to participate based on their self-interest, values or availability, implementing a community health worker/peer education program is a good initial strategy.

Community Health Workers (CHW)/Peer Educators (PE) are trusted members of the community that serve as a liaison between health / social services and the community. They facilitate access to services and improve the quality and cultural competency of service delivery. CHWs/Pes also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

The main advantage of building a cadre of CHW/PEs is that they could be trained to implement any disease specific or relevant education or outreach in the community. This creates a long term, sustainable and flexible structure to support the work of Health Action Chapters.

Typical strategies (examples)

The Center for Well-Being Community Health Worker Program

The Center for Well-Being (CWB) has a structured Community Health Worker training program (The Health Promoter/Promotor@s de Salud (HP/PS)) to recruit, train, evaluate, and empower community members to become community health workers/peer educators. This program has been implemented previously with the Santa Rosa regional hub and more recently with the Sonoma Valley regional hub, and currently in the process of implementing it in Petaluma.

Through the PS/HP certificate program, community members learn skills to teach others to build their individual health literacy skills and to adopt behavioral change strategies to improve health outcomes. Learned skills among beneficiaries include monitoring blood pressure and weight, adopting healthier eating and physical activity to control these numbers, and equipping individuals with the skills to have informed conversations with their primary care provider.

During the 28.5 didactic training hours, participants improve their effectiveness in teaching others to develop health literacy skills and adopt behavioral change as they engage in progressive learning and application of program principals.

Community Health Workers receive skill training in the following core competencies:

- Communication Skills
- Interpersonal Skills
- Service Coordination Skills
- Capacity-Building Skills
- Advocacy Skills
- Teaching Skills
- Organizational Skills
- Knowledge Base on Specific Health Issues

Once trained, Community Health Workers utilize their acquired skills to conduct targeted, group or individual interventions. Community Health Workers are uniquely skilled to serve as the bridge between community members and clinical staff, forming trusted relationships with diverse communities including low-income, minority, and often rural populations at greatest risk for health disparities.

Peer education model to improve the health of young people

Peer education (PE) is a process through which people adopt knowledge on a certain subject and gain skills for further dissemination of such knowledge to their peers through workshops and other interactive lectures. Peer education is one of the easiest and most effective ways for young people to adopt knowledge on sensitive topics such as HIV/AIDS, sexually transmitted infections, and addiction diseases.

In order to implement a successful peer education program, you need the following components:

- Topic-related training for peer educators (similar to CHW, this training includes the facilitation and community organizing skills and practices)
- Coaching and supervision structure in order to maintain the quality of peer education provided and address the challenges that peer educators might experience on the ground
- Promotional and marketing materials to support peer educator activities

It's important to mention that peer education programs are usually volunteer driven.

4. Community Member Leadership Development Training and Support System

Why would you do it?

To build capacity and train new and/or existing resident leaders to engage the broader community and build the bridge between organizations/institutions and residents

Typical strategies (examples)

Community Action Partnership (CAP) Sonoma County Resident Leaders

Developing resident leaders is a long term and continuous process. Vince Harper, Director of Community engagement at CAP and Evette Minor, resident leader, have described the process in the following components.

Resident Recruitment – All events and activities are potential places for recruitment. Using health classes, fairs, door-to-door and listening campaigns. It's very important to have consistency of information and purpose in order to build trust and credibility among residents.

Regular meetings – Once you form the initial group of resident leaders, it's critical for them to meet regularly. On average groups have 10-12 active resident leaders. The groups can meet from once a week to once a month depending on the intensity of the work. The new formed group should meet more frequently in order to build relationships and learn basics of group process.

Trainings and support

Training to resident leaders could be provided through:

- Mini-conferences, one day trainings, networking events where people are sent and asked to come back and train the group (peer training)
- Specialized trainings
 - How to speak in the open Forum
 - How to prepare the presentation
 - How to use the funds and set up a council plan
 - Conflict resolution
 - Specific policy or specific events (with debriefs after the session – with positive experiences)

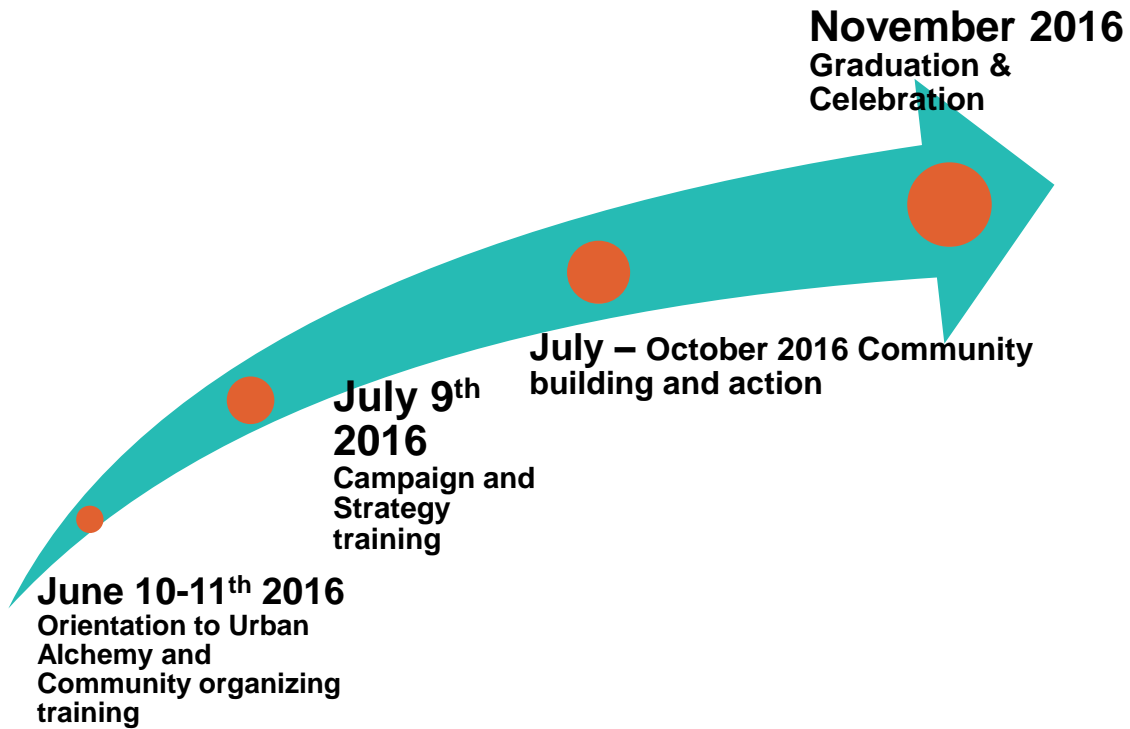
People are not paid, but meeting incentives (e.g. gift cards) are provided. There is also always space to support their professional development.

Data tracking – attendance at the meetings, development assessment to support their individual growth, what specific experiences they have and how to support them

Creating a Healthier Niagara Falls Resident Leadership Development Program

In 2016, with the support from the New York State Health Foundation, ReThink Health designed and led a six-month long leadership development program for Niagara Falls residents that led to the activation of more than 100 people in the community to improve healthy food access, create opportunities for physical activities, and reclaim public spaces to help improve community health. The initiative, Creating a Healthier Niagara Falls Collaborative, is now led by a group of local volunteers who have developed the capacity to train others and partner with and influence local institutions.

The main goal was to develop and support the “Creating a Healthier Niagara Falls Collaborative” (CHNFC) leadership development program (LDP) for residents to improve the training and leadership skills of Resident Engagement Council members. The intended outcome was to empower Niagara Falls residents to take responsibility and participate actively in the creation of health and wellness of the city, their neighborhoods, families, and themselves.



The LDP program included two training workshops covering the basic concepts of Community Organizing (developed by prof. Marshall Ganz) and Urban Alchemy (by prof. Mindy Fullilove) frameworks. Workshops covered the following topics:

<i>Urban Alchemy – Element One – City in Mind</i>
<i>Intro to Leadership and Community Organizing</i>
<i>Public Narrative: Developing your Story of Self, Us, Now</i>
<i>Building Relationships – Map of Actors and 1:1 practice</i>
<i>Urban Alchemy – Making a Sign</i>
<i>Building your Team and Structure</i>
<i>Developing your Campaign/Project Timeline</i>
<i>Getting into Action</i>

5. Creating and Activating Inclusive Community Spaces and Places

Why would you do it?

The quality of community spaces and places has a significant effect on our communities. When they are designed for people and with an understanding of the unique characteristics of a place, they play a valuable role in fostering social interaction and engagement in community life. Well- designed public spaces provide the opportunity for community participation, which increases social capital, supports community resilience and supports our health and wellbeing.

Public spaces include areas such as streets, town parks, parks and gardens, playgrounds, the interaction between buildings and public space, transport connections, community facilities, and other spaces where people interact outside the private realm. They can also include transformation of the existing spaces that

Well-designed spaces incorporate a number of design principles to create places that are well connected, inclusive, diverse, distinctive, walkable, safe, active and enhance local economy, community, environment and identity.

Typical strategies (examples)

Como Clinic Health Club, Minnesota

HealthPartners Como Clinic in Minnesota created a health club that brings neighbors together and encourages them to be more active in their own health. What they've done is open their space to community members and allow them to co-produce and co-create activities and programs that they might find interesting and important.

Within few years, Health Club has become a gathering place for community members and offers plenty of activities from walking clubs, yoga classes, gardening workshops to poetry groups. All of those activities are resident driven, volunteer activities. But it's not just community members who participate. Nurses, clinic assistants, pharmacists and providers are involved as well, and it created a new opportunity for them to learn more and interact with community.

The initial investment of Como Clinic was the gathering space and support for food.

<https://www.healthpartners.com/hp/about/about-blog/club-at-como-clinic-promotes-health.html>

Pitfalls to avoid

Skate park in Windsor

The Windsor skate park was built before scooters were a “thing”. Within a few years of it's being built the park was filled with both scooterers and skateboarders, and even occasionally BMX bikes. The skate park was a bustling, well-used park—much more so than any other park in town. An issue arose several years later when the ‘skaters’ complained about the scooterers (mainly because the park was too crowded for their pleasure). At that point the Town kicked out all of the scooterers because the park “was not built for scooters” because the town's insurance carrier demanded that scooters be excluded even though there had never been a safety issue in all of the years that they coexisted. The park was shut down for quite a bit of time while a remedy was sought. In the end no solution was found. The kids affected by the changes lost interest in using the park at all as their skills waned and they got older, and any momentum towards building a second park was lost. In the end everyone turned a blind eye to how the park was being used and everything went back to a peaceful, issue-free, normal.

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