Module 6: Research to Practice – Community Engagement

Slide 1: Introduction

Hello. My name is Anh Tran. I am an Assistant Professor in the Department of Community and Family Medicine at Duke University School of Medicine. Today I will be presenting Module 6: Research to Practice. This module is comprised of three sections, and this one covers the topic of Community Engagement. This Research to Practice module is one in a series created through funding from the Centers for Disease Control and Prevention and the Association for Prevention, Teaching and Research.

Slide 2: Acknowledgements

APTR wishes to acknowledge the following individuals who developed this module:

- Anh Tran, PhD, MPH
  Duke University School of Medicine, Department of Community & Family Medicine
  Duke Center for Community Research
- Victoria S. Kaprielian, MD, FAAFP
  Duke University School of Medicine, Department of Community & Family Medicine

The education module is made possible through the Centers for Disease Control and Prevention (CDC) and the Association for Prevention Teaching and Research (APTR) Cooperative Agreement, No. 5U50CD300860. The module represents the opinions of the author(s) and does not necessarily represent the views of the Centers for Disease Control and Prevention or the Association for Prevention Teaching and Research.

Slide 3: Presentation Objectives

The objectives of this module are the following:

1. Define the concept of community, community health, and community engagement.
2. Identify and define the fundamental principles of working with a community.
3. List actions to implement the aims of the fundamental principles of community engagement.
4. Explain some of the complexities of working with a community.
5. Delineate a structured process to plan for community health programs.

Fourth, to explain some of the complexities of working with a community, which can include social, political, ethical and financial factors. Finally, to delineate a structured process to plan for community health programs.
Module 6: Research to Practice – Community Engagement

TRANSCRIPT

Slide 4: What is Community?

What is community? A community can be conceptualized as a group of people who are linked by social ties, share common perspectives or interests, and/or may or may not share a geographic location. What are some groups that could be defined as a community? A community could be, for example, seniors living in a low-income housing facility or it could be students and staff in a local school system or a community could be all the neighbors in a subdivision or a group of people at a worksite.

Slide 5: What is Community Health?

What is community health? Community health is a clinical discipline that combines health delivery and public health. Nationally there is a growing emphasis on using community-engaged service to develop programs to address the health needs of communities. Multi-disciplinary, innovative and collaborative programs can meet communities’ needs for clinical services, health education, and health promotion and disease prevention programs. Such programs can develop new ways to serve populations who face barriers to care within the traditional medical system. Working with the community can be an exciting and rewarding process. A community setting offers the opportunity to proactively address patients’ health needs but also presents different challenges than working in a conventional clinical setting. Programs can range from a one-time medical screening event to an ongoing educational program for community residents. No matter the size or scope of a community health project, many of the basic steps are the same. Of equal importance is understanding the approach to use when working in the community. Health professionals and health learners should be respectful, consider the program a collaboration and be able to compromise. The process of developing a community health program requires sensitivity, commitment, flexibility and diplomacy. Therefore, a second component of community health is to develop programs that build bridges between medical centers and communities by using evidence-based medicine, public health methods, and infrastructure and health care delivery resources. This enables practitioners to see people within their social, cultural and political contexts and to become more aware of the social determinants of health.
Module 6: Research to Practice – Community Engagement

TRANSCRIPT

Slide 6: What Are the Advantages of Community Health for Practitioners?

What are the advantages of community health for practitioners? First, we can see more than one patient at a time. Many practitioners find themselves frustrated with the limits of caring for one patient at a time, especially since they have limited time to spend with each patient. Health problems are intimately linked to the social, cultural and economic conditions in which patients live. Secondly, community health enables practitioners to have a broader impact on health and to affect health problems at earlier stages. Third, working with groups to change health behaviors can be more cost effective than working one on one. Ultimately, effective and well-developed community health programs can have a sustained impact on the health of a community.

Slide 7: What is Community Engagement?

What is community engagement? The Centers for Disease Control and Prevention (CDC) defines community engagement as: “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 those people.”
Slide 8: Population Health and Ethical Considerations

Many health problems can best be addressed at the population level. However, there are ethical concerns when health care providers design health programs for populations, such as: First, there is the problem of making assumptions about the health needs of a group. This raises ethical issues concerning the rights of self-determination. Although a group may share characteristics with other communities, practitioners should not make assumptions about a group’s health concerns or behaviors. Secondly, there is often the oversight of not meeting with community members to discuss health issues and solicit feedback. To respect each community’s history and culture it is necessary to meet with community members to discuss health issues. Community members will then have an opportunity to present their concerns about health issues in their community. This information and the process of listening to community members should inform the design and implementation of community health programs. To give you an example, social class can be a large factor in the determination of health needs. A college educated, middle-class African American may have different health concerns from those of a lower-income, less educated African American community. Depending on either individual to speak for the health needs of all the community’s African Americans deprives community members from communicating their own ideas about their health needs. In a similar example, the Latino population in the US is not homogeneous. Mexicans may have different health issues than Nicaraguans. Health needs may be determined by class, race and occupation both in the country of origin and in the US.
Historically, some communities have felt over-researched – such as more marginalized communities including people of color, lesbian/gay/bisexual/transgender communities, new immigrants and refugees, people with HIV/AIDS, and/or native born people. The experience of the participants in the Tuskegee syphilis experiments and the subsequent fall-out when that became public news added greatly to the distrust among many marginalized community members and the organizations serving them towards researchers and research in general. Secondly, researchers come to give data and don’t give back. This is what Aboriginal people in Canada, for example, refer to as “helicopter research” and others have called it “parachute research” and drive-by research.” Researchers “fly in” to reserve communities, administer surveys, and leave.

Bullet 3: Third, communities may feel that researchers will “drain” their resources. Researchers may hamper the work of the community’s mission (for example, taking staff away from their usual responsibilities to attend meetings and perform tasks related to the research). Bullet 4: Finally, “turf issues” among community members can hinder trust. Community groups may be in direct competition for scarce funding dollars which may lead to feelings of “why do we need to spend money to research what we already know”? Therefore, your respectful approach and demeanor, and your clarity about your purpose and the project, create trust that helps the project advance, and builds willingness for members of the community to work with you, and other university colleagues, in the future.
Slide 10: Fundamentals for Working With the Community

Fundamentals for Working with the Community:
The following slides summarize seven fundamental concepts for working with the community. They include detailed information as well as actions which will help outsiders become more familiar with how best to work in a community.

Slide 11: Fundamental 1: Understand the community context and geography

Fundamental 1: Understand the community context and geography. We encourage you to look at factors that contribute to how the community views someone from your institution or any other service-providing agency. Consider historical events that have shaped the community’s views. Understand community views about health care and your institution. Identify the main neighborhoods and their characteristics. Be familiar with health-related organizations serving these neighborhoods.

Slide 12: Actions

Some possible actions include: Identify people at various local health-related organizations to whom you can speak to learn more about the community. Good starting points could be leadership at the local/county health department, department of social services, and/or school(s) of public health in the area. Secondly, talk to people to get a better understanding of impacting matters such as race relations, political issues, and social and environmental conditions. Third, read about the history of the area. Fourth, read the local paper to know current issues.
Slide 13: Fundamental 2: Respect social customs

Fundamental 2: Respect social customs. It is important to value peoples' opinions and personal space. Societies have different norms concerning issues such as: how close to stand to another person when talking, whether people touch each other during a greeting, how much body language and expression people display while speaking, how much eye contact is appropriate during a conversation, how formal language should be with a new acquaintance, how open to be with people in positions of authority, what topics and what personal information can be discussed in a private conversation or with a group.

Slide 14: Actions

Some possible actions include: First, observe how much community members interact with each other and with visitors. Next, be aware of group norms regarding physical contact. Some people are comfortable with a verbal greeting, some prefer to shake hands and others will give a hug. As people get to know you they may treat you differently, more like a friend than a colleague. Finally, unless directed otherwise, address people formally, not by first name. Ultimately, the key point to remember is to always try to respect the views and decisions of community members.

Slide 15: Fundamental 3: Respect cultural beliefs and behaviors

Fundamental 3: Respect cultural beliefs and behaviors. Culture can be thought of as an integrated pattern of learned beliefs and behaviors that are shared among a group of people. Beliefs and behaviors can include styles of communication, ways of interacting, views on roles and relationships, values, practices, and customs. Try to respect the different cultural beliefs and behaviors of others which may differ from your own, such as issues regarding: appropriate roles of males and females in society, reverence for elders, appropriate dress, the importance of education, wealth and status and the role money plays in religious ceremonies.
Slide 16: Actions

Some possible actions include: Observe interactions carefully to develop sensitivity to cultural differences. For example, does your group of interest say grace together before a meal? Do they begin meetings with a prayer? How do they introduce themselves? Do they identify themselves by their jobs, their churches, their families, or by their volunteer activities? How do they end a meeting?

Next, respect cultural differences when interacting with community members. For example, notice if people interrupt each other during meetings, how much deference is shown to older people, how loudly people speak. Is it acceptable to criticize someone during a meeting even if they are not present? Finally, understand the role that cultural plays in overall health care, prevention attitudes, and treatment decisions. For example, do cultural beliefs encourage more fatalistic attitude regarding prevention and/or treatment? When discussing treatment decisions, does a male elder need to be present and/or make the final decision?

Slide 17: Fundamental 4: Recognize that people communicate differently

Fundamental 4: Recognize that people communicate differently. For example, within communities, there are often accent and language use differences which are related to race or social class. Word usage may be different among age groups within a community. When trying to understand or use a language that you do not know well ask for help; there may be false cognates which are words that sound like English, but have a different meaning from the word in English.
Module 6: Research to Practice – Community Engagement

TRANSCRIPT

Slide 18: Actions

Some possible actions include: Awareness of regional speech differences, cultural variations in meaning of words. Maintain eye contact and general communication with the person speaking, especially when working with interpreter. Ask questions if you do not understand what is being said. Paraphrase what you think the person said to make sure you have understood them.

Slide 19: Fundamental 5: Be friendly, approachable, and attentive in order to learn from community members

Fundamental 5: Be friendly, approachable, and attentive in order to learn from community members. Be accepting of all members of the community. One of the responsibilities of community work is to welcome the opportunity to work with every community member. Use good judgment — you are representing your institution. Take care not to do anything that might offend a community member. Treat others with the respect with which you would want to be treated.

Slide 20: Actions

Possible actions include: remember that you are a guest when you are visiting in a community. Be open and ready to learn. Be patient and polite. Take the time to listen carefully to community stories and discussions.
Slide 21: Fundamental 6: Observe community etiquette

Fundamental 6: Observe community etiquette. Follow through on your commitments. Be flexible; plans often change. When presenting a project, follow the protocols that exist within the community.

Slide 22: Actions

Some possible actions include: First, as a representative of your institution, be mindful of being on time and of your overall presentation. When working in community settings, it is best to dress professionally to show respect. However, do observe community norms and be ready to alter your sense of time and appearance to conform to that of the community. If not sure how to dress or how to negotiate community norms, ask a community member. Be aware of the power hierarchy and of community gatekeepers who can provide helpful insight.

Slide 23: Fundamental 7: Work towards becoming culturally competent

Fundamental 7: Work towards becoming culturally competent. Cultural competence is a developmental process, not an end result. It is a continual process which encourages awareness of one’s own social and cultural assumptions while learning about the culture and beliefs of others. As defined by the DHH Office of Minority Health in 2001, cultural competence can be conceptualized as: “A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”
Slide 24: Actions

Possible actions to increase your cultural competency for community work include:
- Examine your own cultural assumptions and beliefs.
- Try to become aware of personal attitudes, beliefs, biases and behaviors that may influence interactions with colleagues and staff from diverse racial, ethnic and socio-economic backgrounds. Consider every encounter as a cross-cultural experience. Racial and ethnic groups are not homogeneous. There is great social and cultural diversity within these broad classifications.
- Be flexible and adaptable.
- Be aware of differences within groups.
- Be prepared to address communication barriers.
With the advisory board, plan program evaluations to monitor progress and results.
Share the results of these evaluations with your CAB and other community members. Then, implement the program. Keep the CAB and other contacts in the community aware of the project’s successes and challenges. Be honest and open to suggestions to improve or re-direct the program. Be sure to use progress data to modify the program to improve it. Share aggregate data and analysis. It is crucial to thank all who have contributed to the program and to acknowledge their specific contributions. And finally, last but not least, disseminate outcomes to all involved and to wider audiences.

In summary, in order to be successful one must be able to: listen carefully; spend time working with the community; negotiate; respect the judgment and will of the community; and remain focused. Flexibility, adaptability and a sense of humor are essential skills in any environment but are especially important in planning and conducting community health programs. The steps listed above are to be thought of as guidelines, not hard and fast rules.

In summary, there are a few key points to take from this module presentation. First, determinants of community health are often multi-layered and interrelated. Aside from individual risk factors, determinants of health include the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are often shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. Second, practicing the fundamentals of community engagement can help gain a community’s trust and determine a community’s true health needs. The process of working with a community to determine health needs and develop appropriate programs requires different knowledge and skills than those used in a conventional clinical setting. A better understanding and proficiency in practicing the fundamentals of community engagement can allow you to better assess community needs, assets and resources. Together, you and your community collaborators can develop a strong and trusting partnership to address the community’s most important health needs. Finally,
implementing successful community health programs requires thoughtful planning and collaboration with community partners. Efforts to get communities to change lifestyle behaviors or surrounding environments will be most successful if those asked to make such change are included in the planning (and, hopefully, even the implementation and/or evaluation) process. In addition to fostering positive health program outcomes, partnership with the community is also thought to empower community participants by increasing their knowledge and skill levels, their feelings of control and competence to make a difference, and their sense of self-worth and dignity. Furthermore, community collaboration builds a community’s capacity to tackle future health issues. It also fosters the overall health of the community by strengthening citizens' trust in each other and their connectedness to the community.
Module 6: Research to Practice – Community Engagement

TRANSCRIPT

- Sharon Hull, MD, MPH
  President
- Allison L. Lewis
  Executive Director
- O. Kent Nordvig, MEd
  Project Representative