

# Centering Community Voice: Actionable Strategies for Injury & Violence Prevention

Communication Strategies for Strengthening IVP  
Programs ECHO Series



# Why This Matters: A Quick Grounding

**Community voice isn't a checkbox — it's the mechanism for relevance and trust.**

## Messages Miss the Mark

Programs and messages designed *about* communities — without their input — routinely fail to resonate, reach, or motivate action. Proximity matters.

## Data Has Blind Spots

Lived experience surfaces context, nuance, and barriers that epidemiological data alone cannot capture. It fills the gaps that surveys leave behind.

## Trust Deficits Are Real

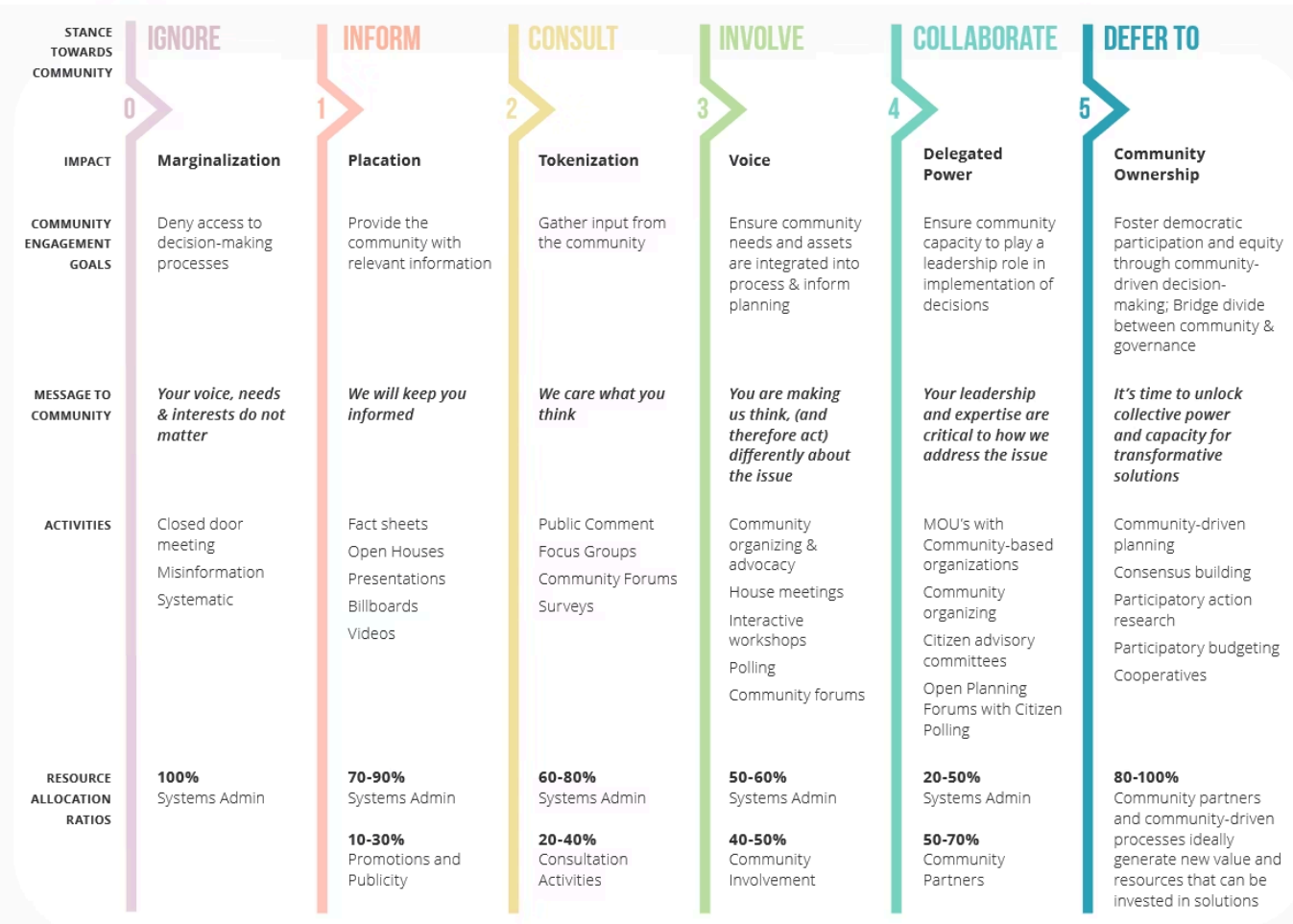
Historical and ongoing harms have created deep skepticism toward public health institutions. Genuine community engagement is how trust is rebuilt — slowly, consistently, and through action.



# Framework: Spectrum of Community Participation

Know where you are on the spectrum – and where you want to go.

## THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP



# Building the Relationships That Make Engagement Possible

**You can't center community voice without community relationships – and those take real investment.**

## Actionable Strategies:

- Assess your current partnerships
- Get clear on your goal or mission
- Assess alignment
- Identify bridges of trust
- Respect the timeline of new relationships
- Invest in existing partnerships too



**Key Principle:** Relationships are the infrastructure. Everything else – co-creation, ethical engagement, two-way communication – depends on them.

# Strategy 1: Collaborating with Community to Develop Messages

Co-creation produces messages that actually land.



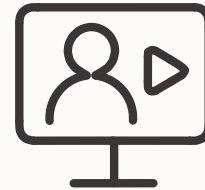
## Convene Early Workshops

Bring community members in *before* materials are drafted – not as a final review step. Problem framing starts here.



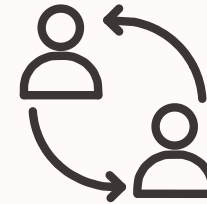
## Use Paid Community Advisory Boards

CABs with stipends, flexible scheduling, and plain-language materials signal that participation is valued – not extractive.



## Test with the Intended Audience

Use cognitive interviewing or focus groups with real community members – not only health literacy reviewers – to surface what resonates.









## Build in Iteration Loops

Share drafts, collect feedback, revise, and share again. Iteration isn't inefficiency – it's quality assurance.

**Key Principle:** Community members should shape the *problem framing*, not just the wording. The "why" matters as much as the "how."

# Strategy 2: Ethical Approaches to Incorporating Lived Experience

Lived experience is expertise — treat it that way.

| Ethical Principle  | What It Looks Like in Practice  |
|--|---|
|  Compensation           | Pay community advisors, speakers, and reviewers fairly — at professional rates, not token honoraria |
|  Informed Consent       | Clearly explain how stories will be used, stored, and shared — before collection begins             |
|  Narrative Ownership    | Let contributors review and approve how their story is presented in any final material              |
|  Avoid Retraumatization | Never require disclosure of trauma as a condition for participation or inclusion                    |
|  Credit & Attribution | Name contributors in materials and products when they consent to be recognized                      |
|  Reciprocity          | Share findings, products, and outcomes back with the people who contributed to creating them        |

# Strategy 3: Two-Way Communication & Ongoing Engagement

Engagement isn't an event – it's an ongoing relationship.

## Coalitions & Partnerships


Assign a point person to *bring information back* from meetings – not just represent your agency. Close the feedback loop by sharing what you heard and what action you took.

## Community Meetings

Co-facilitate with a trusted community partner. Use structured listening formats. Offer multiple access modes: in-person, virtual, and written comment.

## Ongoing Channels

Use text or WhatsApp groups for real-time feedback. Produce community newsletters and briefs *written with* community partners. Hold "report-back" sessions after data collection or program evaluation.

 **Key Principle:** After every engagement, answer three questions: *What did we hear? What will we do? When will we follow up?*

# Putting It Together: A Quick Self-Audit

## Where are the gaps in your current work?

*Think of a current project or communication effort. At what point does community voice enter the process? Is there a step where it could enter earlier – or where feedback loops are missing?*

– 30-second individual reflection or pair-share

## Three questions to bring back to your team:

1

### Co-Creation vs. Review

Are community members co-creating content from the start, or are they only reviewing drafts at the end of the process?

2

### Compensation

Are we compensating community members fairly for their time, expertise, and the value they bring to our work?

3

### Closing the Loop

Are we consistently reporting back to communities after every engagement – not just collecting input and going silent?

# Resources & References

## Keep Building Your Practice



### Principles of Community Engagement (3rd Ed.)

The foundational framework for understanding community engagement in public health contexts. Covers theory, ethics, and application across diverse settings.



### Community Toolbox

A comprehensive, free online resource from the University of Kansas offering practical guidance for building healthier communities through participatory approaches.



### Prevention Institute: THRIVE Community Tool

Applies a structural determinants lens to community health planning – ideal for IVP programs addressing root causes of violence and injury.



### SAMHSA's Trauma-Informed Approach

Essential guidance for ethical engagement with populations affected by violence – integrating safety, trustworthiness, and empowerment at every touchpoint.

# Summary & Close

## Three Takeaways to Carry Forward

### 1 Co-Create, Don't Just Consult

Community members should shape the message from the beginning – defining the problem, framing solutions, and driving the narrative. Consultation at the end is not co-creation.

### 2 Lived Experience Is Expertise

Compensate fairly, protect narrative ownership, and credit contributors ethically. People who have lived through what you're trying to prevent are your most valuable partners.

### 3 Close the Loop – Every Time

Two-way engagement means reporting back what you heard, what you decided, and what you will do next. Silence after engagement erodes trust faster than never asking at all.

*"Centering community voice is not an add-on to good public health practice. It is good public health practice."*

