

Community Engagement Values and Principles

Community engagement at the Public Health Division

The Public Health Division (PHD) has a commitment to engage communities in productive and supportive ways. This work is grounded in public health theory and linked to improved health outcomes and public health systems improvements (CDC 2011). This document identifies some of the foundational goals, values, and principles of the division’s approach to community engagement. The division interacts with stakeholders, partners and community organizations in a range of situations that include community engagement, enforcement, regulation, and other public health activities.

Public Health Modernization (PHM) goals and strategies illustrate our existing commitment to this work. Community partnership development is a foundational capability of a public health system, achieved through meaningful community engagement, shared leadership, resource allocation and co-creation of objectives, milestones, and measures (OHA 2017).

Community engagement continuum

All levels of community engagement have value. Community engagement is often viewed on a continuum moving from lower levels of trust and impact to higher levels.

Levels of community involvement, impact, trust, and communication flow

Outreach	Consult	Involve	Collaborate	Shared leadership
<p><i>Some community involvement</i></p> <ul style="list-style-type: none"> ● Communication flows from one to the other to inform ● Provides community with information ● Entities coexist 	<p><i>More community involvement</i></p> <ul style="list-style-type: none"> ● Communication flows to the community and back, answer seeking ● Gets information or feedback from the community ● Entities share information 	<p><i>Better community involvement</i></p> <ul style="list-style-type: none"> ● Communication flows both ways, participatory form of communication ● Involves more participation with community on issues ● Entities cooperate with each other 	<p><i>Community involvement</i></p> <ul style="list-style-type: none"> ● Communication flow is bidirectional. ● Partners with community on each aspect of project ● Entities develop bidirectional communication channels. 	<p><i>Strong bidirectional relationship</i></p> <ul style="list-style-type: none"> ● Final decision making is at community level ● Entities have formed strong partnership structures
<p>Outcomes: Establishes communication channels and improves understanding of needs.</p>	<p>Outcomes: Develops connections.</p>	<p>Outcomes: Visibility of partnership established with increased cooperation.</p>	<p>Outcomes: Partnership building, trust building.</p>	<p>Outcomes: Improved outcomes affecting community. Strong bidirectional trust built.</p>

(adapted from CDC 2011)

We cannot start at the highest level; we must work across the continuum by investing in outreach and consultation to build relationships that require trust: involvement, collaboration and shared leadership. Shared leadership is not always the goal. We strive to engage partners who share leadership with us where we can.

Values and principles of community engagement

Community engagement must be genuine to support the relationships we build. Interactions should take history into account, honor and prioritize community experience and be respectful. We should:

- Acknowledge there are institutional, systemic and structural barriers that perpetuate inequity that have silenced the voices of communities over time.
- Commit to partnership in the co-creation and co-ownership of solutions with communities disproportionately affected by health issues so they can actively participate in planning, implementation, evaluation, and funding opportunities to address their needs (CO 2017).
- Recognize community-engaged health improvement is a long-term, evolving process.
- Engage with communities through deliberate, structured processes defined by best practices.
- Make it easier for communities to engage with public health by intentionally coordinating activities through internal staff engagement.

What is community engagement?

Community engagement is the development of long-term, evolving relationships with community partners. From these relationships, PHD would identify those experiencing health inequities, engage those communities in state and local government and earn and maintain the trust of community residents. Our aim is to engage residents at a grassroots¹ level by working toward common goals and ensuring mutual benefits (OHA 2017).

Community engagement is	Community engagement is not
A shared-leadership approach where communities are involved and actively engaged in the decision-making process from the beginning. Their values, strengths, resources, and input shape the work that will affect their health.	Uninformed by feedback to determine policies and practices that work for affected communities.
Multi-directional and mutually-beneficial: A two-way exchange of information, ideas and resources. This is a collaborative effort between communities and public health staff.	One-sided or draws resources from community members without benefit to them.

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¹ Our definition of grassroots: initiatives, groups or organizations that are led and developed by people in a given region or community. Grassroots movements and organizations use collective action from the local level to effect change at the local, regional, or national level

Community engagement is	Community engagement is not
Supported by leadership and all levels of public health practice through technical assistance and resources.	Under-resourced so that community organizations see their engagement as cursory or superficial.
Beneficial to the community and financially supported. This could include training, other resources, or funding for new and ongoing community work and capacity building.	At the expense of the community.
Directly supporting communities or government partners with contracts, resources, and language that facilitates their engagement of communities. This will center the ideas, expertise, and vision of the communities involved.	Partnering with state and local government without ensuring that they have engaged local communities.

Community engagement is central to our work

Community wisdom is necessary for communities’ health (CO 2017). Community partners have the most valuable and insightful perspectives, experience, and expertise when it comes to their own health (CDC 2011). By increasing the range and depth of relationships, the division can move toward defining and achieving collaborative public health goals (OHA 2017).

This document was created by the Community Engagement Workgroup, a sub-committee of the Health Equity Workgroup. The Public Health Division Executive Team adopted and committed to these values and principles on June 11, 2019.