



# Executive Summary

# EXECUTIVE SUMMARY

Involving the community and collaborating with its members are cornerstones of efforts to improve public health. In recent years, for example, community engagement and mobilization have been essential to programs addressing smoking cessation, obesity, cancer, heart disease, and other health concerns (Ahmed et al., 2010; Minkler et al., 2008). In October 1995, recognizing the importance of involving the community, the Centers for Disease Control and Prevention (CDC) established the Committee for Community Engagement, which was composed of representatives from across CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Two years later, that committee developed the booklet *Principles of Community Engagement*, which was published by CDC and ATSDR. *Principles* defined community engagement as “the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being” (CDC, 1997, p. 9). We will refer to this second edition as a primer rather than a booklet because of its expanded size and scope.

The challenges faced by the health system in 1997 are not so different from those of today, but the scope, scale, and urgency of these problems have all sharply increased. In 1997, the newly enacted Children’s Health Insurance Program expanded access to health care for millions of children; today the newly enacted Patient Protection and Affordable Care Act expands access to tens of millions of people of all ages. In 1997, obesity rates had reached 20–24% in three states; today, nine states have obesity rates over 30% (CDC, 2010), and the U.S. faces unprecedented increases in the prevalence of chronic diseases, such as diabetes, hypertension, and cardiovascular disorders (CDC, 2009). Not surprisingly, community engagement is increasingly recognized as a vital component of efforts to expand access to quality care, prevent disease, and achieve health equity for all Americans.

Although the principles of community engagement laid out in 1997 have not changed, the body of knowledge supporting them has grown, and more agencies and organizations are involved in promoting community engagement and community-engaged research. CDC is now joined by the National Institutes of Health, the Health Resources and Services Administration, the U.S. Department

of Veterans Affairs, and other federal agencies, academic institutions, and community partners in advancing knowledge about community engagement and in promoting its use to solve some of our more challenging problems.

*Principles of Community Engagement* (Second Edition) provides public health professionals, health care providers, researchers, and community-based leaders and organizations with both a science base and practical guidance for engaging partners in projects that may affect them. The principles of engagement can be used by people in a range of roles, from the program funder who needs to know how to support community engagement to the researcher or community leader who needs hands-on, practical information on how to mobilize the members of a community to partner in research initiatives. In addition, this primer provides tools for those who are leading efforts to improve population health through community engagement.

In the context of engagement, “community” has been understood in two ways. It is sometimes used to refer to those who are affected by the health issues being addressed. This use recognizes that the community as defined in this way has historically been left out of health improvement efforts even though it is supposed to be the beneficiary of those efforts. On the other hand, “community” can be used in a more general way, illustrated by referring to stakeholders such as academics, public health professionals, and policy makers as communities. This use has the advantage of recognizing that every group has its own particular culture and norms and that anyone can take the lead in engagement efforts. In this second edition of *Principles of Community Engagement*, we recognize the need for particular attention to engagement of communities affected by health issues. We also promote the idea that engagement for health improvement can be initiated and led by the “lay” community rather than professional groups. Regardless, we recognize that the groups involved in community engagement have their own particular norms and that all partners in a collaboration will have lessons to learn about each other and the collaborative process. Moreover, we fully appreciate that all who are involved in engaging a community must be responsive to the needs of that community as defined by the community itself.

In practice, community engagement is a blend of science and art. The science comes from sociology, political science, cultural anthropology, organizational development, psychology, social work, and other disciplines, and organizing concepts are drawn from the literature on community participation, community

mobilization, constituency building, community psychology, and cultural influences. The art comes from the understanding, skill, and sensitivity used to apply and adapt the science in ways that fit the community of interest and the purposes of specific engagement efforts. The results of these efforts may be defined differently and can encompass a broad range of structures (e.g., coalitions, partnerships, collaborations), but they all fall under the general rubric of community engagement and are treated similarly in this primer.

This primer can serve as a guide for understanding the principles of community engagement for those who are developing or implementing a community engagement plan, or it can be a resource for students or faculty. Community processes can be complex and labor-intensive, and they require dedicated resources such as time, funding, and people with the necessary skills. Leaders everywhere are struggling with how to make the right choices as they try to improve health care services and promote individual and population health. Readers of this primer may find that a fuller understanding of community engagement will facilitate and promote its use and thus advance the health of all of our communities.

## ORGANIZATION OF THE *PRINCIPLES OF COMMUNITY ENGAGEMENT*

The first of this primer's eight chapters reviews organizing concepts, models, and frameworks from the literature, and the second chapter introduces the principles of community engagement, which are rooted in that literature. As in the first edition, one chapter contains a series of community case examples (Chapter 3) taken from the literature on community engagement that link to the principles described in Chapter 2. Chapter 4 describes how to manage organizational support for community engagement; this chapter reflects our growing awareness of the challenges of putting community engagement into practice. Chapter 5 addresses the increased interest in community-engaged research, and Chapter 6 deals with the rapidly changing world of social networking. Chapter 7 deals with evaluation, and Chapter 8 offers a brief summary and closing remarks.

This primer was written as an integrated whole, with later chapters building on those that come before. Even so, the chapters can also stand alone and be used as needed. This is by intention, as we wish to meet the needs of our diverse audiences. We hope that whoever uses *Principles* (Second Edition) finds it helpful in assisting their efforts to engage communities.

