Community Involvement in Health

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Colorado School of Public Health
Learning Objectives

At the end of the session the participant will:

(1) Appreciate the domains of the determinants of health and the proportion of health that is determined by health care.

(2) Understand the continuum of community involvement in health, and the rationale for empowering the community to set its own health agenda.
The determinants of health reside chiefly outside of the health care system.
Determinants of Health

- Income and social status
- Social support networks
- Employment and working conditions
- Physical environments
- Education
- Healthy child development
- Biology and genetic endowment
- Health services
- Personal health practices and coping skills

Health Canada, no date
Fig. 1. Determinants of health
General socioeconomic, cultural and environmental conditions

Living and working conditions

Social and community influences

Individual lifestyle factors

Age, sex & hereditary factors
Determinants of Health:

- Genetics: 30%
- Social: 15%
- Health care: 10%
- Behavior: 40%
- Environment: 5%

Health expenditures for public health vs. medical treatment

Medical treatment: 99%
Public health: 1%

CDC: Achievements in Public health, 1900-1999: Changes in the Public Health System. MMWR 48(50;1141-7, December 24, 1999.)
Social Determinants of Health...

• ...are societal conditions that affect health and can potentially be altered by social and health policies and programs ....

• the social environment is a potential source of stressors (high crime neighborhood, job scarcity) as well as resources (after-school care, homeless shelters) ...
Modern philosophers and ethicists have argued that solutions to our current complex problems demand a shift in perspective from individual rights to community responsibilities.

The commitment to shared values and common goals empowers a group to tackle complex issues that may be insurmountable when faced by individuals.
This is why the community (including the dynamic interplay required to generate a legitimate community approach) must play an essential role in the way we approach planning, for either preventive or curative health services.

Adapted from Scutchfield and Keck, 1997
FURTHER JUSTIFICATION FOR COMMUNITY PARTICIPATION

• Non-medical factors (behaviors, social conditions, community values) have a major influence on health status.

• Since health improvements are not likely to yield to medicine alone, the public must be actively engaged in developing solutions.

• Policy development requires the active involvement of those effected.
### Fig. 2. A continuum of community participation

<table>
<thead>
<tr>
<th>Degree</th>
<th>Community participation</th>
<th>Example</th>
</tr>
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<tbody>
<tr>
<td>High</td>
<td>Has control</td>
<td>Organization asks community to identify the problem and make all key decisions on goals and means. Willing to help community at each step to accomplish goals.</td>
</tr>
<tr>
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<td>Has delegated power</td>
<td>Organization identifies and presents a problem to the community, defines the limits and asks community to make a series of decisions which can be embodied in a plan which it will accept.</td>
</tr>
<tr>
<td></td>
<td>Plans jointly</td>
<td>Organization presents tentative plan subject to change and open to change from those affected. Expect to change plan at least slightly and perhaps more subsequently.</td>
</tr>
<tr>
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<td>Advises</td>
<td>Organization presents a plan and invites questions. Prepared to modify plan only if absolutely necessary.</td>
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<tr>
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<td>Is consulted</td>
<td>Organization tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so that administrative compliance can be expected.</td>
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<tr>
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<td>Receives information</td>
<td>Organization makes a plan and announces it. Community is convened for informational purposes. Compliance is expected.</td>
</tr>
<tr>
<td>Low</td>
<td>None</td>
<td>Community told nothing.</td>
</tr>
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Advantages of Community Participation

• The community has the most at stake. Self-determination can be perceived as a “right”. These are motivators.

• People feel ownership when they have created something. “Ownership” inspires feelings/actions of responsibility. Responsibility increases the likelihood of success.
Challenges to Community Participation

• Conventional health and PH planning is top-down. Experts determine what the problems are.
• Community participation runs counter to the self-interest of bureaucrats and threatens the political status quo.
• Local infrastructure problems may exist: no community council, resentment of local gov’t.
Challenges to Community Participation

• Inherent social and practical problems exist within communities: rural challenges of distance and communication; social stratification; lack of cohesion (what if you leave out one important player?)

• Autonomous/paternalistic attitudes of professionals; empathy, collaborative leadership skills, & team approach are needed and unusual.
Discuss in small groups:

1. If members of the afflicted community were involved in disaster response, what do you imagine that would look like?

2. Where on the continuum of community participation would you place this image?
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Recommended Readings

• Rifkin SB, 2009. Lessons from community participation in health programmes. *International Health* 1, 31-36.

