
Citation:

South, J and Phillips, G (2014) Evaluating community engagement as part of the public health system. *Journal of epidemiology and community health*, 68 (7). 692 - 696. ISSN 0143-005X DOI: <https://doi.org/10.1136/jech-2013-203742>

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Title: Evaluating community engagement as part of the public health system

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Key words: community participation, program evaluation, evidence, public health, empowerment

Final accepted version: 21st February 2014

Published in J Epidemiol Community Health 2014;68:692–696.

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Abstract

Community participation and leadership is a central tenet of public health policy and practice. Community engagement approaches are used in a variety of ways to facilitate participation, ranging from the more utilitarian, involving lay delivery of established health programmes, to more empowerment-oriented approaches. Evaluation methods within public health, adapted from clinical medicine, are most suited to evaluating community engagement as an ‘intervention’, in the utilitarian sense, focussing on the health impacts of professionally-determined programmes. However, as communities are empowered and professional control is relinquished, it is likely to be harder to capture the full effects of an intervention and so the current evidence base is skewed away from knowledge about the utility of these approaches.

The aim of this paper is to stimulate debate on the evaluation of community engagement. Building on current understandings of evaluation within complex systems, the paper argues that what is needed is a paradigm shift from viewing the involvement of communities as an errant form of public health action, to seeing communities as an essential part of the public health system. This means moving from evaluation being exclusively focused on the linear causal chain between the intervention and the target population, to seeking to build understanding of whether and how the lay contribution has impacted on the social determinants of health, including the system through which the intervention is delivered. The paper proposes some alternative principles for the evaluation of community engagement that reflect a broader conceptualisation of the lay contribution to public health.

Main text

What is already known on this subject?

Community engagement fits within a social determinants approach to public health, but the current evidence base reflects the challenges in attributing change in complex, system level interventions. Community engagement is too often conceptualised for evaluation purposes as a bounded, standardised intervention ‘done to’ communities and the effects of independent social action by communities are difficult to capture.

What this paper adds?

This paper proposes a new system level approach to the evaluation of community engagement as a solution to some of the limitations of the current evidence base. It argues that the issues are less to do with methodological choices and more to do with the adoption of a broader conceptualisation of community engagement. Recommendations are given on how community engagement should be evaluated in order capture the full range of health and social outcomes from participation.

INTRODUCTION

The Rio Political Declaration on Social Determinants of Health establishes public participation as one of five areas of global health action[1]. Within this paradigm, community engagement is used as an inclusive term to cover the breadth and complexity of participatory approaches, from minimal involvement in consultation through to approaches where communities take control. The UK's National Institute for Health and Clinical Excellence (NICE) refers to community engagement as 'the process of getting communities involved in decisions that affect them' including 'the planning, development and management of services, as well as activities which aim to improve health or reduce health inequalities' [2p.5]. Despite a consensus that community engagement should be integral to public health, there is often a failure to make the leap from vertical programmes targeted at changing specific health behaviours to approaches working in partnership with communities. Public health associates itself with an evidence-based approach to commissioning and design of interventions[3]. However, the limitations of the current evidence base on community engagement, which reflect the difficulties of attributing long term changes in individual and population health to participation[4-7], may cause those tasked with resource allocation to favour professionally-led interventions that pose fewer challenges for demonstrating effectiveness. We need, therefore, to discriminate between programme failure and evaluation failure[8]. Otherwise we risk condemning effective community engagement interventions as 'nice but essentially fluffy' because of a failure to capture their full effects. This is a particular problem where community engagement leads to independent social action by communities and therefore outcomes are not limited to those determined by public health professionals and researchers[9].

The aim of this paper is to stimulate debate on the evaluation of community engagement where it is a major component of public health programmes. While debates about public health evidence traditionally focus on methodology, we contend that the central problem here is a conceptual one, concerning the link between community engagement and health improvement. Building on contemporary understandings of evaluation within complex systems[10, 11], we argue that a paradigm shift is needed from viewing the participation of communities as an errant form of public health action, one that is poorly defined, highly adaptable, unbounded, and ultimately out of professional control, to seeing communities as an essential part of the public health system. We critique a reductionist approach to evaluating community engagement and propose some alternative principles that recognise the potential for communities to play an active role in addressing the social determinants of health.

THE PROBLEM OF EVIDENCE

There has been much debate about the differences between evaluating public health, with its context-dependent programmes and cross-sectoral working, and evaluating clinical interventions[12]. Smith and Petticrew argue that the complex, non-linear systems of public health interventions are frequently evaluated as if they are ‘short, straight and narrow’, with a dependence on micro-level evaluation methods and individual-level outcomes[13:5]. Hawe and colleagues propose an ‘ecological systems’ approach to evaluation, based on an understanding of the dynamic interaction between the intervention and the system into which it is introduced[11]. This has particular relevance for interventions that seek active community engagement. The 2009 Chicago conference on community intervention research

agreed that community interventions should be seen as complex interventions with community capacity building as a central organising concept[10]. It recommended a move from the traditional evaluation paradigm that assesses impact of the intervention *on* the community to examining the impact of the relationship *between* the intervention and community. Evaluation of community engagement needs to build on these understandings of community systems and how interventions lead to changes in relationships, resources, capacities and cultures[11].

Community engagement fits within a framework of action on the social determinants of health, using community mobilisation to address inequalities and to strengthen social networks[14]. This necessitates a macro-level, programmatic approach to evaluation[13]. Yet there is limited assessment of the added value of community engagement within multi-component interventions[5, 15]. Additionally, Burton argues that the evidence base on participation is dominated by ‘practice stories’ with few rigorous studies of impact [16:271]. Community engagement raises a unique set of evaluation challenges around definition, measurement, control and attribution[15]. The distinction between utilitarian models, where engagement is a means to an end, e.g. improved relevance of health education interventions, compared to empowerment models that enable people to gain greater control of their lives and health through conceiving and taking action themselves[17], is highly relevant here. The distinction, then, is between community engagement as a way to ‘deliver’ resources for health, compared to a process of empowerment that is itself a ‘source’ of health. Popay suggests that the higher the level of community control, the greater the health benefits[2]. However, this creates a paradox for evaluation. As communities are empowered and professional control is relinquished, it is likely to be harder to capture the full effects of engagement processes.

The interaction between the ‘intervention’ and the community system creates a degree of complexity beyond the detail of implementation. The complexity grows in concert with the independent social action at the heart of community engagement, which may in some instances then reshape the intervention itself, as well as the context in which it is occurring. The result has been a distorted evidence base focused on formal, professionally-led forms of community engagement, because these are ‘easier’ to evaluate through traditional epidemiological methods. A recent systematic review on community engagement and health inequalities found that, despite the theoretical justifications, there was less evidence on empowerment approaches compared to more utilitarian approaches[18]. We contend that the solution is not simply to do more research. More fundamental matters relating to how community engagement is valued and how success is understood and measured affect the nature of evidence produced.

Framing community engagement

Evaluating community engagement only in terms of bounded, professionally-determined interventions is to miss the point of its value to public health. It limits the conceptualisation of community engagement to a way to ‘do public health better’ rather than a source of health. A more pluralistic view, expanding the utilitarian-empowerment dichotomy[17], is needed, which recognises that community engagement can be framed in various ways as:

- a) a delivery mechanism whereby community members deliver a standardised intervention or components e.g. communication of healthy eating messages;

- b) a direct intervention where lay knowledge, skills and social networks are utilised to improve individual health e.g. provision of peer support;
- c) collective action on social or environmental determinants of health, often a feature of empowerment approaches[19];
- d) a means to achieve greater community influence in the health system, as part of equitable and democratic governance[20].

Most community engagement programmes within public health apply a combination of these different forms and philosophies of engagement. The challenge for evaluation is that only a minority of community engagement programmes fall exclusively into the first category and can be evaluated as interventions that are standardised at some level[11]. In many contexts, community members will take agency in promoting health in both formal and informal ways[21]. Where there is interaction between the ‘intervention’ and the community[10], this creates fluid, non-linear and developmental processes and impacts, particularly when community members move from being passive recipients to actors within a system. These dynamics may occur whether the public health professionals instigating the programme intend them or not.

A narrow conceptualisation of community engagement as a bounded, standardised intervention can lead to framing effectiveness only in terms of short-term outcomes, often at the level of individual behaviour change. In a rapid review undertaken by one of the authors to inform the Community Health Champion approach[22], 14 systematic reviews were identified and while all reported individual health outcomes, only one reported community level outcomes, for example development of community coalitions[23]. A medicalised,

individualised health lens that excludes potential outcomes misses the true picture of the multi-level effectiveness of engagement. Intermediate social outcomes, such as increased social networks, might lie on a causal pathway that leads to better health[24], or indeed other valued social outcomes such as reduced crime[25]. Furthermore criteria for effectiveness are too often professionally determined, infrequently including lay perspectives on the value of different outcomes, even when communities are given a role in shaping the development of the intervention programme itself[26].

A restricted view of the nature of community engagement and narrow professionally-determined definitions of success leads inevitably to selection of inappropriate measures for evaluation. This is not a case of biomedical indicators versus social. It reflects an absence of consideration of delivery mechanisms, intervention effects, changes in social determinants and matters of governance. There is a conflict between long term action on social determinants co-constructed with communities and micro measurement of individual-level health outcomes[13]. Raphael and Bryant[27] critique an orientation in population health research that fails to consider the significance of socio-economic context and the validity of lay knowledge. Funding for evaluation research is more often related to specific public service sectors and is too short term to offer scope for capturing the developmental nature of community engagement activity. It is notable also that this siloed approach to research funding does not reflect the ethos of intersectoral working that underpins action by local government, public health and voluntary and community sector organisations.

A SYSTEM LEVEL APPROACH TO THE EVALUATION OF COMMUNITY ENGAGEMENT

Public health needs an alternative approach to the evaluation of community engagement; one that deals with the measurement challenges arising from complexity, ensures a better understanding of the community contribution to health, broadens out from utilitarian models that are ‘easy’ to evaluate and captures the outcomes of change processes within communities and services. The main features of a new approach presented here, starting with guiding principles, through to design choices and assessment of outcomes, and finally the implications for evaluation practice:

- *Communities should be considered an integral component of health systems.* Public health programmes that aim to increase people’s active participation need to be evaluated on the basis of their success in making a health system more equitable and increasing people’s control over their lives and health[1, 20]. This means moving from a paradigm where evaluation exclusively focuses on the linear causal chain between the intervention and individual-level health behaviours or outcomes, to one that seeks to build understanding of whether and how the lay contribution has impacted on the social determinants of health, including the system within and through which any intervention is delivered.
- *Communities should be involved in identifying appropriate outcomes and defining success.* The logic of increasing community control over health necessitates that evaluation should be flexible enough to incorporate measures of success identified by communities[28]. This will require the integration of participatory methods, and will result in a better understanding of the range of impacts, including economic ones[15], resulting from community engagement approaches.
- *Evaluation should not seek to control complexity because community engagement approaches are complex, dynamic interventions*[10, 11]. This conceptualisation should be reflected in evaluation designs and supported by the use of logic models, which assist

in explaining the non-linear, reciprocal relationship between community engagement processes and the determinants of health[29].

- *Evaluation should be sufficiently flexible to measure unanticipated effects.* Successful community engagement will be associated with the independent social action, characterised by informal as well as formal participation[21] and spill over effects[12]. There may be increasing community influence on policy networks and decision making structures even with approaches which are not based explicitly on empowerment models[30].
- *Evaluation needs to build a thick description and explanation of the nature of participation.* It should examine: who participates in what activities, for what purpose and with what intensity[31]. Better frameworks for examining participation, empowerment and community capacity are needed, as these concepts are prerequisites for transforming the conditions to improve health and reduce inequalities[14, 19]. Assessment of community engagement outcomes, whether by quantitative measures, or through qualitative inquiry, needs to be grounded in participants' experiences. Better definition of outcomes relies both on a more reflective and engaged application of theory in the design of public health programmes and their evaluation but also, more importantly, a recognition of socially constructed nature of these entities and processes. Definitions need to be revisited in each programme and theory integrated with participant experiences in order to fully understand the relationships between community engagement and social health and wellbeing.
- *Where quantitative methods are used, social indicators that track changes in health determinants, including social structures, need to be given equal weight to individual behaviour change,.* This reflects a social model of health that recognises the profound effect of social, economic and environmental factors[27]. There is also scope for

examining salutogenic factors, which are protective of good health within communities, for example resilience and community cohesion[32].

- *The purpose of the evaluation should be clearly defined in relation to the information needs of different stakeholder: policy makers, professionals, academics and communities.* Information should not be the sole preserve of a professional or academic elite. The use of multi-method designs may allow members of the communities involved in the intervention to gather learning for their peers, alongside methods that produce the type of evidence needed by professional stakeholders.
- *Funding streams need to shift to encompass funding of whole system evaluations.* These will look beyond the immediate impact of the intervention on individuals to examine impact within communities and the local health system.

DISCUSSION

The approach set out here moves away from the well-rehearsed tussles over quantitative versus qualitative research in public health literature[33] to a focus on evaluating how well and how effectively community engagement contributes to a better health system and influences social determinants[14, 20]. This reflects a genuine multi-disciplinary approach to evaluation, which fits with current understandings of the broad range of sources that might be needed to develop an evidence base for public health[34]. We are not arguing against experimental designs, but advocating for a greater emphasis on community engagement as a change mechanism within health systems and the adoption of a broad set of outcome measures to reflect this. By setting out principles to guide evaluation practice, we hope to advance thinking on how to evaluate community engagement, based on current understandings of ecological systems[10, 11], and the importance of explicating intervention

logic where there are ‘long and complex causal pathways’[29:100]. The proposed approach has its origins in our experiences as researchers carrying out evaluations of community-based initiatives within a traditional paradigm [35-37]. There is scope for development of these principles and for further discussion about their application and relevance with other stakeholders including community members.

There remain conceptual, methodological and practical challenges in the ‘measurement’ of community engagement[7, 38]. In attempting to set out a pragmatic approach to evaluation we risk over-simplifying community engagement, with all its inherent fuzziness and complicated relationship to other core constructs such as empowerment[9]. Debates on the instrumental versus constitutive value of participation will remain[17], and have implications for evaluation in terms of defining participation as an endpoint or a change process. There is a need for more work on intervention theories, logic models and outcome frameworks that tease out the relationship between intermediate outcomes and changes in population health and quality of life[12, 24]. Draper and colleagues’ flexible evaluation framework[7], with its five groups of process indicators mapped across a continuum of community participation, is a recent contribution, as is the set of models developed by Thomas and colleagues that specify programme theories on community engagement[18]. We concur with the consensus statement from the Chicago conference that there is a scientific agenda around further theory development, construct definition and measurement in this field[10].

It is inconsistent to acknowledge the role of community engagement in addressing health inequalities without adopting a broader set of health and social evaluation measures. The division into ‘primary’, individual-level health outcomes and secondary social outcomes, suggests that ‘health trumps all’, and distorts the evidence base[5, 22]. Surely this is imposing

a hierarchy of outcomes that does not fit with widely accepted understandings of the significance of social determinants of health[14]? The conversion to seeing communities as part of the public health system would mean examining how well community engagement processes reduced barriers and connected people, i.e. if they acted as a modifying factor for achieving equity of access and social justice[39]. Additionally, the goal and process of achieving better health governance, as highlighted in recent international health policies[1, 40], should be considered within the evaluation of community engagement. However, a limitation of a whole systems perspective is that it may require sophisticated models of change the testing of which is beyond the remit and resources of many programme evaluations. The luxury of time to complete follow up will also be an issue. This has implications for research funding, in particular the need for public health research to reduce its dependence on micro-level evaluation methods[13]. More discussion is needed about research priorities and how to meet gaps in the evidence on community engagement.

In the UK, research funders have espoused greater involvement of the end users[41]. We have argued that community involvement in the evaluation process will make the evaluation more conceptually coherent and methodologically sound. Communities are likely to have a better understanding of impacts, and moreover empowered communities may value alternative outcomes from those determined through professional evidence frameworks[26]. Involvement in evaluation is a learning opportunity for participants that can add value for evaluation. Wallerstein and Duran argue the case for Community Based Participatory Research on the basis that interventions addressing health inequalities are strengthened by the incorporation of lay insights, research capacity can be built in the community and shared knowledge can benefit both academic researchers and communities[42]. Furthermore, seeking active involvement of community members in evaluation should help to eliminate

some of the publication bias that occurs because community-led interventions rarely make it into the literature[5].

CONCLUSION

The underlying logic of community engagement is that it serves as an intermediary step to create the conditions for a healthy society and in terms of democratic accountability and governance, is a feature of an equitable one. We must therefore ensure that evaluation frameworks, designs and measures are selected on the basis of ability to capture (transformative) changes within the system, whether those changes are at individual, community or organisational levels. Framing community engagement strategies for the purposes of evaluation solely as a formal intervention ‘done to’ communities, and not taking account of the outcomes resulting from social action and influence by and within communities, undermines the construction of an evidence base for community engagement. Evaluation of bounded interventions, using designs such as RCTs have their place, but these should be set within evaluation strategies that account for the realities of delivering public health in partnership with disadvantaged communities and what those communities can bring to a public health system.

ACKNOWLEDGMENTS

The authors would like to thank Mark Petticrew, Professor of Public Health Evaluation, London School of Hygiene and Tropical Medicine, for his help in developing the ideas in this paper and for his comments on earlier versions.

COMPETING INTERESTS

None to declare

FUNDING STATEMENT

This article received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

LICENCE FOR PUBLICATION

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CONTRIBUTORSHIP STATEMENT

This article was jointly planned and written by both authors. JS wrote the first draft and both JS and GP revised it critically for intellectual content and have given final approval to version to be published.

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