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Learning from public health practice: the development of a library of community-centered practice examples

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ABSTRACT

Background Valuable learning derived from public health practice can be captured through practice-based case studies, also known as practice examples. Practice examples of participatory interventions supplement the evidence base by providing information on the complexities of implementation in communities. This paper reports on a Public Health England project to build a bank of community-centered practice examples based on robust processes of collection and curation.

Methods The multidisciplinary project had three phases: (i) development and piloting a process to collect practice examples, (ii) refining review processes and gathering further examples via national and regional teams (iii) maintenance of an accessible collection on the library platform.

Results The project resulted in a searchable collection of 55 practice examples illustrating participatory approaches in public health practice. The collection shows diversity in terms of settings, population, focus and type of approach used to work with communities. A secondary outcome was the development of generic guidance and templates for further collections on public health topics.

Conclusions This project illustrates how information on the implementation of community-centered approaches in real-life contexts can be gathered and disseminated through a transferable process. Having collections of practice examples supports knowledge exchange in public health as learning is shared.

Keywords case studies, community engagement, implementation, knowledge management, repository

Introduction

Evidence gathered from public health practice can have value in identifying key processes needed to promote health and reduce inequalities.[1–4] Practice-based evidence incorporates the experiential or tacit knowledge derived from 'doing' public health in real-life contexts.[1,5] Typically, this is presented in public health case studies or practice examples that use a narrative form to explain the context, how and why actions were taken and what outcomes resulted.[6–8] Such case studies offer a means of communicating successes, or failures, over the history of a project. Practice-based case studies can supplement research-based evidence[1] and provide important local detail on implementation that is of value to practitioners[3,6,9] and to policy makers.[1,10,11] The rich descriptions found in 'stories from the field' build understanding of collaborative processes, emergent learning and unintended consequences.[6] There is a need for more systematic approaches to generating, collating and disseminating practice-based case studies[1,8,12]

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and potential for better knowledge translation mechanisms to learn from public health practice.[13,14]

The challenge of how to capture and disseminate practice-based learning is particularly apposite where participatory methods are used. Public health practice that supports the empowerment of communities is characterized as complex, developmental and rooted in context.[15,16] Lack of control and exclusionary processes are impacts of socioeconomic disadvantage that influence health inequalities.[17–19] Community-centered approaches work by enabling community participation, increasing collective control and strengthening social connections to improve health and health equity.[20] Case studies that document grassroots community projects, including perspectives from seldom heard groups, can provide insight into effective community engagement processes.[21,22] Practice-based evidence can also build understanding of whole system approaches where community participation is integral to multi-level public health programs.[3,23,24]

From 2014, Public Health England (PHE) developed an evidence-based program around healthy communities as part of a strategic approach to reducing health inequalities.[25,26] An early priority was mapping research-based evidence to provide a framework for commissioning and practice,[20,27] which was incorporated into National Institute for Health and Care Excellence (NICE) guidance on community engagement.[28] The 'family of community-centered approaches for health and well-being' provided a conceptual framework to organize evidence across a range of interventions.[20] A logical follow-on was to create a bank of practice-based case studies to complement this evidence. Feedback from stakeholders working in local government and NHS consistently highlighted the value of having examples of community-centered approaches in practice. Yet there was no recognized method of gathering and curating these examples and no existing collection accessible to the wider public health system.

This paper describes how a collection of community-centered practice examples was built through the development of a transferable method managed by PHE Knowledge and Library Services, now based with the UK Health Security Agency (UKHSA). Based on the notion of a hierarchy of evidence,[29] PHE distinguished case studies that are based on an in-depth investigation, with practice examples, which were defined as exemplars from practice. Earlier work in PHE using NESTA Standards of Evidence[30] found that few case studies from practice met the threshold of research evidence, yet knowledge from experience was valued.[31] In developing this project, assumptions were 2-fold. First, there was huge potential to share information on the implementation of community-centered approaches as many public health practitioners in England were involved in commissioning or delivering local programs. Second, the national public health agency had a role in gathering and disseminating knowledge products to support effective practice, but a standard method was required to navigate through potential pitfalls.

Methods

The dual aims were to develop a bank of community-centered practice examples and to pilot a generic method that could be applied to other public health topics. A joint project team was formed with membership from PHE Knowledge and Library Services, PHE's national healthy communities program and PHE regional teams. The project was undertaken in three phases: development and piloting; refining processes and building a collection; and maintenance.

Phase 1—development and piloting

The first phase (2015–16) focused on identifying and then piloting a process to collect practice examples. Initially, PHE Knowledge and Library Services commissioned an external team to develop a standard operating process to fit with information management systems. The PHE team then piloted this process and further developed documentation to support the collection of a small number of community-centered practice examples. Areas covered by the pilot included:

- potential routes to identify relevant examples
- draft reporting templates
- draft selection criteria
- categorization and indexing
- reporting standards.

The draft template was based on key fields for public health case studies identified by past projects, including the UK Health Forum[2,8] and the Public Health Casebook.[31] Three of PHE's nine regions agreed to gather examples of local projects that demonstrated community-centered approaches. Regional leads then invited public health practitioners who were commissioning or delivering relevant projects to provide an example using the draft template. Practitioners categorized their projects using the family of community-centered approaches.[27]

Phase 1 results were presented at a workshop held at a regional public health conference in 2016 and feedback gathered. Workshop participants confirmed the value of practice examples, stressing the importance of contextual information and accessible language. They also recommended incorporating links to further information such as project reports and ensuring transparency so that evidence could be evaluated.

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Table 1 Practice example template fields

Field	*Why collected*
Title and author Brief summary (three sentences) Community-centered approaches—categorize project using family of community-centered approaches (Table 2): • Strengthening communities • Volunteering and peer roles • Collaborations and partnerships (with communities) • Access to community resources[27]	Information for indexing and retrieval
Project timescale Setting and population covered Purpose of the project Why did we decide to take action? e.g. health needs. What did we do? Including details which might be useful for others wanting to conduct similar projects. Why did we choose this approach? Limitations	Description of project and history
What was the main outcome? How was this assessed? What did we learn? Including challenges and transferable learning. What is the single most important one line of advice which we can give to others starting a similar project? What is happening next with this work?	Learning and outcomes
Where can people find out more? Contact details	Access to further information

Source: https://ukhsalibrary.koha-ptfs.co.uk/practice-examples/.

Phase 2—refining processes and building a collection

The next phase (2017–18) focused on developing transferable processes that incorporated learning from phase 1 and increasing the number of practice examples. The main developments were strengthening the rigor of the review process and refining the template to improve consistency (Table 1). This included more explanation of required information, particularly around population need and outcomes linked to quantitative or qualitative evidence.

To make the review process more robust, explicit criteria were developed based on reporting guidelines for public health case studies,[8,31] learning from the first phase and a description of what 'community-centered' meant. Avoiding the risk of promotional practice examples was resolved by including criteria on conflicts of interest and having a regional lead to sponsor the example. Other criteria included assessment of the relevance to public health and whether learning had been adequately described. Two reviewers were allocated to each practice example, one with subject expertise and one with experience of public health practice. Review pairs independently reviewed submitted practice examples against the criteria, completing a checklist and commenting on content. Reviewers noted points where clarification was needed and where the submission could be strengthened. Reviews were coordinated by the project officer and information specialist who together ensured consistency of process. Where a practice example did not meet criteria, detailed feedback was given by regional teams.

Two further PHE regions were invited to gather community-centered practice examples. To test the process with Voluntary, Community and Social Enterprise (VCSE) organizations delivering public health projects, members of the national VCSE Health and Wellbeing Alliance were also invited to gather examples. The culmination of phase 2 was the publication of a themed resource collection on PHE Knowledge and Library Services online.[32] The project team then completed an after-action review, led by an independent facilitator, to document challenges and what had gone well.

Phase 3—maintenance

The collection of community-centered practice examples continued to grow in the maintenance phase. In addition, PHE Knowledge and Libraries oversaw the publication of standardized templates, review processes and guidance applicable to other public health topics.[32] Community-centered practice examples were gathered through different routes. PHE regional and national teams were encouraged

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to collect examples proactively where projects offered good learning. For example, two community projects presenting at a national conference were later asked to submit examples. The process was also used for a focused collection to accompany research on whole system community-centered public health.[24]

Results

This project resulted in a collection of public health practice examples themed around community-centered approaches and a standard process to collate examples as part of the knowledge resources curated by PHE (now UKHSA) Knowledge and Library Services. A full set of templates and associated guidance for community-centered practice examples and other public health topics are available and can be accessed at https://ukhsalibrary.koha-ptfs.co.uk/practice-examples/.[32] By June 2020, there were 55 community-centered practice examples published online (Supplementary File A). These formed a searchable collection and all examples are publicly accessible as downloadable pdf documents. The collection grew, from 16 practice examples published in the first wave, 26 in the second wave and 13 in the maintenance phase. In 2021, the practice examples page was the third most visited page on PHE Knowledge and Library Services website. Out of 5107 visits to the practice examples page from January to August, there were 2425 (47%) page views of community-centered practice examples.

The practice examples covered community-centered approaches in public health practice in England. An audit in June 2020 found that most examples came from local government public health (n = 20) or VCSE organizations (n = 25). There were comparatively fewer from healthcare organizations (n = 4), private sector (n = 5) or civil service (n = 3). This broadly reflects current commissioning and delivery arrangements for UK community-based public health interventions.

In June 2020, there were examples from all areas of England, reflecting targeting through regions in successive phases. Almost half the examples were from the North of England: North East (n = 11), North West (n = 8) and Yorkshire and Humber (n = 7), where regional teams supported the first phase, although not all examples were collected at that point. Twelve were from the South of England, which was involved in the second phase, eight from London and seven from the Midlands. Two examples reported on national programs. The collection covered practice examples from a range of community-based settings, including neighborhoods, community centers, community-based groups, sports settings and schools. Some examples, including the whole system community-centered public health collection, demonstrated district-wide approaches.

In order to enable searching and retrieval, practitioners categorized their project using the PHE family of community-centered approaches.[27] These are not mutually exclusive categories, and most examples used a combination of approaches (Table 2). The most frequent categories were 'strengthening communities' approaches, notably community development (n = 27) and asset-based methods (n = 24). Other popular categories were peer interventions (n = 23), social prescribing (=21), area-based initiatives (n = 16) and co-production projects (n = 15). Many practice examples reported on generic health improvement activity, whereas others had a specific public health focus, such as promotion of health weight/-physical activity (n = 11) or reducing social isolation and loneliness (n = 5) (Table 3). Overall, the collection represents a wide range of public health issues and illustrates the application of community-centered approaches in different contexts.

In terms of health inequalities, most practice examples described contexts in which socioeconomic disadvantage and/or high levels of health need were present. Some reported on barriers to services, which the community-centered intervention sought to address. Other examples described work with specific groups: women (n = 7), maternity (n = 3), ethnic minority groups (n = 4), older adults (n = 3), young people (n = 2), those with a disability (n = 1) and lesbian, gay, bisexual and trans (LGBT) communities (n = 1). A minority made reference to inclusion health groups including migrants (n = 5), rough sleepers (n = 2), those suffering violence/domestic abuse (n = 2) and Gypsy, Roma and Traveller communities (n = 2).

Reported outcomes related to the stage of the project and type of evaluation. Some practice examples described community engagement as part of public health planning. The majority reported on more established work, typically summarizing results and illustrating these with quantitative and qualitative data. Eighteen practice examples (33%) reported on community insight work, often with disadvantaged groups. Almost all practice examples contained links to other resources such as websites, film clips or evaluation reports, where more information could be obtained.

A major section in the practice examples was the discussion of learning. This part of the report typically included reflection on what worked well and enabling factors, difficulties faced and how these were dealt with, and key learning points about how to work with communities or other organizations. Table 4 provides illustrative examples of reported learning.

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Table 2 Practice examples—community-centered approach used

Community-centered approaches	*Number examples reporting*	*% examples n = 55*
Strengthening communities		
Community development	27	49%
Asset-based methods	24	44%
Social network approaches	15	27%
Volunteering and peer roles		
Bridging roles, e.g. health champions	8	15%
Peer interventions	23	42%
Volunteer health roles	13	24%
Collaborations and partnerships		
Community-based participatory research	10	18%
Area-based initiatives	16	29%
Community engagement in planning	13	24%
Co-production projects	15	27%
Access to community resources		
Social prescribing/pathways to participation	21	38%
Community hubs	11	20%
Community-based commissioning	4	7%

Table 3 Practice examples—public health focus

Public health focus	*Number examples reporting*	*% examples n = 55*
Health and well-being (general)	21	38%
Practice examples with a specific public health focus[a]	34	62%
Healthy weight/physical activity	11	
Social isolation/loneliness	5	
Social prescribing	5	
Mental health	4	
Healthy aging	3	
Alcohol/drug misuse	3	
Maternity	3	
Long-term conditions (including dementia)	3	
Children/young people's health	2	
Carers	1	
Health and work	1	
Tobacco control	1	
Sexual/reproductive health	1	
Cancer	1	
Make every contact count	1	

[a]Some practice examples reported a dual focus.

Discussion

Main finding of this study

This project resulted in a novel collection of community-centered public health practice examples, underpinned by robust processes for collection, curation and publication. The practice examples have been widely disseminated and used in blogs, presentations and training workshops. Outputs include generic guidance for authors and reviewers and transferable templates that could be applied to other areas of public health (Table 1).[32] As a repository of practice-based evidence, this open resource offers a route to improve knowledge exchange between practitioners working with communities in local sys-

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Table 4 Examples of learning points reported in practice examples

'This project has shown the value of in depth engagement to understand the needs of local people. We have also learned how integration of services requires continued investment of time and effort to support after commissioning. It has emphasised to us that both engagement or service integration are ongoing processes and cannot be seen as projects with an end point'. Integrated Wellness (Live Life Well) Sunderland
'Managing the needs and opinions of all stakeholders and taking these forward into fruition is challenging. Part of our success has been in having a team of staff and volunteers who are working to the same values and with the same ethos'. The Hop50+ Community Space and Café in Hove, East Sussex
'No additional financial resources were ring-fenced to deliver this project but the proposal supported local voluntary organisations to draw down external funding to support local activity. This was a key challenge to overcome in the early stages of the project'. Smoking and Tobacco: Using a Community Asset Approach to Improve Health in Hull
'Flexible involvement has ensured the longevity of the project. People are not pressured into making commitments that they cannot stick with. People can dip in and dip out, however their circumstances alter'. Time Union at Coventry City Council's award-winning Pod

Source: https://ukhsalibrary.koha-ptfs.co.uk/practice-examples/.

tems and between public health practitioners, decision makers and researchers.[3,33,34]

The focused collection of community-centered practice examples illustrates the rich variety of approaches currently used in UK public health practice. It shows that community-centered approaches are applied as part of community or neighborhood-level interventions to reduce health inequalities and that implementation is occurring in response to identified health needs. These practice examples as 'stories from the field'[6] help disseminate valuable learning on effective community engagement and empowerment.

The library of examples continues to evolve and has widened its scope to include over 100 additional case studies of experiential learning from other areas of public health, such as musculoskeletal health and public health nursing. We are currently considering how best to capture examples of learning from local management of the pandemic response and recovery.

What is already known on this topic

Experiential knowledge generated through public health practice is a valuable source of evidence.[1,5] Public health case studies or practice examples typically provide accounts of how and why public health interventions developed within specific contexts and what outcomes, both expected and emergent, occurred.[6–8] Notwithstanding wider debates about where case studies fit within a hierarchy of evidence,[29,35] information on context and implementation is valued in local public health decision-making.[33,34] Some of the challenges associated with practice-based case studies include type of evidence and quality thresholds,[11] selection criteria,[5] ethical issues,[4] availability[36] and communication.[6] Some case studies are used as exemplars of good practice, although Ng and colleagues point to the lack of agreement on characteristics of 'best practices' within public health.[5]

Community-centered practice examples help develop understanding of how to work effectively with communities, in the context of broader strategies to reduce health inequalities.[22,37] Case studies of community-centered interventions rarely provide generalizable evidence; however, they can illustrate models in practice and illuminate useful lessons applicable in other contexts.[22,23] Community-centered practice is under-researched,[38,39] and more needs to be done to incorporate the perspectives of seldom heard groups to prevent inequities being reflected in the public health evidence base.[40]

What this study adds

The collection of community-centered practice examples contributes to the knowledge base on community engagement and empowerment where contextual and process information is deemed important.[15,16] The collection complements other sets of practice-based case studies in public health.[21,41] It also offers a resource for those developing intervention studies on complex community initiatives, as examples provide insights into underlying mechanisms[3] and detailed intervention description.[12] A major feature is the dissemination of learning from implementation.[1,6] Transparency around learning, to include challenges as well as successes, was strongly welcomed in feedback at each phase (Table 4). The narratives on barriers or failed implementation complement the formal evidence base,[21] where there is a risk of publication bias in reporting positive outcomes.[42] There is scope for further analysis of the evidence reported in this collection. A later study developed synthesis methods for practice-based case studies on community well-being.[43]

Having an accessible collection curated by the national public health agency supports knowledge exchange, as usage data suggest. The multidisciplinary approach, drawing on expertise on information management, knowledge translation,

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community studies and public health practice, was essential to develop a robust and practical process, which was overseen by PHE for quality assurance. One key issue was achieving a balance between standardized reporting formats that supported accessibility for readers and keeping the authenticity of the practice story. Despite many practitioners being keen to report on their work, it takes time to summarize and communicate learning, and to ensure all relevant information is included. Our experience confirms the importance of templates to guide collection of practice examples[6,8,10] and central coordination to support this process.

Limitations of this study

The PHE (now UKHSA) collection shows the diverse range of community-centered approaches in UK practice and the way that public health practitioners work with disadvantaged groups; however, no claims can be made as to representativeness. Most practice examples were identified through local networks or opportunistically. The exception was the whole systems study where a more systematic approach to sampling was adopted.[24] Although the collection covers the range of community-centered approaches, there are gaps. For example, there is only one example illustrating community-centered sexual health promotion. Undertaking a more systematic mapping of projects could result in a broader range. Further examination of the factors influencing practitioners in their selection of projects for write up is also merited, as there may be barriers that inhibit the creation of potentially useful examples.

Community participation is a core feature of international public health[16,44]; however, it is not known to what extent learning reported in these examples is transferable. There may be shared interests internationally around common models such as community-based participatory research. There is potential to develop a set of 'good practice' examples of working with communities; however, further criteria would need to be developed.[5] A further limitation is the lack of follow-up as to how practice examples are used. Evaluation of the relevance, utility and application by practitioners has been identified as a next step.

Conclusion

Cases drawn from the public health practice provide critical information on how programs are developed in the field and offer a means to share learning on implementation. The development of an accessible national collection of community-centered practice examples makes a significant contribution by showing how evidence-based models are applied in real-life contexts in ways that reflect community needs and assets. Context-rich information is particularly valuable for advancing knowledge on participatory approaches, as these are rarely standardized interventions. This multidisciplinary project has also resulted in a transferable process of gathering, reviewing and publishing public health practice examples. Our learning to date highlights the need for a robust and transparent process, which is supported by a library and information management service, to create a central open resource.

Supplementary data

Supplementary data are available at the *Journal of Public Health* online.

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Conflict of Interest

None declared.

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