Tools for Community Engagement in Injury Prevention

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There are many ways to define community engagement (CE). Here, CE refers to sincere and skillful efforts to involve community members in the planning, implementation, and evaluation of community-based interventions. CE is important because "interventions are more effective when they are integrated into the community and when approaches are tailored to address unique community characteristics."[1] Community engagement can involve different levels of community involvement, communication flow, impact, and trust.[2,3] Providing outreach and information to the community is the most basic level of engagement; collaboration (forming partnerships with the community on every aspect of a project) and shared leadership are aspects of more advanced levels.

The importance of CE is reflected in many arenas of public health. Healthy People 2020 has a framework for implementation ("MAP-IT": Mobilize-Assess-Plan-Implement-Track) recommending that states begin by "mobilizing key individuals and organizations into a coalition" and facilitating "community input through meetings, events, or advisory groups."[4] CE is the cornerstone of community-based participatory research (CBPR).[5,6] CBPR is an approach used by "public health professionals and communities to collaborate in creating community-defined and community-driven public health that can be relevant and meaningful to the lives of those affected most by health disparities."[7] A recent literature review[8] identified areas in which CBPR can have an impact. They include:[2]

- Engagement changes the choice and focus of projects, how they are initiated, and their potential to obtain funding. New areas for collaboration are identified, and funding that requires community engagement becomes accessible;
- The speed and efficiency of the project can be enhanced by rapidly engaging partners and participants and identifying new sources of information;
- Improvements to study design, tools, interventions, representation/participation, data collection and analysis, communication, and dissemination can be implemented. New interventions or previously unappreciated causal links can be identified through the community's knowledge of local circumstances;

- Improvements can be made in the way research findings are used to bring about change (e.g., through new or improved services, policy or funding changes, or transformation of professional practices), and capacity for change and the maintenance of long-term partnerships can be expanded;
- Engagement creates opportunities to improve the consent process, identify ethical pitfalls, and create processes for resolving ethical problems when they arise;
- The knowledge and skills of the public involved in the project can be enhanced, and their contributions can be recognized. These efforts foster goodwill and help lay the groundwork for subsequent collaborations;
- Community organizations can gain enhanced knowledge, a higher profile in the community, more linkages with other community members and entities, and new organizational capacity.

The Centers for Disease Control and Prevention, the National Institutes of Health, and the Agency for Toxic Substances and Disease Registry (ATSDR) have recently (June 2011) published a 197-page, seven-chapter document entitled, "Principles of Community Engagement."[2] The document is meant to provide "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." It asserts that "Involving the community and collaborating with its members are cornerstones of efforts to improve public health."

What follows are several tools, approaches, and resources for the practical application of community engagement principles for injury prevention and community interventions in general. These approaches include the formation of partnerships, qualitative methods for gaining insights from community members (focus groups and key informant interviews), the use of media, and interpersonal skills.

Forming Partnerships

Coalitions are often the most appropriate model for addressing complicated community problems.[9-11] One definition of a coalition is "a union of people and organizations working to influence outcomes on a specific problem."[9] Common characteristics of coalitions are longevity (months or years), structure (scheduled meetings, chairperson, agendas,

action plan), and decision-making processes (bylaws, quorum, rules of order, consensus or majority vote). Building and maintaining coalitions requires a great deal of time and effort. There are clerical tasks (recording meeting minutes, filing documents), activities surrounding meetings (scheduling, planning, room preparation, facilitation), membership activities (recruitment, orientation, support, appreciation), research and data collection, committee activities and projects, and financial requirements (accounting, budgets, and reports). As one might expect, there are many valuable resources to assist in the formation and work of coalitions, including the Community Toolbox[12], Prevention Institute,[13] and CADCA (Community Anti-Drug Coalitions of America).[11]

Coalitions are not the only collaborative model, nor are they always the most appropriate. Other approaches may be more useful when a rapid response is needed, focused expertise is required, few actions are necessary to solve a problem, there is a lack of readiness or will to act, or there is an existing group with the necessary resources, staff, and skills to address the problem. Alternative models for partnership include the lead agency, grass roots movements, and individual champions or advocates. The IHS Office of Environmental Health in the Tucson Area, for example, mobilized political leaders, fire department and EMS staff, and community members in support of their initiative to improve emergency response times (Bowser and Williams in this issue of *The Provider*).

Focus groups

"Focus Groups for Injury Prevention: A Primer" appeared in the July 2011 issue of *The Provider*.[14] Briefly, focus groups are a powerful technique for obtaining in-depth information about the knowledge, beliefs, perceptions, attitudes, and experiences of individuals on specific topics. Unlike committee meetings or presentations to large groups, focus groups involve 8 - 12 participants, a skilled moderator and note-taker, and a carefully-prepared discussion guide. Examples of the use of focus groups for injury prevention include studying parent-child concordance of bicycle helmet use,[15] planning poison prevention education programs,[16] identifying strategies to increase booster seat use,[17] and eliciting adolescent mothers' beliefs about parenting and injury prevention.[18] The IHS Injury Prevention Program has used focus groups to learn about barriers to the use of child passenger safety seats, reasons for support or opposition to sobriety checkpoints, safety concerns of residents living in tribal housing units, and attitudes of older adults toward various forms of physical activity.

Key Informant Interviews

As part of a larger-scale initiative to reduce child pedestrian injuries in Baltimore, public health advocates interviewed twenty stakeholders using structured, open-ended, in-person, key informant interviews. Their purpose was to "document local stakeholders' opinions concerning the cause of child pedestrian injuries and effective prevention strategies; identify impediments to implementing environmental interventions to reduce pedestrian injuries; and obtain stakeholders' perspectives about how best to address the identified impediments".[19] Among the insights they gained were the advantage of reframing the injury issue as a "livability" issue to increase public support; the need for improved communication among various agencies; and the value of increasing awareness among both the public and decision-makers of the extent of the problem.

Table 1 presents the three stages in conducting a key informant interview. To promote the full participation of the person being interviewed, begin the interview by introducing yourself, including a brief statement of your job and relevant background. Explain the purpose of the interview and how you will be using the findings. Mostly importantly, clarify the issue of confidentiality. Will you be attributing specific responses or quotations to individuals by name, or only reporting general themes and anonymous findings? Ask if the interviewee has any questions before proceeding with the interview.

Ask non-controversial and factual questions first; save any sensitive or controversial questions until later in the interview, when a sense of safety and trust has been established.

Conclude the interview by asking if the interviewee has anything else they would like to add and if they have any questions of their own. Thank them for their time and willingness to share their expertise and insights.

Use of Media

The CDC's "Vital Signs" is a superb example of the skillful use of media to engage individuals and communities in important public health issues.[20] Every month, "CDC Vital Signs" focuses on a single issue, such as seat belt use, alcohol use, food safety, obesity, or teen pregnancy. An issue of the Morbidity and Mortality Weekly Report (MMWR) is published on the topic. There is a professionally-designed fact sheet for consumer audiences with easily-readable graphics and talking points; and a dedicated website that mirrors the fact sheet. The website also provides links to more resources and contact information for feedback and inquiries. The CDC issues a media release with a briefing podcast for the news media and accompanying transcript. Finally, a series of announcements occurs via social media, such as Twitter, Facebook, YouTube, and Flikr.

Few local communities have access to such a broad array of professional media services. However, there are many means for local dissemination of information, including:
- The Internet: web site home page, listserv, Facebook, blogs, Tweets, text messaging, YouTube;
- Newspapers: ads, public notice, Op-Ed column, letter to the editor, news conferences;
- Radio/TV: PSAs, local cable TV, calls to local talk shows;
- Presentations at public meetings;

Table 1: Stages in Conducting Key Informant Interviews

Before the interview:
1. Call ahead or send e-mail to schedule an interview.
   - Identify yourself, at least by your name and home town
   - State why you want to have the interview and how long you intend it to be (30 minutes, about an hour, longer?)
   - Try to schedule the interview at a time and location most convenient for the person you'll be interviewing.

2. Write a list of questions:
   - Begin by asking simple, safe questions to help you and your subject relax.
   - Save the most difficult questions for the end.
   - Highlight the most important questions, so they don't get lost in the list.

3. Call or e-mail a day or two in advance to confirm the time and place.

4. Dress respectfully. You don't have to wear dressy clothes for every interview, but avoid the torn jeans and t-shirt look.

At the interview:
1. Arrive on time, or a few minutes early.

2. Introduce yourself and consider spending a minute in small talk about the weather, your trip over, or whatever.

3. Explain the purpose of the interview and how the information will be used.

4. Discuss confidentiality. You can say something like this: "Please let me know if there is anything you do not want to be quoted. I appreciate your help and will keep anonymous anything you want to stay anonymous."

5. Take notes by hand or with a tape recorder. If you use a recorder, first ask for permission. Also, take notes by hand in case the recorder malfunctions or the battery runs out.

6. Be flexible: Ask questions outside of your list as the conversation unfolds.

7. Don't rush to fill in periods of silence. Sometimes your subject needs a few minutes to think about his or her answers

8. Thank the person and offer to send a summary or report from the project.

After the interview:
1. Immediately review your notes to make any corrections or clarifications.

2. Send a thank-you note or e-mail.

- Flyers: insert in paycheck envelopes, DMV notices, utility bills, or bank statements;
- Posters and exhibits at community activities and events;
- Leaflets: to hand out at malls, stores, local libraries, etc.;
- Creating a video or DVD;[21,22]
- Bulletin board notices;
- Training and education programs.

Two media techniques of particular relevance to American Indian and Alaska Native populations are "photovoice" and "digital storytelling." Photovoice (originally called Photo Novella)[23] asks participants to explore community issues by taking still photographs and discussing them as a group. It has been described as "an innovative community engagement

technique that uses cameras as documentary tools and employs photographs as catalysts for empowerment and social change"[24] and as "a community-based participatory action research method designed to uncover the root causes of community problems and to collectively address them."[25] In addition to describing the mechanics of taking photographs, photovoice trainers cover issues of "ethics and power; ways of seeing photographs; and a philosophy of giving photographs back to community members as a way of expressing appreciation, respect, or camaraderie."[26] Participants select the photos "that most accurately reflect the community's concerns and assets"; tell stories about what the photographs mean; and "identify the issues, themes, or theories that emerge."[26]

A photovoice project in Tanzania explored the perspectives of youth on the causes of childhood injuries in the urban environment.[27] Two videos document the process and the final product of the project. The student participants identified multiple causes of injury including uncovered wells, traffic, hazardous yard trash, and falls from trees. In New Brunswick, Canada, photovoice was used to "bring to the public arena the voices of those who are often most affected by public policy but have little, if any, input into its creation." The images and captions demonstrated that stress, violence and abuse, and poverty were among the serious challenges faced by single mothers.[28] Photovoice activities were incorporated into a youth violence prevention curriculum to "provide youth with a voice to identify community strengths, promote critical dialogue, enhance knowledge about issues through youths' perspectives, and inform policy makers."[29] "Our Community in Focus" used photovoice to have high school youth address the question, "What contributes to adolescents' decisions to use or not to use alcohol and other drugs?"[30]

Digital storytelling is founded on the same principles as photovoice and is used in many of the same ways. The process creates "3- to 5-min visual narratives that synthesize images, video, audio recordings of voice and music, and text to create compelling accounts of experience."[31] Two important differences are that digital storytelling utilizes video technology rather than still cameras; and group participation in identifying themes, obtaining footage, and creating a storyboard are optional in the creation of digital stories, but essential to photovoice projects. The Alaska Native Tribal Health Center's Injury Prevention Program held a digital storytelling workshop in 2011. The resulting videos are accessible on YouTube, with topics including traumatic brain injury, drowning, child safety, and addictions.[32] Workshops on the technique are offered by the Center for Digital Storytelling (www.storycenter.org/) and other groups. The non-profit, technology-support organization, "TechSoup," has many excellent online resources devoted to digital storytelling (www.techsoup.org).

Building Trust and Positive Relationships

Building trust and establishing strong personal relationships are important to every aspect of community engagement.[33] Professional conduct that promotes trust includes listening attentively, acknowledging others' ideas and statements, providing accurate information, attending meetings and activities consistently and on time, demonstrating a knowledge of the community, soliciting input, sharing credit for accomplishments, and responding to contacts and requests in a timely manner. Relationship-building is fostered by demonstrating a genuine interest in others (e.g., greeting each person at a meeting and learning the correct pronunciation of their names), participating in shared activities (potlucks, festivals, community fund-raising activities), and displaying humility and a sense of humor.

Another powerful approach to building trust and positive relationships is to implement programs in a manner that maximizes benefits to individuals and the community. Can funding be included in a grant proposal to provide employment or training for community members, or to purchase equipment that will remain with a community agency? Can an intervention be designed that will not only prevent injuries, but also address other community concerns, such as cultural preservation, poverty, youth development, or social isolation of older adults?

Further Reading

It is clearly impossible to cover the breadth and depth of community engagement issues in a brief article. Among the many important issues that have not been addressed, for example, are survey techniques to obtain community input, the use of social media to promote community engagement, and issues of cultural competency. Readers who are inspired to learn more can consult several key references in this article.[2,5,9-13]

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