What remains for the future: strengthening community actions to become an integral part of health promotion practice

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SUMMARY
To mark the 25th anniversary of the Ottawa Charter, this paper will discuss what remains to be achieved in strengthening community actions as an integral part of health promotion practice. To do this, the paper discusses four key elements for the future of health promotion programmes: (1) engage communities to share priorities; (2) build community capacity; (3) mechanisms for flexible and transparent funding; and (4) being creative in order to expand or replicate successful local initiatives. The paper uses a number of international case study examples of how these key elements can be achieved in health promotion programmes. A major challenge for the future is how health promotion agencies can develop and maintain the trust of communities, especially socially marginalized communities in society. The paper concludes by identifying a number of short and longer term challenges to achieve these goals and offers a way forward for a brighter future direction of health promotion practice.

Key words: community action; community empowerment; community health promotion

INTRODUCTION
The 1986 Ottawa Charter (WHO, 1986) identified a number of prerequisites for the improvement of health and expanded the outcomes for health promotion beyond the absence of disease. For achieving better health, the Charter defined five health promotion action areas (build healthy public policy, create supportive environments, strengthen community actions, develop personal skills and reorient health services) and three important roles for health promoters (advocate, enable and mediate). In so doing, the Ottawa Charter became the founding document for health promotion. The third health promotion action area, ‘strengthen community actions’, was explained as follows:

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies. (WHO, 1986, p.3)

In the interpretation of this action area, it is important to think beyond the customary view of a community as a place where people live. Communities have both a social and a geographic characteristic. In practice, geographic communities consist of heterogeneous individuals with dynamic social relations who organize into groups to take action towards achieving shared goals. Within the geographic dimension of ‘community’, multiple non-spatial communities exist and individuals may belong to several different groups at the same time. People in communities can find a ‘voice’ and are able to participate in a more formal way to...
achieve their goals around a variety of issues (Zakus and Lysack, 1998). Identifying and working with the ‘legitimate’ representatives of a community avoids the establishment of a dominant minority that can dictate the community issues in a narrow way based on self-interest.

It is also important to think of ‘strengthening community actions’ as a process of ownership of the issues that concern the community members. It is the resolution of these issues through participation, capacity building and planning that enables them to take specific actions to achieve their goals (Laverack, 2007). The initial purpose of community inter(action) may simply be the participation of people. This later becomes more concerned with building the competencies and capacities of people and is directed toward specific goals and actions. However, at some stage, most communities will want to address the underlying causes of their powerlessness and then become engaged in politically orientated activities. This is the point at which transformation occurs and the process of empowerment begins.

Since the advent of the Ottawa Charter, health promotion strategies have taken a more holistic approach based on a better understanding that diseases are caused by a complex interaction of factors including social and political determinants. Health promoters are increasingly involved in programmes that enable individuals and communities to have greater influence over the determinants of their health through actions that can bring about change (Laverack, 2004). Community action and empowerment are at the heart of health promotion because they enable communities to achieve the social and political changes that are necessary to improve their health. However, a reorientation of professional practice to strengthen community actions in their day to day work has not happened and the complexity of communities and approaches that actively engage with them remain elusive.

Health promotion, and certainly its empowering form, is political, insofar as its actions depend on, and have some consequences for, the political context in which its practice occurs. The people who control the political process (governments and governmental stakeholders) may or may not involve those who are influenced by their decisions. Practitioners who recognize the political nature of health agendas, and the communities that they work with, must engage in partisan politics to help others to have an influence. It is essential that health promoters are able to assist others to become more involved by helping them to find a ‘voice’, to participate and to be more politically active. This is only possible through community action because, far from being predictable, the process of decision-making is often reliant on the ability of the different stakeholders to negotiate a compromise (Labonte and Laverack, 2008).

### Strengthening Community Actions in the Future

To be more effective in strengthening community actions in the future, the following elements must become a part of health promotion practice: (1) engage communities to share priorities; (2) build community capacity; (3) mechanisms for flexible and transparent funding; (4) be creative to replicate or scale-up successful local initiatives. What follows is an overview of each of these elements and some of the evidence that supports their application.

#### Engage Communities to Share Priorities

A major step to strengthen community action in the future is to better engage with communities to accommodate local agendas within national programmes. The key to this is to use standardized approaches for community engagement during the planning process to identify issues and then to incorporate these within the design of the programme. Population centers in Iran (Keshavarz, et al., 2009) use community-based participatory research and are a good example of engaging communities from the first stage of planning to prioritize local health-related problems through to the implementation and evaluation. During this process, it is important to clarify the aim, process and mutual benefits of the research to avoid unrealistic expectations by the community. A crucial element in the future is to provide better evidence to show the efficiency and effectiveness of community engagement approaches in different cultural contexts (Tse et al., 2010).

Engaging with people is crucial but it is not straightforward, for example, research in the UK has shown that of 80% of people who claimed to want to get involved in public
services when further questioned only 25\% were actually prepared to give up their time \citep{Confederation2006}. Health promotion programmes in the future can only be successful if they can maintain a high level of community participation and motivation. This is especially important when working with the socially disadvantaged such as ethnic minorities, indigenous and low socio-economic groups who can be marginalized by and within programmes. The aim in community engagement is to strengthen community action through the sharing of control in a way that involves the provision of both services and resources, at the request of the community. Participation of the community can have real and long-term benefits such as helping to mobilize resources, promote involvement in project activities and can lead to greater sustainability. Although it is generally agreed that health promotion projects need participation, it is not itself the solution. Participation alone does not lead to action or empowerment, does not lead to improved health outcomes and does not lead to improved health care \citep{Rifkin2011}. Participation offers a form of involvement without committing either the outside agency or the community to take further action. To move forward, the actions of people must identify and resolve their own concerns to gain control of the influences on their lives and health.

**BUILD COMMUNITY CAPACITY**

Successful health promotion programmes have a clearly defined strategy of how they will build capacity at a local level. Without this focus, the community can become dependent on an outside agency to provide support and resources without themselves taking responsibility for action and greater control. Community capacity building is seen by several authors \citep{Goodman1991} as a process that increases the assets and attributes that a community is able to draw upon. For a health promotion organization or health promoter, the task is not to create a new programme called ‘capacity-building’. Rather, the task is to examine how its practice can support the development of capacity-building through increasing the knowledge, skills and competencies of the community. Recent advances in our thinking on community capacity have seen an ability to ‘unpack’ this process into the areas of influence that significantly contribute to its development. In particular, the ‘capacity domains’ are the organizational influences of community capacity that have been identified by a number of different authors \citep{GoodmanLaverack2007}.

One example of building capacity is given in the ‘Resolving Differences-Building Communities Project’ which started after conflict erupted in 2001 between groups of Somali and African-Caribbean youth in Leicester, UK. The Somalis were settled as new immigrants into poor socio-economic areas occupied by the African-Caribbean community and this created inter-ethnic tensions. The Somalis found it difficult to assimilate into the British culture, had language constraints and could not easily access available services. The Project established a steering group made up of stakeholders from the two communities with the task of coordinating the management and implementation. The main purpose of the Project was to clarify the views and opinions of the two groups about one another through workshops and focus group discussions. The capacity of local people was strengthened through training and then employed as cross-cultural facilitators to provide peer education and mediation services. In particular, it was their role that helped to directly avoid conflict over the following months because of their interaction and attempts to build community cohesion \citep{renewal.net2008}.

Community capacity building provides the skills, knowledge and competencies that people require in order to take action. Being better able to ‘unpack’, build and measure community capacity has been a significant advantage towards strengthening community actions. What is necessary in the future are well-established methods to systematically include capacity mapping and building as integral parts of health promotion. Parallel-tracking, or similar approaches, offer such planning frameworks which use a multi-stage approach to move our thinking on from a simple bottom-up/top-down dichotomy in health promotion programmes \citep{Laverack2004}.

**MECHANISMS FOR FLEXIBLE AND TRANSPARENT FUNDING**

Capacity building involves the provision of resources to support local initiatives. To meet the varied demand of community needs, funding
agencies must be flexible in the type and timing of resources that they are prepared to provide. In a programme context resources are often designated to a specific budget category, for example, health education or screening services, which may not meet the needs of a community initiative. These are difficult to justify as being strictly ‘health promoting’ but that nonetheless builds the social dimension of communities through a sense of belonging, connectedness and personal relationships. Agencies must be able to think outside the ‘health box’ and to develop suitable prototypes for flexible and transparent funding. However, funding agencies are often reluctant to take risks with resources for activities which they may feel are unpredictable or unaccounted for in a conventional programme design.

To reduce resource risks, communities have established joint ventures, for example, between government, private and public interests. The ‘Altogether better’ project in the UK, launched in 2008, is a 5-year regional-local programme designed to deliver innovative techniques to empower communities to improve their health and well-being. The programme focuses on community champions and facilitating a Learning Network and building partnerships consisting of local communities, third sector, local government, universities and regional agencies and networks. ‘Altogether Better’ increases individual and community social capital, voluntary activities and wider civic participation and highlights the pathways to education, paid employment and enterprise. The Altogether Better Programme is made up of a diverse portfolio of 16 projects spread over 14 local strategic partnerships that aim to help individuals and communities to: eat more healthily; be more physically active; and improve their mental health. Exceptional people were identified as local champions and helped to provide a central point around which partnerships could develop. Participants were drawn into the process and with increased confidence and capacity also became powerful advocates for their community (Altogether Better, 2011).

BE CREATIVE TO REPLICATE OR SCALE-UP SUCCESSFUL LOCAL INITIATIVES

Health promotion must be more creative in the future to replicate or scale-up successful initiatives that address local concerns. Obviously, this requires the right level of political commitment but scaling-up community actions has been achieved, for example, through school and community gardens in Canada, the safer parks scheme in New Zealand, walking school buses in Australia, virtual communities in the USA and the green (garden) gyms and allotments in the UK. The problem begins when demonstration projects are not planned to be scaled-up even when successful and are delivered as high cost and low participant activities. Scaling-up requires a planned process to be able to expand the activities, for example, by adding a creative initiative to an existing larger programme.

Communities have previously been considered simple entities that can be strengthened by utilizing defined uniform strategies. Reviewing the current literature on health promotion interventions reveals that, similar to health promoting interventions in other settings such as schools, there is an inadequate understanding of communities. Context- and time-dependent social settings have unique characteristics that change overtime (keshavarz et al., 2010). Successful strategies in one context that have been defined as best practice may not therefore work in another context or in the same context but at a different time. This can become compounded by small-scale projects that are often successful because they are structured in such a way as to intensively accommodate specific needs at a local level. The ‘scaling-up’ process, for example, at a national level may be unsuccessful because this level of support cannot be sustained. However, this may not be necessary if successful initiatives can be replicated at a local level many times in similar contexts, for example, communities that share ethnic, age or gender characteristics.

CONCLUSIONS

Engagement with, capacity building of, transparency and being creative with local communities requires a partnership that is equitable, fair and open. A major challenge for the future is therefore how health promotion agencies can develop and maintain the trust of communities, especially the socially marginalized in society. This is a long-term process of dialogue and commitment also requiring the continued delivery of service standards. The challenge for
agencies is to be better able to listen to communities and to respond to their needs. This can be greatly enhanced through the use of best practices for community engagement and capacity building with different groups in different cultural contexts.

In the global conditions of growing inequality and poverty the socially marginalized, such as youth and migrant groups, who cannot rely upon future support from the established system can resort to the one resource they have, the capacity to cause trouble. The tactics used are protests and riots creating a massive public disruption that is the basis for their influence on the social and political determinants. This is a limited option and community action must maximize its efforts and push for full concessions, but it is a tactic that has given rise to recent examples of dramatic change in modern societies.

In the short term, it is imperative to investigate the application of community engagement approaches for high-risk socially marginalized groups within society. In the longer term, the planning, implementation and evaluation of culturally appropriate interventions to reduce inequalities across different ethnic groups, geographical areas and sectors should become an integral part of health promotion. This is not presently a mainstream perspective, but it is becoming increasingly important as the size and numbers of marginalized groups grow and the inequality gap in society widens raising fears of worsening health, civil unrest and national security.

We can be optimistic about what remains in the future to strengthen community actions if health promotion focuses on the use of best practice approaches for community engagement and capacity building and is successful in promoting bottom-up programmes across sectors. And the future will be really bright if we can show the important role that health promotion has to play in the pathway between strengthening community actions, the social determinants of health and health outcomes.

REFERENCES


