



Mobilizing Communities

Methods and Approaches

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Mobilizing refers to marshalling individuals, organizations, and other resources in a community toward action. In other words, the concept of “mobilization” organizes and brings people together to address existing problems and participate in the decision-making process. Since decisions affect the community, community members need to develop their capacities in understanding and addressing such problems. Mobilization also implies that some individuals or groups in the community have recognized the need for change and are willing to participate in that process. A need for change generally refers to the fact that specific undesirable conditions within the society have been identified and recognized, and that the community intends to address them together. If no such need is recognized, then the status quo will most likely prevail. This article provides an outline for guiding communities to mobilize for the purpose of addressing community problems.

“Community” means different things to different people. In general, a community is often defined as a geographic area with specific boundaries, for example, a specific neighborhood, village, town, city, or even state. Communities may extend geographic and political boundaries to embrace ethnicity or culture, and may incorporate every social stratum or only its subgroups. A community may be global, such as the “community of Orthodox believers” and the “United Nations,” or refer to professional associations or organizations, such as physicians, business owners, or teachers. In other words, defining community is difficult. For the purposes of this article, communities include all individuals and organizations that reside within the same geographic region, and are affected by or concerned about the health and social problems present within the area.

There is no optimal strategy for mobilizing a community and various methods can be applied successfully. Methods refer to the tools, techniques, and procedures used by individuals and groups to bring about actions they believe are needed to improve a particular condition. An approach is the particular manner in which individuals and groups seek to create change in the community. A systematic approach to

mobilizing communities results from skillfully applying the appropriate tools, techniques, and procedures.

This article will discuss how communities mobilize their resources and explore the benefits that can result from applying a systematic approach to community problem solving using various effective methods.

Becoming an Informed Community

The process of community mobilization typically begins with problem identification based on relevant and reliable information. Actions resulting from community mobilization must be informed by solid and reliable information if positive changes are to occur. There are four types of information important to understanding what change may be required and what actions are necessary to create that change.

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Demographic and Epidemiological Data

First, a community must be adequately informed about the health and social conditions of its members. Demographic data, such as population characteristics, growth patterns, income and education levels, and household and housing types, describe the basic living conditions that exist within a community. Epidemiological data, such as morbidity and mortality rates, behavioral risk factors, and environmental risks help to describe the community’s health profile.

It is possible to highlight the major health and/or social problems of a community with epidemiological and demographic data, at least in general terms. The more data available, the more precisely one can identify the magnitude of possible problems. For example, high poverty rates within the community combined with low educational levels could reasonably forecast inadequate knowledge regarding preventive health practices, as well as lack of access to such services. Additional data on incidence of obesity, smoking, low birth-weight babies, and cancer can serve as a broader tool for pinpointing community health needs. Analyzing demographic and epidemiological data, therefore, is one of the most important methods for systematically identifying community problems. These data also help to place issues in a broader context and to later prioritize them.

The US Centers for Disease Control recommends a “consensus set of indicators” to measure a community’s basic health status. These indicators include

- race-specific infant mortality, as measured by the number of infant deaths per 1,000 live births among infants less than one year of age;
- death rates per 100,000 population due to motor vehicle accidents, work-related injuries, suicides, homicides, lung and breast cancer, heart disease and strokes, and deaths from all other causes;
- reported incidence per 100,000 population of AIDS, measles, and primary and secondary syphilis; and
- maternal and child health indicators such as incidence of low birth-weight babies, percent of births to adolescents, percent of mothers initiating prenatal care, and prevalence of childhood poverty.

This list can be expanded or abbreviated as appropriate for individual communities based on available data and/or perceived health status.

Available Resources

Second, a community must be informed about and recognize its own resources and how those resources can influence its capacity to mobilize for change. This understanding can be accomplished by developing an asset inventory or asset map.

All communities, even those with numerous and significant problems, possess certain assets that can be marshaled in an effort to alleviate or improve identified problems. Community assets may include the presence of various institutions and organizations, its physical location, population, local leadership, and informal social networks. For example, some communities have strong religious and volunteer social organizations whose members are willing to spend time working on community projects. Such organizations can provide volunteer labor for door-to-door or telephone outreach activities, such as identifying under-immunized children and educating their parents on the importance of vaccinations. An asset inventory helps identify positive resources and defines community stakeholders.

Other examples of community assets include schools, universities, hospitals and clinics, informed elected officials, businesses, neighborhood associations, the media, public transportation systems, libraries, social clubs, celebrities, charitable organizations, professional associations, civic leaders, and labor unions. The actual list of stakeholders may be much longer, with the scope of relationships among them rather complex. The role each stakeholder plays in the community should be

understood and a plan for involving them in the change process should be articulated. Within this framework, it is recognized that although each citizen is responsible for their individual health-related decisions, the community as a whole is accountable for ensuring an environment that positively influences the health status of its members. Furthermore, the community should use its assets effectively to ensure that high quality healthcare is readily available and accessible to its citizens. To identify available assets, some communities prefer to geographically “map out” where their resources exist in the community and the actual area they serve. This exercise helps identify gaps in services.

Community Priorities

Third, communities must be informed about various methodologies for determining priorities or arranging community issues in order of importance. The following are essential elements of selecting priorities:

- Community priorities should be based on solid data. Biased and subjective information should be avoided whenever possible. Data that are valid and reliable are fundamental to community problem-solving.
- To ensure agreement, consensus-building processes should be used by community stakeholders to develop priorities.
- Priorities for action should include problems for which there are available, effective, and cost-efficient solutions. When faced with several community problems, it is best to start with a problem that requires less costly intervention with a greater likelihood of short-term achievable success. Small wins help to build momentum. Identifying community problems as priorities that have no solution, or whose solutions are clearly beyond the ability of the community to address, will only set the community up for failure. They should be noted and considered in terms of a long-term action plan.
- Priorities should be measurable. It should be possible to measure whether or not the statuses of particular issues are improving or worsening over time. If this is not possible, it is advisable not to include such issues on a priority list until measurement is possible. In some cases it may also be prudent to include the development of better data collection system(s) as a priority.

Planning Processes

The fourth type of information communities must have is knowledge of a systematic planning process for developing action plans. Planning methodologies include using data to



identify community needs, developing an asset inventory, and setting priorities (all discussed above). Process planning should also include developing intervention strategies and measuring outcomes.

Developing Action Plans

It is important for communities to develop an action plan that details the steps needed to implement strategies that will address identified problems. These strategies must be carefully thought through in terms of their objectives as well as foreseen strengths, weaknesses, opportunities, and threats. Decisions must be made regarding the nature of the strategies, when and by whom the strategies will be implemented, how responsibilities will be distributed, what resources will be employed, and how success will be measured.

The first step in developing an action plan is to clearly articulate the problem. A problem statement provides focus for community partners and describes priority issues identified by the community. For example, if infant mortality is selected as a priority issue, it could be stated, "Our community infant mortality rate of 20 per 1,000 live births, as compared with the national average rate of 7 per 1,000 live births, is unacceptably high and must be reduced." Each priority issue should have a problem statement of its own.

Once the problem is stated, an objective should be developed to define the measure of improvement that the community expects to attain. Using the infant mortality example, the objective could be, "Implementation of this action plan is intended to reduce our community's infant mortality rate to 10 per 1,000 live births by the year 2002." Good objectives should use the SMART criteria; that is, they should be specific, measurable, attainable, realistic, and time-framed.

Next, community partners should determine what actions must be implemented to achieve the target objective. Since most health problems are complex and the number of potential intervention strategies are numerous, partners should gather information regarding which strategies and interventions would work best. This strategy is referred to as "best practice" research, and involves conducting literature reviews and sharing ideas and experiences. Once specific actions are defined and included in the action plan, they should be assigned to selected organizations or individuals responsible for their implementation. A timeline should also be developed that outlines the start and completion date of each task.

For each objective, the action plan should include a description of financial, personnel, organizational, political, and other resources needed to complete the task. This process

involves thinking through each step of the task and preparing budgets, determining staffing needs, and defining all other tangible and intangible resources necessary to accomplish it. Sources for each of these items should be identified and commitments obtained. If required resources are not readily available, task completion may be hindered. If such a measure is a critical element of the action plan, this could spell disaster for the entire initiative. Therefore, careful attention must be paid to the availability of resources and the viability of accomplishing specific goals.

In addition, it is important to understand potential barriers or resistance that may be encountered during implementation of the task. Barriers and resistance can include such issues as bureaucratic procedures and regulations; legal prohibitions; opposition from organizations, groups or individuals; inadequate infrastructure; and/or lack of relevant data. For each task, community partners should take steps to minimize or eliminate potential problems. Brainstorming about obstacles is one way to identify possible stumbling blocks and either plan remedial actions or avoid them altogether. Ignoring potential pitfalls can ultimately block success and discourage community partners from engaging in future community change processes.

Finally, an action plan should include a mechanism to monitor progress and measure whether each objective or task has been successfully completed. To determine task progress and completion, process indicators should be defined. These can be as simple as a checklist marked when particular tasks are completed, or more complex and include quantitative measures such as the number of meetings held, number of clients served, or percentage of population screened. Process indicators tell you when tasks have been accomplished, but they do not tell you if the completion of the task has improved the problem being addressed.

Determining success in achieving project goals requires a more rigorous measurement methodology. Goal or objective statements usually contain quantifiable outcome targets such as in the example of reducing infant mortality. Interim targets may also be established and monitored during the course of the project.

Measuring interim and outcome targets requires ongoing data collection. Before tasks are started, a means for collecting relevant data should be established if there is not already a vehicle for doing so. For example, to achieve an objective of reducing the prevalence of smoking in a community, you must first collect baseline data that will indicate the prevalence rate before any intervention strategy occurs. *continued on page 8*

Tukums: Engaging a Community

A good example of the community mobilization process was demonstrated by the Riga, Latvia/St. Louis, Missouri AIHA partnership, which began in 1995. An initial partner assessment of basic socio-demographic and epidemiological data highlighted a set of more serious health problems. Several workshops were held to identify available resources in both communities and determine whether they were readily available for deployment. Several site visits, working meetings, and workshops initiated by the partners involved a large number of community members and community groups. As a result, priority areas were set and partners decided to initiate a community-based project in the rural district of Tukums, west of Riga.

In Tukums, a community coalition was formed to plan community activities and address local health problems. This local council meets regularly and includes members from the municipal government, schools, child development center, psychological center, churches, and general population of Tukums. Individual teams meet more frequently to work on specific issues. In May 1998, the partners participated in a jointly sponsored AIHA/World Health Organization Community Health Conference in Saldus and Tukums. Municipal officials and active community health leaders from districts throughout Latvia gathered to talk about health promotion and community health in their regions, and to establish links between health professionals, municipal leaders, and community representatives. During the conference, Latvian partners showcased the AIHA-supported community health project in Tukums.

The Tukums partnership benefited from involving external resources while remaining in charge of the community change process. US partners provided technical assistance to the Tukums community by collaborating with their leadership in designing the modules to be used in the community health project. They assisted the 30-member Tukums leadership team as they moved into the operational phase of the project. The US team discussed general issues related to the health promotion project with their Latvian counterparts, and then split into smaller work groups where they exchanged experiences on related topics and created systems for communication and reporting.

In 1997, the Latvian Community Health team implemented the Community Health Project in Tukums. As a kickoff activity, the community health project leaders designated October "The Month of First Aid," and first aid-related activities were held in various community settings, including kindergartens, a local fish factory, the police department, and other institutions. Partners presented a total of 10 lectures, each including didactic information as well as practical activities, such as role playing. The community outreach program was successful not only in terms of educating the community, but also in actively engaging the community leaders in addressing local healthcare needs and concerns.



In the Tukums model, teachers support highschool students who teach children to involve adults in healthy choices.

Photos courtesy of Barbara Bogomolov.



Tukums trains trainers. These young people are teaching first aid at the fish canning factory.

Photos courtesy of Barbara Bogomolov.



This collection may involve surveying the population. Then, follow-up surveys should be conducted during and at the end of the smoking cessation campaign to determine if the rate, as well as attitudes toward smoking, have changed.

Engaging the Community

Mobilizing communities for positive change requires that all key stakeholders be engaged in the planning process and committed to the process and its goals. Engaging stakeholders involves five main ingredients

- building partnership and consensus;
- articulating community vision;
- incorporating views from all appropriate parties;
- securing commitments from partners; and
- establishing community accountability for the process.

Partnership building combines “science” with “art.” The science of partnership building grows from the systematic process of identifying needs based on data and recognizing community resources based on an asset map. The art of partnership building involves creatively linking individuals and organizations who work together for results that mutually benefit all parties. For example, in some communities, businesses have successfully linked with schools to improve student reading levels by assigning professional staff to serve as “reading mentors” to individual students.

Community change processes often fail because one or more key individuals or organizations are not invited to participate in the process. When building a partnership, it is important to assess all of the resources in the community and include everyone who has a stake in its outcome. In community health projects, for example, partnerships sometimes do not include social workers or civic organizations because of the erroneous assumption that neither one has expertise or an interest in addressing health problems. It has been clearly demonstrated in numerous community health initiatives that such groups have much to contribute toward solving underlying community problems that exacerbate health problems, such as transportation and language barriers. It is important to be inclusive rather than exclusive in selecting community partners and to recognize individual and collective expertise.

Partners must articulate and share a commonly developed community vision, sometimes referred to as an “end-state” statement. In other words, partners should conceptualize what the “improved community” would be like if all their goals and objectives were achieved. Such techniques include imagining oneself in a hot-air balloon looking over the community and describing its ideal state, for example: “Within

the next decade, our community will be free of violence, women will have healthy pregnancies, and every child will have access to basic healthcare, education, and job training opportunities.”

In every step of the community change process, all of the partners must be encouraged to express their opinions of what should be done and how it should be accomplished. Incorporating these viewpoints into the planning process ensures that all partners feel a sense of ownership. They will then have a sense that the plan being developed is their plan, as well as a plan for their entire community. When partners feel a sense of ownership, they are more willing to make sincere and significant commitments of time and resources.

Securing commitments from partners is essential if goals are to be realized. Although some projects may require resources from outside the community to accomplish their goals, every project will need significant contributions from within the community and from the local partners. Outside support is generally time-limited. Local resources are necessary to secure long-term sustainable change.

Taking Charge

In addition to being informed and engaged, communities that become mobilized for change must be in charge. Partners are in charge when they have control over the decision-making processes. Outsiders cannot come into a community and expect to impose their solutions, even if their solutions have been successful in other communities. Communities that initiate and sustain effective, lasting improvements are those that maintain control over key decisions.

Outside consultants, funders, and facilitators can be valuable assets from which communities can benefit. However, it must be clear that outside resources provide assistance rather than directives. It is important that the role of outside resources be clearly defined prior to engaging them in the planning process. Both local community partners and external partners must understand the expectations of one another and enter into clearly defined agreements that spell out what their commitments and activities are, and the duration of those commitments.

Without adherence to such role definition, community planning processes can become imbalanced in one direction or another. Sometimes local partners begin to rely too much on the expertise of their external partners. In the worst case scenario, this leads to dependency and lack of community empowerment. On the other hand, if local community partners break off their relationship with external partners too quickly

before key accomplishments have been made and sufficient knowledge and skills have been transferred, goals may not be achieved because the local partners may not have gained all of the relevant knowledge. If a partner relationship is becoming unbalanced, it is important for partners to discuss the matter openly and honestly and to arrive at a mutually agreed upon decision regarding the future of the partnership.

In general, there are four roles that are well suited for external partners

- facilitators or guides who assist the process, providing non-directive guidance and keeping the change process focused on its overall goals and objectives;
- sources of knowledge and skills who provide local partners with useful knowledge gained from past experience and train local partners in applying this knowledge/skill to their specific situation;
- enablers and encouragers who stimulate partners, especially during those times when progress is slow and problem resolution is difficult; and
- short-term funders who provide outside financial and other assistance that enables a local community to begin a process of planning for change.

Effecting Change

Mobilizing a community to effectively address its health and social problems requires that the community be informed, engaged, and in charge: informed by data with an understanding of the methods and tools that identify community problems and develop effective intervention strategies; engaged in building a consensus among all the key community stakeholders and obtaining their commitment of time and resources to the planning process; and in charge of their own destiny by developing appropriate relationships with external partners that benefit from their expertise without compromising community responsibility and leadership in the process.

Mobilizing communities for change doesn't occur without effective leadership and coordination. It is true that community improvement demands the systematic and rigorous application of strategies and principles such as those described in this article. However, communities that successfully implement community change initiatives are typically those that also have a strong leadership that is fully committed to the change process.

Community leadership may come from any of the partner organizations. It is quite common for community partners to form a leadership council comprised of key individuals from

a cross section of the community, including agency representatives and ordinary citizens. This provides a forum for overseeing the mobilization process, addressing problems as they occur, and providing accountability among the partners. It also facilitates the coordination of project activities to avoid duplication and role confusion. A leadership council should be kept informed concerning all the major project activities, including the expected products and/or services, resource requirements, responsible parties, and timelines. In this way, the council can monitor the project to ensure that key activities are being properly coordinated among the partners, and that they are kept on track throughout the process.

The importance of these factors in the successful implementation of a community improvement process has been demonstrated repeatedly, both positively and negatively, in communities throughout the world. Examples presented from the Riga/St. Louis partnerships highlight some strategies that work. Community partnerships, particularly international partnerships, are one of the most effective, yet complex ways to improve the health status of communities. It is hoped that the principles and examples described in this article will help increase partnership success and lessen the threats that can lead to failure. Achieving the goal of improved health is too important not to take advantage of the lessons learned by others and apply them appropriately.

Suggested Reading

The following are examples of community planning methodologies that have been widely used in diverse communities.

Assessment Protocol for Excellence in Public Health (APEXPH) is available from the National Association of County Health Officials, 440 First Street, NW, Washington, DC 20001; 202/783-5550.

Community Environmental Assessment Tool is available from National Association of County Health Officials, 440 First Street, NW, Washington, DC 20001; 202/783-5550.

Community Health Assessment: A Process for Positive Change is available from the Voluntary Hospitals of America Inc., 5215 North O'Connor Road, P.O. Box 14090, Irving, Texas 75014; 972/830-0224.

Healthy Communities Handbook is available from the National Civic League, 1445 Market Street, Suite 300, Denver, Colorado 80302-1728; 303/571-4343.

Planning Approach to Community Health (PATCH): Guide for the Local Coordinator is available from the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Mailstop K-46, 4770 Buford Highway, NE, Atlanta, Georgia 30341; 770/488-5426.

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