

Promoting Community Ownership of Local Health Issues

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Healthy Communities is an approach to health promotion that uses active community participation to achieve capacity building, problem solving, and improved quality of life in communities, both large and small. As an interdisciplinary process, it can improve health conditions for populations by initiating change on a grassroots level. The “Healthy Cities” and Healthy Communities movements began in Canada and Europe in the mid-1980s. Subsequent movements in the US and Latin America were inspired by the work of groups such as the World Health Organization, the Healthcare Forum, and the National Civic League. The Healthy Communities concept has now spread worldwide to more than 3,000 regional municipalities.

In late 1998, the Healthy Communities approach with a focus on women’s health was brought to Constanta, Romania through an AIHA partnership. The partnership paired Constanta with Louisville, Kentucky, a city with expertise in the areas of Healthy Communities initiatives, health status assessment activities, and community mobilization efforts to address public health issues. Primary Louisville partners include The Humana Foundation and the University of Louisville. The Jefferson County Health Department is a supporting partner, employing personnel with expertise in Healthy Communities activities. Many other organizations have subsequently joined the partnership’s efforts.

This article discusses the Healthy Communities process in general, defines models that can be used in this process, describes Louisville’s Healthy Communities approach, and then details how the concept of Healthy Communities was applied specifically to Constanta.

Healthy Communities Defined

Healthy Communities programs enlist community participation and collaboration to improve social health conditions and quality of life. The process begins by assuming a broad definition of health as a resource for everyday life, not simply an objective for medical care. It is an aspect of the bio-psycho-social model of

healthcare, in which the community is the unit of care and study. Healthy Communities addresses an array of issues—from environmental topics to specific medical concerns—that ultimately influence the overall health of community members.

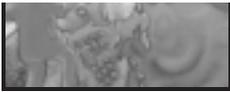
Predictors of health and well-being include social characteristics and personal resources, the capacity to fulfill culturally appropriate social role functions, and the quality of relationships in everyday life. This perspective holds individual citizens responsible for their health-related decisions and the community accountable for providing an environment that positively influences the health of its members. Benefits from the Healthy Communities approach are focused toward the community as a whole, rather than its individual members.

An important aspect of the Healthy Communities concept is engaging and empowering the community. Community engagement—a powerful vehicle for bringing about environmental and behavioral change—is the process of working collaboratively with groups of people to address issues that influence community well-being.



Community focus group discussing issues related to women’s health, which served as the initial stage of the Healthy Communities process in Constanta, Romania in 1998.

Taking this a step further, community empowerment includes raising awareness, increasing community participation and control, strengthening social ties, and facilitating the development of local organizational capacities. It often involves the development of partnerships and coalitions that help mobilize resources, influence systems, change relationships, and serve as catalysts for changing policies, programs, and practices. Effective community empowerment mobilizes individuals, grassroots groups, community-based organizations, and local institutions, enabling them to take action, influence others, and make decisions on critical issues. No external entity can give a community the power to act in its own self-interest; instead, individuals and organizations provide tools and resources to



give community members a sense of mastery over their lives through their participation in the consensus-building process, thus empowering them through participation in the process.

Community mobilization requires both invoking and stimulating community participation, as well as fostering collaboration with local organizations and government agencies. Community participation constitutes people-to-people interaction on the “horizontal” component of mobilization, while collaboration between governments and organizations is the “vertical” component. Success within both components is necessary for the successful initiation and sustainability of the Healthy Communities approach.

Models for Community Health Assessment

AIHA's Constanta/Louisville partnership has been working to identify, teach, and implement culturally appropriate, best-known practices in community health. The premise is that while processes that work in the US may be useful for Romania, US methods are not necessarily the best solutions for unique or emerging Romanian health concerns. US partners encourage their Romanian counterparts to critically discuss the feasibility, acceptability, risks, and benefits of using US practices in their country, and to modify their programs accordingly. Several US programs serve the Healthy Communities approach well, including

- the Planned Approach for Community Health (PATCH) model, which was developed by the Centers for Disease Control and prevention(CDC). It follows a sequential process for implementing community health programs: mobilizing for change; partnership building; planning and tailoring the process; conducting community health assessments; establishing health priorities; developing and implementing community intervention strategies; monitoring; evaluating; and reporting. PATCH includes vertical and horizontal components among partners at national, state, and community levels, the latter being important for Healthy Communities leadership training.
- the Institute of Medicine model for Developing Health in the Community, evolved in part from the PATCH. It uses a community health improvement process (CHIP) with two major cycles. The first cycle identifies and prioritizes local health concerns, and includes forming community coalitions, preparing and presenting community health profiles, and identifying priority health issues. The second cycle involves analysis and implementation. This includes processes such as conducting in-depth analyses of the selected priority health issue, making an inventory of resources, developing a health improvement strategy,

ensuring accountability, developing an indicator set, implementing the health promotion strategy, and monitoring outcomes.

- Healthy People 2000, a US national strategy for improving health by preventing chronic illness, injuries, and infectious diseases. This is a model program for using goal-setting as a means to monitor and improve health status through health promotion and disease prevention. Such goal-setting is likely a useful tool for newly emerging democracies. The program's three goals are to increase American life span, reduce disparities among Americans, and make accessible preventive services for all Americans. Methods to accomplish this include health promotion, health protection, preventive services, and surveillance.
- assets mapping techniques, which are useful for making inventories of community resources and emphasizing the positive aspects of a given community. Focusing on the positive aspects of health and well-being is an important

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component for successful community programs. Recent evidence shows that health education programs that place an emphasis on the deficiencies of individuals may undermine feelings of capacity and self-worth, and actually foster learned helplessness and isolation. Strategies that focus attention on the strengths, assets, and resources of people are more compatible with the Healthy Communities approach.

- the PRECEDE-PROCEED model, an integrated approach for health promotion, planning, and evaluation. It includes nine phases within two cycles. The PRECEDE cycle begins with social diagnosis and quality-of-life assessments. It goes through four assessment levels, including conducting an epidemiological diagnosis with health status indicators; behavioral, lifestyle, and environmental diagnoses; educational and organizational diagnoses; and an examination of predisposing, reinforcing, and enabling factors at the administrative and policy levels. The PROCEED cycle begins by implementing interventions and policies. It then goes through the above levels in reverse

order to evaluate process, impact, and outcomes. The ultimate outcome measure is both the beginning and end point—assessment of quality-of-life within a community. The model fosters health promotion programs and policy development in specific settings like schools and the workplace. Though complex, it provides key operational points in Healthy Communities programs.

Louisville's Healthy Community Model

The Healthy Community initiative in Louisville, Kentucky served as a model for addressing women's health issues in Constanta, Romania. To assess the health of Louisville, the Jefferson County Health Department joined forces with the County Department for Human Services to coordinate a project that included an array of community stakeholders. The assessment project enlisted quantitative as well as qualitative data collection approaches, as explained below.

Assessing Communities

First, to compare different measures of social health, a geographical analysis of case-level data was used to subdivide Jefferson County into 10 assessment areas. These areas, or neighborhood units, became the basis for developing community centers called "Neighborhood Places." Developed by volunteers in response to changing community conditions, the concept of Neighborhood Places is a new way of working with communities to address community issues. Neighborhood Places are networks of "one-stop" centers for health, employment, education, and human services scattered throughout Jefferson County. At each Neighborhood Place, staff members from partner agencies work together to provide accessible and responsive services to community members.

To facilitate responsiveness, the Neighborhood Place Community Assessment and Planning Project (CAPP) was institutionalized as an ongoing assessment and planning tool for Jefferson County. Instead of collecting data as an end unto itself, CAPP uses data, combined with other information, as a tool for informed community decision-making. This approach links participating agencies with citizens, develops leadership skills for community-based problem solving, and determines accountability for reaching goals.

The CAPP process addresses issues that are important to individuals at the neighborhood level. A Data Sub-Committee contributed to the assessment project by researching and compiling quantitative data from secondary sources, including census reports; birth and death certificates; communicable disease reports; and juvenile delinquency, school, child welfare, and

substance abuse treatment data. Qualitative data were obtained by having community councils from Neighborhood Places collect information that might not be captured by existing data sets. The Planning Group conducted community focus groups, local surveys, and other activities to collect information about peoples' health perceptions, attitudes, and concerns. Each of the 10 Neighborhood Place assessment areas then formatted their respective information into simple, easy-to-read summaries. A comprehensive assessment document was developed in 1997 by a Planning Group, composed of council members and Neighborhood Place staff.

Identifying Priorities

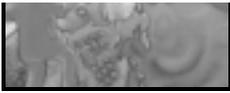
Over the next 12 months of the process, priorities were identified for each of the 10 assessment areas based on the summary reviews and other information. Neighborhood Place Councils shared their priorities at an annual CAPP event with their funding partners, agency stakeholders, and the community at large.

Currently, Neighborhood Place Community Representatives and various stakeholders are working collaboratively to develop specific intervention strategies to address identified priorities. As a result, unique solutions based on assets, values, and priorities within and between the Louisville communities are emerging. Strategies specific to Neighborhood Places will likely require shifts in existing resources or the acquisition of new resources. As a result of sub-county-level analyses, Neighborhood Place Community Councils, the Board of Health and other policy-making boards are now better able to respond to the community's health, education, and human service needs. Involving community members as partners in this process is a vital element to the Healthy Communities approach.

Expanding the Louisville Experience to Constanta

The Louisville/Constanta partnership is using Healthy Communities strategies to mobilize the Constanta community to improve women's health. As the philosophy of Healthy Communities is to help people help themselves, US partners are working with their Romanian counterparts to develop new approaches to health promotion and disease prevention activities and facilitate decision-making among Romanian leaders and community members. They are also sharing their experiences and lessons learned from developing the Neighborhood Places concept.

In order to establish programs and policies that can create sustainable means of improving health in Constanta, several methods that had proved successful in Louisville were modified to accommodate Constanta's communities.



SWOT Analysis

A strategic planning session was convened in Constanta with a group of invited community representatives including personnel from various health-related and women's organizations. More than 20 people attended the two-day event in October that used SWOT—an acronym for strengths, weaknesses, opportunities, and threats—a structured approach to consensus development and problem solving.

The initial SWOT exercise asked each participant to voice what they thought were the three most important women's health issues in Constanta. These same issues were then listed in bold print on large sheets of paper attached to the walls of the room. Each participant was given three votes and asked to circulate about the room, placing a mark by the issues they felt were the most important. This democratic process provided visual aids that ultimately identified four major health issues to be addressed.

The large group was then subdivided into four smaller groups—one for each of the four major health issues—to discuss and list the SWOT characteristics for each individual issue. Under

Compiling health data into periodic summary report cards is a way to invoke community participation and involve the medical and public health communities.

“Strengths,” participants described existing community health resources that currently provide services to address the issues; under “Weaknesses” participants identified needed services. This input was recorded and later discussed by the entire group.

The process encouraged the community to take ownership of women's health concerns and served as a training session for Romanian leaders on conducting a SWOT analysis.

Community Health Report Cards

Compiling health data into periodic summary report cards is a way to invoke community participation and involve the medical and public health communities. The selection of indicators for a community health profile is an important step in this process. The Institute of Medicine has suggested a set of indicators for this purpose that reflects constructs in behavior, health-care, and social and physical environments. The CDC has also suggested a set of consensus indicators to allow valid comparisons between communities.

Recently, the Inspectorate for Public Health in Constanta published a series of community health reports taken from available medical and surveillance data from 1997-98. Information from the reports was discussed within community and professional groups involved in decision-making processes about priority health issues. Methodological issues and threats to the validity of the reported data spurred public health officials to critically examine their surveillance and information systems. Comparison between specific measures on health report cards from Jefferson County and Constanta stimulated further discussion.

Focus Group Sessions and Training

The best source of information about women's health issues in Constanta comes from the women who live there. Focus groups were chosen as a means to gather valid and representative information to learn more about women's values, perceptions, and health concerns/priorities. The issues are then incorporated into a questionnaire and administered to a larger group. This approach avoids the bias common among “top-down” management approaches that assume that health concerns are already known and easily identified from expert sources such as medical doctors or hospital administrators. The Healthy Communities approach uses “bottom-up,” grassroots communication rather than relying on imposed management styles. A “train-the-trainer” model was used to teach Constanta partners the methods for conducting focus groups. The training program emphasizes acquiring skills, developing competencies, and generating confidence among facilitators.

The partners collaborated in Constanta on two focus groups. The first was conducted with workers at a large factory. Although the conditions for this focus group were not ideal, the experience served as an educational forum to learn about this community process through on-the-job training. The difficulties encountered in the first focus group became “lessons learned,” which were reinforced as the Louisville team provided feedback and encouragement to Romanian leaders during the next focus group with teenage girls at a local high school.

The Romanians then conducted several focus groups on their own with a wide array of women, including minorities, the elderly, and the unemployed. Finally, the characteristics of the participants and their responses gathered from the focus group activities were compiled into a grid to allow easier assessment. The issues identified by the groups determined the scope of inquiry for a population survey that would further assess women's health concerns.

The Population Survey

In addition to the focus groups, the Constanta Healthy Communities Team decided to conduct a population-based survey about women's healthcare concerns. The questionnaire, developed jointly between the academic and public health partners in Constanta and Louisville, used proven survey methods and strategies for developing and implementing a survey with high response rates from sampling of the population.

Multiple sources of information—including responses from the focus groups—were used to develop the questionnaire. Questions included perceptions of gender inequities, family safety, and security, and opinions about gender-specific, social roles. Information about the community and women's health report cards were also used in developing the survey, which focused on issues involving high morbidity and mortality. Additional items about mental health and physical functional capacities were also included.

Standard measurement scales such as quality-of-life assessments were used in the survey. The domain-specific life satisfaction ratings from the Perceived Quality of Life (PQOL) Scale were selected. The PQOL scores are designed as baseline measures for a community's social diagnosis. Replicate measures of PQOL may be used as outcome measures for assessing the effectiveness of community interventions.

The survey was developed systematically to assure validity and minimize error. The questionnaire was translated from English into Romanian, and then back into English. This method verified the accuracy of the translation and ensured that the original meaning of each item and the formal scales in the battery were retained. The survey contained a total of 145 questions. More than 1,300 female participants were selected from a simple random sample of Constanta residents, 16 years of age and older. The age distribution of the sample closely approximated that from the census. Medical students from the Ovidius State Medical University were trained in data collection methods for in-person and telephone interviews with the respondents. The response rate was a remarkable 97 percent.

Selecting a Women's Health Priority and Intervention

The Constanta decision-making processes was further facilitated by establishing a community group to select a set of priority women's health issues and feasible health promotion interventions. Groups of about 25 women from varying geographic and socioeconomic sectors assembled to learn about women's health issues. The women were given summaries of the survey results and health reports in easy-to-understand language and formats. The groups then used consensus

development methods to prioritize women's health issues during June 1999. Top-ranking issues included safety for victims of domestic violence, prevention and control of sexually transmitted diseases, and healthy lifestyle choices. The leaders of the Constanta health promotion team then began further discussions with local political and community leaders about the most practical, acceptable, and effective interventions for these concerns.

Creating a Healthy Communities Infrastructure

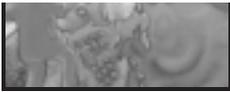
The Constanta Healthy Communities Project has developed an organizational structure to support the community's mobilization and participation in women's health issues. Several Healthy Communities Committees, task force groups, and teams were established, including a Steering Committee, Survey Research Task Force, Mass Media Relations Team, Epidemiological Health Programs Committee, Health Promotion Team, Community Empowerment Committee, Healthcare Finance Team, Logo Contest Task Force, and Program Evaluation Team. Each group provides an opportunity for community members and emerging leaders to assume a role in the Healthy Communities process.



American and Romanian partners visit one of the polyclinics to complete a site assessment.

Photo: Terry L. Richardson.

The Healthy Communities project has evolved both organizationally and politically within the mainstream of Constanta's newly reorganized healthcare systems. As a result of national health reforms in Romania, the Sanitary Directorate for medical and hospital services and the Inspectorate of Public Health are now joined into one institution: the Constanta County Directorate for Public Health. Also, the Office of Health Promotion is now a part of a major policy-making organization with a wide scope of health-related activities and responsibilities. Dr. Corneliu Neagoe, former mayor of Constanta, is the new general director of the Directorate for



Public Health. A Learning Resource Center has also been set up by AIHA to facilitate continuing education and data management activities, enabling the Healthy Communities project to maintain critical links to both the public health and medical care sectors.

Healthy Communities is now in a position to influence the process of setting an agenda for improved health. The organizational components of the Healthy Communities Project have been established to perform critical functions such as health status assessment (community diagnosis) and implementation and intervention (health policy development). This infrastructure of organizational and political support is a vital component for sustaining the Healthy Communities process.

Selecting a Logo—Little Steps, Little Wins

Progress toward the Healthy Communities approach begins incrementally and is often idiosyncratic. As new coalitions are formed and people begin to develop trust in the process, projects that result in a visible product are helpful. These projects can be formulated into public events that focus on community involvement and attract media attention. The Louisville partners call this strategy “Little Steps, Little Wins.”

The Louisville/Constanta partnership pursued this strategy by involving high school students, families, and teachers in an art contest to design the partnership’s Healthy Communities logo. The winning logo, created by a 16-year-old, was used on the Constanta Women’s Health Survey forms and incorporated into posters to promote the project. The logo contest involved many people, received much attention from the media, was not very expensive, and gave community recognition through visual identity to the project. It is an example of a “little win” that occurred early in the project.

Mobilizing the Community Through Mass Media

Mass media is a community resource that is useful for the education, promotion, and facilitation of Healthy Communities events. Healthy Communities partners from Louisville and Constanta frequently and actively seek involvement with the media. All visits from Louisville Healthy Communities partners to Constanta have received coverage from television, radio, and print media. A physician who works as a radio announcer in Constanta was selected to go on the first Constanta trip to Louisville. She later became the leader of the Constanta Mass Media Committee. In addition, the Romanian Project Leader initiated and still hosts a monthly TV series about women’s health.

As a complement to the AIHA-funded activities in Con-

stanta, Humana Inc. and The Humana Foundation provided a grant donation to the International Women’s Media Foundation (IWMF), which, in June 1999, conducted a three-day training program for female journalists in Constanta. This program was designed to help journalists from Romania and other CEE countries learn how to translate the complex language and technical issues of modern healthcare into accurate, easy-to-understand health messages for target groups. For the past two years, Humana and Baylor Health Care System have co-sponsored the IWMF’s annual “Courage in Journalism” awards to recognize and honor outstanding international female journalists.

The Healthy Communities approach is an integrated method for empowering people and communities to become involved in health issues through advocacy, assessment, participatory decision-making, and program development. This approach has the capacity to foster a sense of self-efficacy within individuals and confidence within the community to achieve target goals and improve quality of life. For emerging democracies that elect to pursue this strategy, Healthy Communities offers a new approach to obtain quantifiable results at a societal level about improving quality of life in the community.

Suggested Reading

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