

Domain 4: Engage with the Community to Identify and Address Health Problems

Domain 4 focuses on community engagement. Members of the community possess unique perspectives on how issues are manifested in the community, what and how community assets can be mobilized, and what interventions will be effective. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, advocating for policy changes, communicating important information, and implementing public health initiatives. Public health can broaden its leverage and impact by doing things with the community rather than doing things to the community. Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement. This domain addresses health departments' establishment and maintenance of community partnerships and collaborations that will facilitate public health goals being accomplished, promote community resilience, and advance the improvement of the public's health.

DOMAIN 4 INCLUDES TWO STANDARDS:

Standard 4.1:	Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes
Standard 4.2:	Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health

STANDARD 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

Health improvement efforts will be most effective when the health department works with the community that it serves. Ongoing dialogue about community issues, discussions about options and alternatives, and community ownership increase the effectiveness of health improvement efforts. Collaboration with other members of the public health system and with members of the community develops shared responsibility and leads to better coordination of the use of resources. Collaboration provides the health department with various perspectives and additional expertise. Collaboration allows the community's assets to be mobilized, coordinated, and used in creative ways for increased community efficacy in addressing public health issues and concerns.

STANDARD 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 4.1.1 A</p> <p>Establishment and/ or engagement and active participation in a comprehensive community health partnership and/ or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations</p>	<p>The purpose of this measure is to assess the health department's engagement with partners in the public health system, representatives of various sectors of the community, and community members to address public health issues and concerns.</p>	<p>Community engagement is an ongoing process of dialogue and discussion, collective decisions, and shared ownership. Public health improvement requires social change; social change takes place when the population affected by the problem is involved in the solution. Collaborative partnerships to address public health issues and concerns provide various perspectives, additional expertise, and assets and resources. Partnerships provide the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways. Collaborative partnerships include engagement with community members so that they are involved in the process and participate in the decisions made and actions taken. Community engagement also has benefits of strengthening social engagement, building social capital, establishing trust, ensuring accountability, and building community resilience.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Collaborative partnerships with others to address public health issues</p>	<p>1. The health department must document a current, ongoing comprehensive community partnership or coalition in which it is an active member. The purpose of the partnership or coalition must be to improve the health of the community and, therefore, must be engaged in various issues and initiatives.</p> <p>A comprehensive community partnership, in this context, is a partnership that is not topic or issue specific. It is a community partnership that addresses a wide range of community health issues.</p> <p>The comprehensive partnership or coalition may be organized into several committees or task forces to address specific issues, for example, teenage pregnancy, social determinants of health, health equity, or increased opportunities for physical activities. This partnership or coalition may be the same group that developed the community health assessment and community health improvement plan.</p>	<p>1 broad community partnership or coalition addressing at least 4 health issues; or 4 examples of issue specific partnership or coalitions; or a mix of a partnership addressing 1 to 4 issues and single issue partnerships addressing the remaining number, for a total of four issues.</p>	<p>2 years</p>	

MEASURE 4.1.1 A, continued

This partnership or coalition may work on various issues addressed in the Standards and Measure, such as access to care (Domain 7).

Alternatively, the health departments must document their involvement in several current ongoing partnerships or coalitions that address specific public health issues. In this case, each collaboration must address a particular public health issue or population. Examples of collaborative partnerships include: an anti-tobacco coalition, a maternal and child health coalition, an HIV/AIDS coalition, a childhood injury prevention partnership, child labor coalition, immigrant worker/community coalition, newborn screening advisory group, integrated chronic disease prevention coalition, and a partnership to decrease childhood obesity. Partnerships addressing issues that impact on health, for example, housing, transportation, or parks and recreation are acceptable.

Tribal public health departments may partner with other Tribal or local partners, for example, Head Start, emergency management, and social services to address specific Tribal health issues.

These partnerships and coalitions, whether a broad multi-issue partnership or a group of single issue partnerships or coalitions, may address an already established program area; newly identified issues; issues identified by the health assessment; strategies or actions included in a health improvement plan; a potential public health threat or hazard; populations with particular health needs; and/or goals of the community, health department, community, region, or state. They may address broad public health issues, for example, health equity or access to community resources. The partnerships or coalitions may also address issues that impact health, for example, smart growth and the built environment, education and training, employment rates, or transportation.

These partnerships or coalitions may be convened by the health department, by another organization, or by community members. The health department must actively participate. Examples must be from current, active partnerships and not partnerships that have completed their tasks and disbanded. Partnerships must include representation of the community impacted.

Documentation could be a summary or report of the partnership(s) or coalition(s), indicating on-going activities; meeting minutes and agendas; progress reports; evaluations, etc.

MEASURE 4.1.1 A, continued

<p>2. Partner organizations or representation</p>	<p>2. The health department must provide a list of the participating partner organizations for the partnerships(s) or coalitions referenced above. Organizational and representational membership must be listed; individuals' names are not required. For example, names of: the hospitals; school systems; and specific businesses, social service organizations, not-for-profit organizations, faith institutions, private citizen groups, or particular population groups. The membership must be broad and include various sectors of the community. Community members must be included.</p>	<p>1 membership list of the broad community partnership or coalition; or lists of members of the 4 examples provided above in 4.1.1 RD 1</p>	<p>2 years</p>
<p>3. Community, policy, or program change implemented through the partnership(s) or coalition(s)</p>	<p>3. The health department must document a change in the community, a change in policy, or a new or revised program that was implemented through the work of the partnership(s) or coalition(s) identified in Required Documentation 1, above. Examples could be an increase in the number and types of locations where tobacco use is not permitted, an increase in the number of miles of bike paths, a local zoning change, the removal of soda vending machines from public schools, an increase in the frequency of restaurant inspections, an increase in the number of community police stations, policies that address social determinants of health, etc.</p>	<p>2 examples</p>	<p>5 years</p>

STANDARD 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

MEASURE	PURPOSE	SIGNIFICANCE
<p>Measure 4.1.2 S</p> <p>Technical assistance provided to Tribal and local health departments and/or public health system partners regarding methods for engaging with the community</p>	<p>The purpose of this measure is to assess the state health department's provision of technical assistance to Tribal and local health departments and/or to public health system partners concerning methods of community engagement.</p>	<p>State health departments are a resource to Tribal and local health departments in the state and to public health system partners for information about engaging with the community.</p>

REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN
<p>1. The provisions of consultation, technical assistance, and/or information concerning the use of models of community organizing or methods of community engagement provided to Tribal and local health departments and/or public health system partners</p>	<p>1. The state health department must document the provision of consultation, technical assistance, and/or information to Tribal and local health departments or to public health system partners on use of methods for collaborative community engagement. The state health department can provide this technical assistance directly, or through an established partner or contractor, such as a consultant or academic institution.</p> <p>Established methods of community engagement include but are not limited to: Healthy Cities/Communities methods; Asset Based Community Development; and deliberative processes, for example, regular town forums, community advisory groups, and participatory decision processes. Tools include the National Public Health Performance Standards Program (NPHPSP), asset mapping, community indicator projects, and Mobilizing for Action Through Planning and Partnership (MAPP). Other community organizing models and methods are acceptable.</p> <p>Documentation could be, for example, emails, newsletters, meeting minutes, web based assistance, agenda of meetings, documented phone calls, presentations, and training sessions.</p>	<p>2 examples</p> <p>If the state has a Tribal health department located in its jurisdiction, one of the examples must be related to a Tribal health department.</p>	<p>5 years</p>

STANDARD 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 4.1.2 T/L</p> <p>Stakeholders and partners linked to technical assistance regarding methods of engaging with the community</p>	<p>The purpose of this measure is to assess the Tribal or local health department's provision of sources of information about principles, processes, and methods of community engagement.</p>	<p>Tribal and local health departments are a community resource for partners and stakeholders who are seeking information about engaging with the community. Local health departments should be able to assist and link partners and stakeholders to resources for information on the principles, processes, and methods for engaging with the community.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. The provision of consultation, technical assistance, or information concerning methods of community engagement</p>	<p>1. Tribal health departments and local health departments must document that consultation, technical assistance, or information is provided to community partners or stakeholders concerning methods for collaborative community engagement.</p> <p>Tribal health departments may provide supporting documentation that they forward technical assistance requests to the state or a federal agency, for example, IHS, BIA, CDC or EPA, or that they work in partnership with state or local health departments, or other organizations/entities, such as an academic institution or consultant.</p> <p>Established methods of community engagement include but are not limited to: Healthy Cities/Communities methods; Asset Based Community Development; Mobilizing Action Toward Community Health (MATCH), and deliberative processes for example, regular town forums, community advisory groups, and participatory decision processes. Tools include asset mapping, community indicator projects, and Mobilizing for Action Through Planning and Partnership (MAPP).</p> <p>Documentation could be, for example, emails, newsletters, meeting minutes, web based assistance, agenda of meetings, documented phone calls, presentations, or training sessions that provide information about community engagement principles, processes, and/or models.</p>	<p>2 examples</p>	<p>5 years</p>	

STANDARD 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.

Community understanding and support is critical to the implementation of public health policies and strategies. Community input and support is an important public health tool in developing and implementing policies and strategies. It is important to gain community input to ensure that a policy or strategy is appropriate, feasible, and effective.

STANDARD 4.2: Promote the community’s understanding of and support for policies and strategies that will improve the public’s health.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 4.2.1 A</p> <p>Engagement with the community about policies and/or strategies that will promote the public’s health</p>	<p>The purpose of this measure is to assess the health department’s engagement with the community on public health policies and strategies to promote the health of the population.</p>	<p>A health policy or strategy will more likely be strongly supported by the community if the community has engaged in a dialogue, discussed the options and alternatives, and taken ownership of the issue and the policy or strategy. Community engagement will encourage a sense of shared responsibility for the support and implementation of the policy or strategy.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Engagement of members of the specific community or group that will be affected by a policy and/or strategy to promote the public’s health</p>	<p>1. The health department must document engagement with the specific population in the community that will be affected by a policy or strategy. The efforts can target the community as a whole (if the policy or strategy is community-wide) or it can target a specific group that will be most affected by a policy or strategy. Listening sessions, open forums, and other methods of dialogue can be used to develop engagement and community ownership.</p> <p>Documentation could be, for example, an announcement or minutes of a town meeting or public hearing, or a call for review and input posted through groups’ customary communication channels such as newspapers and newsletters. Other examples include meetings with a particular geographic community served by the health department or a particular group of people, for example, adolescents, single mothers, or seniors.</p>	<p>2 examples from different policy areas</p>	<p>2 years</p>	

STANDARD 4.2: Promote the community’s understanding of and support for policies and strategies that will improve the public’s health.

MEASURE	PURPOSE	SIGNIFICANCE		
<p>Measure 4.2.2 A</p> <p>Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public’s health</p>	<p>The purpose of this measure is to assess the health department’s efforts to engage with governing entities, advisory boards, and elected officials whose policy decisions, advice, or strategies affect public health actions.</p>	<p>Health department policies and strategies will more likely be endorsed and supported by governing entities, advisory boards, and elected officials if they have been informed, engaged, and consulted during the decision-making process.</p>		
REQUIRED DOCUMENTATION	GUIDANCE	NUMBER OF EXAMPLES	DATED WITHIN	
<p>1. Engagement with the governing entity, advisory boards, and/or elected officials about policies and/or strategies that will promote the public’s health</p>	<p>1. The health department must document that it communicates and collaborates with the governing entity, an advisory board, and/or elected officials concerning public health policy or strategy.</p> <p>Documentation could be, for example, a copy of a presentation, meeting packet, meeting agenda, meeting minutes, press story, event summary, briefing paper, or written public comments.</p> <p>Tribal documentation could be, for example, reports and/or meeting minutes from Health Oversight Committees and Tribal Council meetings, and Tribal and non-Tribal media coverage, including Tribal radio, newspapers, or newsletters.</p>	<p>2 examples; examples must address two separate public health issues</p>	<p>2 years</p>	