

5 APPROACHES TO COMMUNITY ENGAGEMENT

	EDUCATION	LIMITED INPUT	ADVISORY	INTERFACE	PARTNERSHIP
WHO IDENTIFIES AND OWNS THE PROBLEM?	Institution	Institution	Institution	Institution	Institution Community
WHO INITIATES THE ACTION TO ADDRESS THE PROBLEM?	Institution	Institution	Institution Community	Institution	Institution Community
WHO HAS OWNERSHIP OF THE OUTCOMES?	Institution	Institution	Institution Community	Institution	Institution Community
WHO CONTRIBUTES THE NEEDED RESOURCES?	Institution	Institution	Institution Community	Institution	Institution Community
WHO ARE THE OUTCOMES FOCUSED ON?	Community Individuals	Individuals	Individuals	Individuals	Community Individuals

What is not on this chart? The bookends of what we call **Institutionalizing Organizing** and **Community Organizing**.

- **Institutional Organizing** is defined here as a situation where the institution has all the power to make all the decisions, contribute the resources and control the outcomes. The community and/or the individual has no active role. Institutional organizing is often used in an emergency situation where time is of the essence.
- In **community organizing** the community names the problem, plans the steps to address the problem, evaluates the outcomes and generates the resources. Here the institution or medical organization is an ally – a most important role - but not one a lot of us are accustomed to playing.

DESCRIPTION OF APPROACHES

- **Education.** With this approach, the institution identifies the problem, plans the solution, and educates the impacted community(ies). Outcomes are focused on both the individual and the community, but are owned by the institution, which puts in the resources of time, money, and staffing to develop the solution. The role of the individual or the community is that of a consumer or recipient of information. Education is often used in emergency situations where the information needs to get out to as many people as quickly as possible. *An example of this approach is a mass public education campaign around a particular outbreak of contagious virus.*
- **Input.** In this approach, the institution invites input in a controlled or limited manner. The institution continues to identify problems and develop solutions. The outcomes are focused on the individual, but are owned by the institution. The institution secures the resource to develop the solution. There is little or no attempt to build ongoing relationships with the people providing the input. The Input Approach is often used when there are limited resources to engage an entire community but information is needed to move ahead. *An example of the Input Approach would be a focus group.*
- **Advisory.** In the advisory approach the institution solicits input on a continual basis. As with the Education and Input approaches, the institution identifies the problem and develops strategies for the solution. In addition, representatives of those most affected by the problem are asked to provide ongoing recommendations or advice. The outcomes become, to some extent, owned by both the community and the institution. The institution incurs the cost for the time, money, and staffing to develop the solution. However, in the Advisory Approach, relationships have begun to be formed, valued and supported. The institution has recognized the need for timely and accurate information, and is interested in knowing what problems the community (not just individual) are dealing with. *An example of this approach would be an advisory table.*
- **Interface.** With this approach, individual community members play an intentional and ongoing role to connect the institution with the community. The individual may participate in a work group that identifies the problem, develops the solutions, and measures the outcomes. Interface is generally perceived as a huge achievement by both parties. However, as in most of the other approaches the institution generates the resources needed for resolving the problem. There are other concerns about the interface approach one must consider: 1) Relationships developed by a particular staff person may disappear if he or she leaves the organization before transmitting these relationships to the institution; 2) The work of an advisory council or similar table may be deemed unnecessary and therefore be discontinued.; and 3) The challenge of finding a person able to effectively bridge the differences between the institution and the community. *Examples of the Interface approach are community health workers, patient advocates or outreach workers.*
- **Partnership.** In the Partnership Approach, the community and the institution work together to define and solve a shared problem. They each provide resources of time, money, and talent to achieve agreed-upon objectives. This approach is characterized by mutual self-interest and a desire for shared responsibility and accountability. Through the partnership, the community becomes empowered as they learn new skills, build new relationships, and tap into their individual and collective capacities. The outcomes benefit both the community and the institution, because the community has been involved in the process of solving the problems. An example of this Partnership Approach is a collaboration around a particular issue.