

# The Role of Community Culture in Efforts to Create Healthier, Safer, and More Equitable Places:



## A Community Health Practitioner Workbook

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## INTRODUCTION

*Community culture* is defined as “a set of core beliefs, values, practices, principles, or behaviors that are held by a group of people who have common interests and a willingness to work together to achieve them”<sup>1,2</sup> For those endeavoring to create policy, systems, and environmental improvements, the notion of community culture is centrally important to the work. A community’s culture influences health and safety behaviors, which in turn influence health outcomes. Community culture can also provide insight into potentially effective strategies—those that will be defined by community residents, accepted as part of community norms, owned by the residents in the community, and embraced and sustained within the community to form a shared norm of health, safety, and equity.

Norms can shape behaviors and influence both personal and public decisions. In the United States, we’ve seen norms around tobacco marketing, sales, and use shift dramatically over two decades, in part due to policy, environmental, and legal strategies working at the local level, and at state and national levels. Local efforts were critical to bringing tobacco prevention efforts to scale—not just as local laws were adopted in city after city, but also because they harnessed the creativity of different people living, working, and going to school in diverse communities. As youth were involved, they defined the problems, like marketing to children and underage sales—in their own terms and built solutions that emerged from youth culture. A similar story can be told for Latino, African American, and Asian-American groups who have all worked to create culturally-tailored strategies and thus built the evidence-base for population-based health improvements in diverse communities.

Drawing upon tobacco prevention’s and similar successes, a groundswell of work to prevent chronic diseases\*—whether it aims to improve access to healthy foods, provide safe places for children and families to play and be active, or limit access to tobacco—is based on local efforts to create healthy communities and prevent illness and injury *before they occur*. As more and more locales across the country undertake community prevention initiatives, compelling models for advancing community health are emerging. Even as the evidence builds, those who have worked on community change initiatives know that designing strategies that reflect a community’s unique culture and characteristics remains critical for success. Initiatives that embed the beliefs, values, practices, and principles of the community into broad-scale efforts to improve neighborhood health and safety are the cornerstone of successful place-based prevention. The community’s culture can provide a guide to tailoring evidence-based strategies that have been previously established in a different setting, locale, or community. A community’s cultural approach can also be the central ingredient in building the evidence-base for

**Community:** A group of people who have identified common interests, and act together to achieve them<sup>1,2</sup>

**Culture:** A set of beliefs, traditions, values, practices, attitudes, principles and behaviors shared by members of a particular group.<sup>1,2</sup>

**Community culture:** A set of core beliefs, values, practices, principles, norms, or behaviors that are held by a group of people who have common interests and a willingness to work together to achieve them”<sup>1,2</sup>

\* In this guide, the term *prevention* will refer to preventing chronic diseases

effective work in a given community, with people that share a common race/ethnicity, language, culture, belief, or values.

While the sections that follow provide many ideas about how to embed community culture in the development and implementation of community-oriented prevention efforts, it also aims to make the case that embracing community culture within practice is not simply a series of techniques, but it is a commitment and a philosophy that guides not just *what* we do but *how* we do it. For, community leadership, ownership, and ‘groundedness’ is not just about creating a sound approach to health and safety in communities. In fact elevating a culture of prevention and well-being within the fabric of a community’s culture is central to establishing sustainable, enduring efforts that will prevent illness, reduce suffering and improve lives for generations to come. Regardless of race, age, or culture, everyone deserves the opportunity to live long, healthy lives in thriving communities.

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## GUIDE TO THE READER

“CULTURE DOES NOT DETERMINE BEHAVIOR, BUT RATHER AFFORDS GROUP MEMBERS A REPERTOIRE OF IDEAS AND POSSIBLE ACTIONS, PROVIDING THE FRAMEWORK THROUGH WHICH THEY UNDERSTAND THEMSELVES, THEIR ENVIRONMENT, AND THEIR EXPERIENCE.”

LINDA HUNT  
ASSOCIATE PROFESSOR OF ANTHROPOLOGY  
AT MICHIGAN STATE UNIVERSITY

When working at the community level to advance prevention strategies there is no one-size-fits-all approach. A robust body of public health evidence confirms the importance of comprehensive approaches to improving population-level outcomes. Tobacco prevention and childhood injury prevention are just two of many well-documented areas where environmental and policy improvements were the centerpiece of efforts to prevent illness and injuries *before they occur*. The evidence tells us much about what works, and embedded in that literature is an important oft-repeated story: there is a benefit to developing and implementing culturally appropriate models.

Through community engagement and cultural tailoring, initiatives are more likely to enlist, benefit, and reach culturally, ethnically, and linguistically diverse populations. These findings are critical to redressing inequities that are so frequently found in communities of color, immigrant communities, and non-English speaking communities—in short, people who contribute to the rich cultural diversity that defines the United States.

Model practices and the evidence-base tell us that race/ethnicity, language and culture are among several key dimensions that influence beliefs, attitudes, and behaviors. Culture can be a buffer against unhealthy behaviors; it can provide cultural norms for health-promoting interactions and it can provide the spark for innovative ways to promote community safety. Successful policy, systems, and environmental improvements and implementation requires buy-in from key stakeholders, most especially those who are to be “beneficiaries” of a community improvement. Residents are more than the most critical stakeholder in neighborhood change. They can also be their own primary change-agents because they possess a unique expertise in the form of lived experience. Within them, communities often have distinct cultures and unique characteristics. Culture is a nuanced

phenomenon. An African American community in California may be quite different from one in Alabama and within those communities there may be people of African, Caribbean, and Afro-Latino descent reflecting many different cultures, different familial histories, and countries of origin. By placing community values, beliefs, practices, norms, and principles, at the core of policy-oriented or place-based initiatives, practitioners can lay the foundation for achieving lasting changes that are reflective of community needs and priorities. This resource provides key lessons from successful local policy, systems, and environmental improvements and highlights the role of community culture in fostering successful place-based initiatives.

This workbook emerged out of the experiences of numerous communities working to advance public health. It draws on a depth of practice-based literature describing cultural competency and cultural humility as effective approaches to foster a quality health system in an increasingly diverse society. The workbook builds on the clinical

research, pairing it with practical lessons from place-based prevention efforts. It is designed to guide community health practitioners who want to learn more about the role of community culture in environmental change efforts. It includes:

- **Best Practices.** Delineates a series of best practices emerging from community prevention initiatives and related literature.
- **Community Profiles.** Provides examples of organizations and initiatives that have placed community culture at the core of their work.
- **Guided Questions.** Lists key questions and considerations to help practitioners design effective policy, systems, and environmental improvement initiatives that acknowledge and reflect the community's culture.
- **Key Resources.** Shares resources, toolkits, websites, and a glossary that provides further information regarding the role of community culture.

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## ADVANCING HEALTH EQUITY

Improving policies, systems, and environments in ways that reflect community culture and priorities can impact health equity.<sup>3</sup> In many communities experiencing health inequities, the shared experience of residents lends critical insights into the social, cultural, and physical factors that drive disproportionately poor health outcomes and, perhaps more importantly, can illuminate culturally relevant and valued solutions to these challenges.

When developing solutions to reduce the impact of chronic disease, a community's unique culture can be a key to unlocking relevant strategies and activities that have the greatest potential for improving health conditions and outcomes. Just as it is true that there is no "one-size-fits-all" approach to prevention, there are valuable lessons from across the country that strongly suggest effective ways in which community culture can be an asset to prevention efforts.

## ADVANCING HEALTH EQUITY

### Building a Healthy and Equitable Food Environment in South Los Angeles

South Los Angeles (LA) residents suffer from disproportionate rates of chronic disease and lower life expectancy. In 1999, Community Health Councils (CHC), a non-profit organization formed to address health disparities in South LA, set out to explore the root causes of these inequities. Under the leadership of its female, African American Executive Director, CHC uses a model of social change, which is grounded in community engagement, community capacity-building, and long-term coalition building. With federal funding for a project entitled African Americans Building a Legacy of Health, and through broad-based input from residents and community partners, CHC identified the need to focus on the inequities made evident in the food resource environment in South LA.

Working with CHC, community members, researchers at the University of California Los Angeles, the University of Southern California, the Los Angeles Urban League, churches, PolicyLink (a national policy organization), and many other community-based organizations led an intensive community assessment that documented the disparities in the food environment. Over 100 community residents participated in the assessment. Community forums, storytelling, and on-the-ground inventorying of the food environment in South LA and neighboring communities revealed that South LA lacked sufficient healthy food retail while at the same time being faced with an over-abundance of

fast food restaurants. Additionally, the assessment uncovered that, contrary to outside perceptions about the neighborhood—that fast food was part of the culture—community input made clear that South Los Angeles residents did not value the high density of fast food.

With this groundwork, CHC explored interventions to address the density of fast food restaurants and attract grocery stores to the area. Through collaboration with the local planning department and support from key members of the city council, the city established a 2-year moratorium on fast food chains, paired with a companion initiative to attract sit-down restaurants and healthy food retail. The dual effort reflected community members' priorities—allowing the community reprieve while they identified strategies to create a healthier food environment and shift the ratio of unhealthy-to-healthy food retail.

Since CHC embarked on these efforts, the community has successfully attracted three grocery stores to the area, providing residents with increased access to healthy food. In 2012, the City amended the General Plan to limit the development of new stand-alone fast food restaurants in South LA. The Amendment requires that establishments be at least a half mile apart along with other criteria such as greenery and locating parking in the rear.<sup>4</sup> By focusing on the landscape of needs identified by community members, CHC continues to make strides towards improving the food environment, and the health of residents.

## COMMUNITIES OF GEOGRAPHY, COMMUNITIES OF IDENTITY

As practitioners improve policies, systems, and environments, gaining a clear understanding of the community in which efforts will be focused is a precursor to effective community engagement. Many place-based prevention initiatives define community using geographic boundaries. Within those boundaries, however, may be a range of smaller communities bound together through common identity, beliefs, interests, or experience. Residents may also have a strong tie to a native homeland and understand their behaviors and environment through the lens of their international identity. If not a part of the community in which the initiative is taking place, practitioners can take special measures to understand not only the geographic boundaries of the community, but also the social, political, and demographic characteristics that make up the community as a whole, as well as the smaller groups within it.

### BEST PRACTICES Designing Policy, Systems, and Environmental Improvement Initiatives That Reflect Community Culture

Those who have worked on community-based prevention efforts will often share, “when you know one community, you know one community”—emphasizing the distinct culture and demographics that make up a community. At the same time, a diverse and growing body of evidence reveals that there are proven strategies, key lessons, and best practices that can help to shape the success and sustainability of prevention initiatives. Efforts to prevent illness and injury *in the first place* can at once draw on the evidence base and lessons-learned from past public health initiatives and foster strategies that are rooted in community culture. Reflection on organizational systems, engagement of the community, fostering shared priorities, and effective communication are all central components of community initiatives that can bring aspects of community culture more clearly into focus. Each of these elements is described in detail below.

### I. Reflection on Organizational Systems

Often, organizations funded to plan and implement health-related initiatives are larger institutions with a regional focus (e.g., local health departments, community organizations with a broad enough scope to demonstrate population-level impact). In some cases, organizations may have operated—or have been perceived to operate—outside of the communities in which their programs are intended to have impact. Launching community prevention efforts with a specific goal of reducing inequitable health outcomes offers an opportunity to reflect on organizational policies, procedures, and systems to ensure that they are aligned with the broader goals of the initiative. Aligning organizational systems with health equity not only supports the target outcomes of the initiative, it sends a clear message to community partners that your organization sees itself as a collaborator and is committed to advancing the health and well-being of the community *with the community*.

- **Policy and decision-making.** Examine the extent to which organizational policies and decision-making structures are designed to incorporate the perspectives and priorities of the community in which you work. For example, local governments can seek broad community input to guide strategic planning processes, and develop criteria for budgeting decisions that reflect community values and priorities.
- **Organizational practices and procedures.** Consider how organizational practices, such as hiring, contracting, and procurement, can strengthen linkages with the community. For example, review and modify hiring practices and procedures to encourage applicants from the communities in which you work and develop skills to recruit and retain diverse staff. Organizations have also looked at contracting and procurement policies with an eye toward simplifying processes to make it easier to work with locally owned businesses or partner with businesses that emphasize local hiring, for instance. Organizations leading prevention initiatives can act as a model for the changes they are seeking within the broader community.



- **Staff training.** Work with your organization and partner organizations to provide staff training and resources on community outreach and engagement. For example, the Alameda County Health Department in California provides training for its staff and partners that includes an overview of cultural competency and cultural humility in the field of public health as well as different activities to build the capacity of public health leaders to work with diverse groups.<sup>2</sup> Investing in such training can strengthen staffs' ability to engage the community in advancing prevention efforts.

### Reflection on Organizational Systems

#### **Policy and Decision Making: Aligning Local Government Investments with Equity Seattle/King County, Washington**



In King County, Washington local government sought the input of several thousand residents and county employees

to create the County's Strategic Plan. Based on community input, the plan includes an Equity and Social Justice (ESJ) guiding principle that shapes the County's decisions, organizational practices, and community engagement. The ESJ guiding principle examines the root causes of inequities in the County, such as housing and education policies, and prioritizes departmental resources aimed at reducing inequities. King County has developed a range of tools including a Community Engagement Guide and an Equity Impact Review (EIR) process to assess the impact of a proposed policy or program on equity. Other achievements include investments in a youth soccer and basketball program in a low-income area of the County, enhancements to a teen center, a youth truancy prevention program and the inclusion of social equity as a primary component of the transit authority's new plan.<sup>5</sup>

## 2. Engaging the Community

Community engagement is a critical element of successful prevention efforts. By ensuring that the vision, assets, needs, or concerns of community residents are incorporated in the planning

process, initiatives are more likely to yield shared solutions that reflect community values and priorities. Meaningful community engagement helps to ensure that elements of a community's unique "cultural footprint" are integrated throughout the initiative. While

### **Community Engagement:**

When all people within a defined community have meaningful opportunities to provide input on a project or process.<sup>6</sup>

lead agencies may have well-founded concerns about modifying 'evidence-based' strategies, it is vital to assess the pros and cons associated with 'implementing with fidelity' and making informed decisions about when to make culturally appropriate modifications. Establishing strong working relationships within the community not only lays the foundation for success in current prevention initiatives, it paves the way for future collaborations, initiatives, and funding. Partnering with local leadership, community members, and community-based organizations that have roots in the community can be an effective approach to engaging the community. Approaches that organizations have used to engage the community include:

- **Identify existing community-based organizations, collaboratives, and councils whose work is aligned with your initiative.**<sup>7</sup> Linking with groups that are already working in the community on issues such as health, safety, and economic development can lend broad support to your initiative, and provide insight into effective engagement strategies and policy solutions. For example, Cherokee Nation staff partnered with a local drug-free network whose efforts centered on substance abuse prevention and treatment. By collaborating to identify factors in the community environment that shaped health behaviors, including

drug and alcohol use, Cherokee Nation laid groundwork that later translated into the network's active engagement on a healthy transportation and land use initiative. In cases where community collaboratives or councils are already engaged directly on the issue you're working on, establishing a more formal partnership (e.g., funding the collaborative or key organizations, signing a Memorandum of Understanding, etc.) in which the collaborative is involved in initiative assessment, planning, and implementation can help to ensure community priorities are well reflected.

- **Establish an advisory board with community representatives and leadership.** As practitioners develop organizational or coalition structures for place-based prevention initiatives, including community advisory boards can ensure community input at key decision points in planning and implementation processes. Participation on these boards should reflect key dimensions of community diversity along issues such as age (e.g., youth and older adults), race, religion, culture, gender, sexual orientation, etc. It may be that a new structure is not needed. Identify whether or not a community has a neighborhood group, a council of elders, an empowerment forum, or a youth group that could serve in an advisory capacity. Tapping into a number of functioning groups by reaching out to them or attending their meetings may be simpler and more effective than starting a new infrastructure.

- **Utilize key community members and leaders that can serve as a bridge to marginalized and isolated communities.** When central coordinating organizations, such as local health departments or community-based organizations first seek to establish ties in diverse communities, or when they first undertake prevention initiatives that hold health equity as a core value and goal, it can mean that the organization must identify new—culturally tailored—ways of working within the community. Identifying trusted community members and leadership that can

speak the language of the community *and* that of the central coordinating organization can be a valuable approach to community engagement and cultural awareness. In Jefferson County, Alabama, the health department recognized that not only could local pastors serve as the bridge to one of the community's facing significant health disparities in the region, they were also well respected by key decision makers. The pastors' unique role helped to ensure that the experience and priorities of community residents were reflected in the health department's prevention efforts, and that policymakers were supportive of the initiative. Community health workers (CHW), or promotoras, can play a similar role in prevention initiatives. CHWs are community members that work almost exclusively in community settings and have traditionally served as connectors between residents and health care providers to promote health among groups that lack access to adequate health care. Trusted by community members and provider organizations alike, CHWs can also serve as a bridge to the community in prevention efforts.

- **Provide venues for direct community input.** Incorporating opportunities for direct community input during assessment and planning processes can provide valuable insights into community values and priorities. Different mechanisms for engagement will work in different communities. Examples of



engagement activities include community forums, focus groups, charrettes (collaborative

sessions with key stakeholders to promote shared ownership over solutions typically focused on the built environment), photo-voice projects, and community-based participatory research (CBPR). In King County the multilingual website MOVE—Mapping Our Voices for Equality—uses digital media created by community residents to tell the story of health in their community.

When convening community members, identify trusted, accessible locations and convenient times in which to hold meetings. In Hamilton County, OH the health department recognized they were going to need to reach beyond the traditional work day (7:30 am– 4:00 pm) to evenings and weekends to effectively engage community members in prevention efforts. It may also be helpful to provide regular, structured opportunities to reflect back to the community the input that has been received and describe ways in which it will influence, or has influenced, the initiative. If residents feel their perspectives are being heard and have value, they will be more likely to give it.

### **Engaging the Community**

#### ***Utilize Key Community Members and Leaders that can Serve as a Bridge to Marginalized and Isolated Communities: Building Community Partnerships, Bridging Cultures, Respecting Values Navajo Nation***

A community-driven initiative focused on environmental data collection to address uranium exposure for the Navajo Nation in New Mexico, Arizona, and Utah was able to build trusting relationships with Navajo community members.<sup>8</sup> Many in the Navajo community have distrust for outsiders given the exploitative and harmful past that many members have encountered.<sup>8</sup> Researchers recognized that they had to build trust with community partners to address the power imbalance as well as institutional accountability. Forming a research team with a Navajo member enabled the team to learn key phrases in Navajo as well as other cultural norms such as avoiding direct eye contact with elders.<sup>8</sup> Through a CBPR approach, researchers were able to gather input directly from the community. Tribal members were involved in the data collection and researchers relied on local knowledge to identify local plants that were consumed by tribal members and livestock that could have been exposed to uranium. Following completion of the research, the team established a plan for sharing the data so that tribal members would be informed about the outcomes of the project.<sup>8</sup>

### **LOGISTICAL STRATEGIES FOR ENGAGING UNDERSERVED GROUPS**

When it comes to policy, systems, and environmental improvement, some community members and community-based organizations may be hesitant to participate because of limited time and resources, uncertainty about their added value, or due to barriers such as language or other cultural differences. Key strategies to address these barriers may include:

- **Consider the location of meeting places.**

Is the meeting easily accessible? Is it a trusted place, such as a community center or church? For rural communities, physical distance may become a challenge but other methods of communication such as video-conferencing at schools may be appropriate.<sup>7</sup>

- **What language is used for communication?**

Consider conducting meetings in participants' primary language to engage members that may not otherwise feel welcomed or valued.<sup>9</sup> Use visuals that can communicate concepts without words.

#### **How are community members or community-based organizations compensated for their time?**

Place-based prevention initiatives can be time and resource intensive. Central coordinating organizations may want to consider providing financial resources—such as stipends to cover the cost of travel and meeting attendance—to partners to support and recognize the value of their participation.

### 3. Fostering Shared Priorities

In prevention-focused initiatives, the objectives of the local health department or central coordinating organization may not always align perfectly with the most urgent issues identified by the community itself. As a central coordinating organization, it's important to be clear and transparent about the intent of your initiative, and to acknowledge and advance the community's priorities when opportunities to do so arise. At the same time, it is often possible to find common ground, even when a central coordinating organization and community may at first seem to understand the problem—and potential solutions—in different ways.

- **Identify the root causes and community conditions that drive illness and injury within the community.** In communities that are suffering from a high prevalence of illness and injury, creating healthy and safe environments may be seen as a secondary priority to addressing urgent needs through treatment. Prevention may not even be viewed as an appropriate intervention, at first, if people are skeptical that it will divert resources or attention from *after the fact* treatment. Often, the focus may fall on more acute interventions such as access to medical care, emergency food programs, and increased law enforcement. While responding to acute problems is critical, community health practitioners can work to develop shared priorities with residents by collectively drawing the connections between illness and injury experienced by the community, and the underlying root causes—or community conditions—that perpetuate health inequities. Looking 'upstream' residents may even identify 'place-based solutions that solve multiple problems'. In many cases, quality prevention can support health care and treatment goals (e.g., for residents with diet-related chronic disease, such as type 2 diabetes, access to healthy food is a key factor in successful disease management and treatment).

- **Develop a structured process by which communities can help shape priority strategies.** Policy, systems, and environmental improvements should include processes for gathering community-based data, such as community mapping, walkability assessments, corner-store assessments, and park audits. While part of this data collection is quantitative—such as assessing the proximity and density of healthy food retail and places to play and be active—community residents can provide contextual information that helps to elicit how truly accessible community resources are, what people's perceptions of available community resources/infrastructure are, and what they would like to see in the future. These findings can help to define a set of tailored community prevention strategies that hold promise for improving community health conditions and related outcomes.

- **Identify messages that effectively communicate priorities.** Different sectors (e.g., transportation, health, law enforcement, education) often have different understandings of issues and divergent reasons for engaging in the same effort. For example, depending on the sector, designing or improving neighborhood streets to accommodate multiple modes of transportation (e.g., walking, biking, public transit), can be seen as a solution to a range of issues—poor air quality, traffic congestion, physical inactivity, or streets that are unsafe for children to play near. Keeping these differences in mind, public health practitioners can work with community representatives and leadership to identify messages—and solutions—that resonate with residents and other key stakeholders.

## Fostering Shared Priorities

### **Develop a Structured Process by which Communities can Help Shape Priority Strategies: Creating a Collective Vision for a More Livable Community**

Alameda County, California



Over a period of two years, the Eden Area Livability Initiative (EALI), brought together over 800 residents to strategically

plan and set priorities to foster a healthy, livable community. The Eden Area, an unincorporated region in Alameda County, California was facing population growth, changing demographics, and limited resources. To develop a set of shared priorities, County leadership engaged community stakeholders in an assessment of underlying community conditions, or factors (e.g., safe and affordable housing, sense of safety, availability of jobs, access to quality education, etc). Through community forums and charrettes, community members identified the factors that were most important to them and then prioritized related strategies and solutions that were achievable in the short, medium, and long term. By creating a process that respected and elevated community priorities and values, the Eden Area Livability Initiative provided residents the opportunity to develop a collective vision for their community.<sup>10</sup>

### **Identify Messages That Effectively Communicate Priorities: Framing Prevention Efforts to Reflect Community Values**

Portland, Oregon



Portland, Oregon, is known as a city in which environmental sustainability is a core value, yet that emphasis doesn't always resonate

with the priorities of specific communities in the region. To bridge the gap, the Multnomah Health Department worked closely with the region's predominantly African American churches and faith communities to better understand how to increase access to and consumption of healthy, local food – both a health and an environmental goal. The health department also sought to clarify how community values could help shape corresponding health messages. Through the collaboration, Health Department staff learned that the churches saw diet-related chronic disease as a critical issue because it was taking the lives and/or decreasing the quality of life of their congregation. The faith communities shared additional ways that the health department could link access to fresh, local food to the community's core values around health and chronic disease prevention. The churches, mosques and faith centers also helped to craft and communicate messaging that resonated within the community and that corresponded with Scriptural references. For example, phrases such as "God's authentic food," were used to promote breastfeeding and consumption of locally sourced fruits and vegetables.

## 4. Effective Communication

When working with diverse communities, identifying effective modes of communication that reflect cultural traditions can help to ensure that your message is heard.

- **Translate community prevention concepts.** When working in communities with large numbers of recent immigrants, refugees, or ethnic enclaves, providing

communications in the language(s) that are most commonly spoken can break down barriers to community participation, and ensure that your messages reach their intended audience. At the same time, community engagement to address the underlying community conditions that shape health often requires a new vocabulary for everyone; providing simultaneous

## Effective Communication

### **Understanding Which Modes of Communication Are Best Received Using Radio Dramas to Educate the Community About Built Environment Improvements**

Jefferson County, Alabama



In Jefferson County, Alabama, radio dramas that emphasized healthy behaviors also set the stage for environmental improvements,

including complete streets policy and smoke-free bars and restaurants in Birmingham. To develop the dramas, the Jefferson County Public Health Department partnered with a trusted organization, Media for Health, known for producing fictional programs that promote healthy living.<sup>11</sup> Two radio dramas were developed and tailored to an African American audience and a Spanish-speaking audience—both groups that experience health inequities in the region. Focus groups were held to determine the health issues that were of primary concern to each audience. The Spanish radio drama or novella aired on Birmingham's Spanish-language radio station within a one-hour segment during which listeners could call in and ask questions. Both radio shows had a series of episodes in which a story unfolded around protagonists struggling with chronic diseases in communities much-like those in Jefferson County. The characters in the show talked about their individual struggles and spoke to community health conditions, including poor access to fresh food and the impact of tobacco smoke in public venues. Through storytelling, these dramas reinforced the environmental and policy change efforts taking place in Jefferson County.

translation in meetings, for example, may not be enough to effectively convey concepts that do not have a literal translation. To help ensure that key messages are effectively interpreted and spur community member participation, practitioners may want to meet with translators ahead of time to discuss key concepts

## **Translate Community Prevention Concepts: Designing Processes that Bolster Participation Across Cultures**

San Francisco, California

In San Francisco, California, an initiative brought together local universities, non-profits, and the health department to protect the wages of Chinatown workers. The collaborative initially held meetings in English with simultaneous translation in Cantonese, but members of the coalition noticed that non-English speaking partners were barely participating, often due to the pace of the meetings.

Acknowledging that the fast pace of the meetings paired with simultaneous translation was a barrier to participation, initiative staff switched the meetings to be conducted in Cantonese with simultaneous translation in English. With continued reflection on how the project could remove barriers to participation, the partnership established trust among each other and with the Chinatown community, and low-income workers successfully received protection under a new wage protection policy.<sup>9</sup>

initiatives. Depending upon country of origin and cultural practices, community residents may already have a strong commitment to community prevention and principals of doing things to promote health and safety before an injury or illness arrives. People may also have different levels of understanding about the appropriate roles for public health agencies and local organizations depending on their past experiences with these agencies.

- **Understand which modes of communication are best received.** A community's cultural history, along with the kinds of communications platforms residents have access to, should be factored in when considering how best a community receives information. Not all cultures emphasize the written word as the primary method for broad communication. Many have strong social networks and traditions of oral communication. For example, when working with the Somali community, Public Health-

### Developing Community Indicators that Reflect Culture

Community health indicators have been used to track social, health, and economic conditions in a defined geographic area. Selecting indicators that reflect community values and priorities can be used to guide planning processes in prevention efforts.

- Sustainable Seattle, an organization founded to develop regional indicators and monitor health and sustainability in the Seattle region, worked with community members to develop appropriate indicators that measured the health of the local economy, environment, food production, and recreational opportunities.<sup>12</sup> One of these indicators included the number of wild salmon runs through local streams.<sup>13</sup> Residents knew that maintaining a healthy number of salmon in the stream from year-to-year would indicate water quality and, thus, income from fishing would be protected.<sup>14</sup>
- As part of a community-led assessment in Molokai, Hawaii, researchers collaborated with residents to determine culturally appropriate indicators that reflect the slow pace of life—a shared value among residents.<sup>13</sup> To measure this indicator residents suggested counting the number of alarm clocks: if the number of clocks rose residents may be at risk of losing the slow pace of life.<sup>13</sup> While perhaps more difficult to assess than other indicators focused primarily on health outcomes, alarm clocks were an innovative measure to track residents quality of life.<sup>13</sup>
- The West Oakland Environmental Indicators Project—a collaboration between two community-based organizations and community residents—identified 17 different community health measures for the West Oakland neighborhood, including asthma rates, household income, and voting power.<sup>12</sup> West Oakland residents used the data generated by the indicators to educate elected officials, public health practitioners, and the media about health outcomes and living conditions in the area. Eventually, the largest toxic polluter in West Oakland closed.<sup>12</sup> Because quality jobs were such an important part of the community's history, they used the indicators to create policy solutions that would address the immediate health concerns at the same time that they emphasized the need for employment.

Seattle & King County recognized that written documents and print media weren't always the best method for communication. Instead, they often partner with a local organization that can deliver the message in person, orally, and through a local Somali TV program. Practitioners should also consider the communications platforms that will most effectively deliver your message. Especially when thinking about youth culture, look at their use of technology. Is it through social media, cell phones, the radio, local newspapers, or television programming? Creating a communications plan that recognizes that some neighborhoods may not have broad access to platforms such as cable television or the internet is important to successfully reach your target audience and build support for policy goals.

### CONCLUSION

Ultimately, embedding community culture into broad-scale efforts to improve health and safety is about designing a plan and process that embraces diverse community perspectives, priorities, and leadership. It is a dynamic process. Tailoring evidence-based and promising strategies to suit the unique cultural aspects of stakeholder groups can be critical to the success *and sustainability* of policy, systems, and environmental improvement efforts to advance health equity. If residents see tangible ways in which a policy or environmental change reflects their culture, celebrates their heritage, or illustrates their community's assets, the initiative is more likely to be owned by the residents, themselves. Community ownership helps to ensure the longevity of prevention strategies. In the hands of resident leaders, efforts seeded by health departments or community-based organizations can evolve and live on well past the confines of any single grant or funding stream. When community residents are engaged in meaningful ways they can create—and innovate—culturally effective ways of preventing illness and injury *in the first place*.

## **COMMUNITY CULTURE: QUESTIONS FOR THE PRACTITIONER**

As project staff develop plans and processes for policy, systems, and environmental improvement initiatives, consider some of the following questions—based on the best practices detailed in this workbook—to help ensure that efforts reflect community culture and shared priorities.

### **Clarifying the Community of Focus**

1. What are the geographic boundaries of the community?
2. What are the historical social, political, and demographic characteristics describe the community?
3. What are the core beliefs, values, practices, principles, and behaviors that make up the community's culture?
4. Are there sub-groups within the community with distinct cultures?
5. What are the dominant languages spoken in the community?

### **Assessing Organizational Systems**

6. How have your organization's past programs and policies impacted the community and efforts to advance health equity? Were there tangible benefits and outcomes? Were there any negative outcomes? Are there ways to modify decision making processes to ensure that impacts on community health and equity are considered?
7. How do current organizational practices align with initiative goals of advancing community health and equity? For example, what are current contracting and procurement procedures? Does your organization work to support local businesses that reflect the diversity of the community? How can organizational practices be modified to support community health and equity?
8. What are the current hiring practices of your organization? Is there a preference for applicants who well- represent the communities in which your work is focused?
9. Are staff equipped with skills to enhance community outreach and engagement?

### **Planning for Community Engagement**

1. How is your agency/organization currently perceived within different sectors of the community?
2. How has your agency/organization previously worked with different sectors of the community?
3. Who are the community-based organizations that have earned trust among residents, and that have a history of working to advance community health and well-being, with an emphasis on equity? Of these, where might you need to establish or strengthen your relationships? How can these organizations be engaged to advance the goals of the initiative?
4. Is there already a collaborative or council working on a similar topic? If so, how might you link with existing efforts?
5. How can the initiative structure be designed to ensure meaningful community input throughout the assessment, planning, and implementation processes?
6. Should you establish an advisory board comprised of community members and leadership?
7. Are there key community members or leaders that can serve as a bridge between community residents and your organization?
8. Does the initiative have the resources to appropriately engage community members in culturally and linguistically relevant ways (e.g., racial and ethnic and cultural diversity, people with disabilities, youth and seniors, people who speak different languages)?



### Identifying Community Priorities

1. Does the initiative have a mechanism to include community-based data in the planning process?
2. What are the common priorities between community members and the central coordinating organization that can be built upon?
3. How will the central coordinating organization ensure transparency when it comes to the overall priorities of the initiative, if those priorities are not entirely aligned with the community's?
4. What processes do you have in place to assess whether or not your efforts are meeting the needs of your community?
5. Are there resources to support community-identified priorities that are not aligned with the goals and objectives of the current initiative?

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**PREVENTION INSTITUTE** is a non-profit, national center dedicated to improving community health and wellbeing by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This and other Prevention Institute documents are available at no cost on our website.

## RESOURCES, TOOLKITS AND WEBSITES

[\*Cultural Humility vs. Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education\*](#) is the groundbreaking article written by Dr. Melanie Tervalon and Dr. Jann Murray-Garcia that describes the principles of cultural humility.

[\*Cultural Humility: People, Principles, and Practice\*](#) is a 30 minute documentary video directed by Dr. Vivian Chavez to explain the concept of cultural humility as well as provide examples of how the concept has been applied in different settings.

[\*Building Healthy Places with People and for People: Community Engagement for Healthy and Sustainable Communities\*](#) by Manal Aboelata, Leah Ersoylo, Larry Cohen, and Lily Swartz details why community engagement is important to creating healthier built environments, and the variety of forms community engagement can take.

[\*The Spectrum of Community Engagement\*](#) developed by the International Association of Public Participation, describes a continuum of community engagement that ranges from informing to empowering community.

[\*Alameda County Health Department Trainings and Dialogues\*](#) offers a series of public health 101 modules to advance health equity within their staff and partners. Module II is dedicated to understanding cultural competency and cultural humility.

[\*King County Equity and Social Justice Initiative\*](#) details the vision behind the initiative, tools, and resources, as well as the examples of how the initiative has changed policy, outreach, and communication efforts in the County.

[\*MOVE-Mapping Out Voices For Equality\*](#) contains multilingual digital stories from community members in King County, Washington on efforts to improve community environments.

[\*The Community- Driven Eden Area Livability Initiative\*](#) provides an overview of the initiative, shared priorities, and specific project outcomes.

[\*THRIVE: Tool for Health and Resilience in Vulnerable Environments\*](#) helps community members identify, evaluate, and prioritize key factors within their localities that can augment health and safety and strengthen community resilience. Its application in vulnerable communities makes it a valuable tool for accomplishing health equity. THRIVE details how each key factor relates to health and safety outcomes, and it offers effective ways to address these elements within varying contexts.

## GLOSSARY: KEY TERMS AND DEFINITIONS

**Charrettes:** Collaborative sessions with key stakeholders to promote shared ownership over solutions.

**Community:** A group of people who have identified common interests, and act together to achieve them<sup>1,2</sup>

**Community-Based Participatory Research:** A systematic investigation with the participation of those affected by an issue for the purpose of education and action or affecting social change.<sup>15</sup> It is less a method of research and more an orientation that reflects how community voices and culture are integrated into the process and resulting outcomes.

**Community Culture:** a set of core beliefs, values, practices, principles, or behaviors that are held by a group of people who have common interests and a willingness to work together to achieve them<sup>1,2</sup>

**Community Engagement:** When all people within a defined community have meaningful opportunities to provide input on a project or process.<sup>6</sup>

**Community Forums:** A physical place where community members can gather and express opinions related to a particular initiative.

**Cultural Competence:** A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities with, among, and between groups.

**Cultural Humility:** A lifelong commitment to self-evaluation and critique, to redressing the power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations. An institution committed to cultural humility would be characterized by training, established recruitment and retention processes, identifiable and funded personnel to facilitate the meeting of program goals, and dynamic feedback loops between the institution and its employees and between the institution and patients and/or other members from the surrounding community.

**Culture:** A set of beliefs, traditions, values, practices, attitudes, principles and behaviors shared by members of a particular group."<sup>1,2</sup>

**Focus Groups:** A diverse group of people, usually small in number, who are brought together to have a moderated discussion on a particular topic. The results are typically used to inform the direction of a particular initiative.

**Health Equity:** Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

**Photo-Voice:** Photo-voice is a community engagement activity which uses photography to empower residents in expressing their views and opinions. Residents, including youth, take pictures of their neighborhoods. Through both the process and outcomes of this digital story-telling, community members develop a narrative of their physical and social environments. Photo-voice is a method to foster connections with residents while simultaneously highlighting community perspectives, which can be presented to policymakers as visual data of the physical and social realities of the neighborhood's environment.

**Policy, Systems, and Environmental Improvement:** Policy interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). Systems interventions are changes that impact all elements of an organization, institution, or system. Environmental interventions involve physical or material changes to the economic, social, or physical environment.

**Primary Prevention:** A systematic process or set of activities to promote health and well-being, and prevent illness and injury before the onset of symptoms.

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