

The Complexity of Community Involvement
Meaning and Measurement of Civic Engagement and Civic Capacity

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Address

Overview

Democratic societies rely on the active and informed participation of their citizens. This informed participation means that citizens:

- Act in a deliberative, relational, dialectic fashion to make choices;
- Transform those choices into desired actions and outcomes;
- Build individual and collective assets;
- Improve the efficiency and fairness of the organizational and institutional context responsible for rules, regulations and policies that control the use of resources and assets¹; and,
- Participate in, negotiate with, influence, control, and hold accountable institutions that affect their lives.²

To the detriment of a system built upon a democratic foundation, levels of civic engagement and capacity are not equally distributed across society, and declining levels of engagement do not affect all sectors of society equally. The existence of low, high or non-existent civic capacity may help to explain open and closed public policy agendas representative of the interests of groups that have disproportionate amounts of power and influence. For example, in poor, urban and rural communities, where the ability to address collective problems is most needed, the citizens too often lack confidence in their political efficacy and their ability to change the problems they experience every day.

When civic capacity exists it has three important results: 1) community members are brought into the democratic process-lessening social exclusion- engendering a greater vested interest in being a catalyst for change, 2) community members can apply new skills to address other social determinants of health, and 3) community members gain skills and a sense of efficacy that can permeate many aspects of their lives and improve broadly life and health outcomes.

¹ What is empowerment? The World Bank, 2005, (<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTEMPOWERMENT/0;content accessed 30 November 2005>).

² Narayan D. (2002). Empowerment and poverty reduction: a sourcebook. Washington, World Bank.

To build civic capacity we might first assess and qualify the reasons why people are involved or, conversely, not engaged. Efforts to build civic capacity are up against a wide range of factors that are thought to influence lack of civic engagement:

- People don't care
- People don't have time
- People think it will not matter
- People feel oppressed
- People feel powerless
- People feel socially excluded
- People feel like they are prevented from participating
- People are not sure how to participate

Health Inequities and Civic Capacity

In the late 1970s, following Canada's lead, the World Health Organization broadened its definition of health to account for the fact that health is much more than the absence of disease.³ This broader definition recognizes that only 25% of our health status comes from health care while the rest comes from the effects of other social determinants of health (SDOH) distributed on the basis of social position, e.g., an adequate education and income, a clean environment, secure housing and employment, the ability to control stress, a social support network, and social capital.⁴

With these ideas in mind and a framework that expanded notions about the factors that make up health, public health has looked more broadly at how to get at these non-medical, contextual factors that are external to the individual and the body. One essential idea is that to mitigate the social and economic issues that impact groups based on social position, interventions must take the form of transformations in institutions, systems and organizations and the public policies that emanate from these arrangements.⁵

³ Lalonde, M. (1974). A new perspective on the health of Canadians. Ottawa: Ministry of National Health and Welfare.

World Health Organization. (1978). Declaration of Alma-Ata. Retrieved from http://www.euro.who.int/AboutWHO/Policy/20010827_1

⁴ U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. Nancy E. Adler, David H. Rehkopf Annual Review of Public Health, Vol. 29: 235 -252 (Volume publication date April 2008).

⁵ Reducing health inequities requires a new national health research agenda. Fran Baum. Health Promotion journal of Australia; Dec 2009; 20, 3; ProQuest Medical Library pg. 163

In a democratic system we rely on the active participation of our citizens in relation to each other and elected officials to create and monitor systems and policies, govern society, and balance out the effects of inequality.

Butterfoss, et al. (1993) examines the integration of citizen involvement in the health promotion movement noting that public health professionals have become some of the strongest advocates for reasons primarily related to the enhancement of service/program delivery.⁶

What is striking about the characterization of citizen involvement in cases where the health researcher or professional implements the practice is the justification of the effort based on procedural or substantive grounds.

In the case of procedural community involvement the outcome is satisfied by the mere existence of a process grounded in principles of due process. Alternatively, or along with this is the substantive case grounded in outcomes that produce a set of benefits that may run in one direction to the researcher or public health agency.

Alternatively, substantive community involvement founded on the notion of civic capacity produces a pathway from community involvement through civic engagement to population health outcomes. In this case the benefits that flow to the community may work to decrease the psychosocial effects of powerlessness, social exclusion, lack of autonomy, and decreased community involvement.⁷

Accordingly, research and a growing consensus demonstrate that community involvement via civic engagement in communities experiencing health inequities has

⁶ Butterfoss, F.D., Goodman, R.M. & Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health Education Research*, 8(3), 315-330.

⁷ Wallerstein, N. (2002). Empowerment to reduce health disparities. *Scandinavian Journal of Public Health*, 30 (59) suppl, 72-77.

Bell, J & Standish, M. (2005). Communities and health policy: A pathway for change. *Health Affairs*, 24(2), 339-342.

long-term positive impacts via two routes: 1) through the achievement of a more equitable public policy agenda representative of the issues and concerns of marginalized groups, i.e., it is assumed that improvements in social and material circumstances occur from the policies (education, employment, transportation etc.), and 2) by way of psychosocial and physiological improvements in individual and community health.⁸

Approaches that involve communities as equal partners or give some or total control are thought to lead to positive health outcomes.⁹ This is so because the achievement of autonomy and the use of experiential knowledge¹⁰ within the context of efforts involving unequal power sharing (government or credentialed experts alongside citizens) has the following effects:

1. The design or improvement of services, policies, regulations, or systems leading to more appropriate, effective, cost-effective and sustainable outcomes (products, services, policies).
2. An increase in confidence, self-esteem and collective and individual self-efficacy (that is, a belief in their own ability to succeed). It can also provide an increased sense of control over decisions affecting the community.
3. Builds more trust in government (authoritarian) bodies by improving accountability and providing a means by which communities can influence the judgments, results, and determinations of public decision-making bodies.
4. Contributes to developing and sustaining higher levels of civic capacity.

Indicators of Civic Engagement

Civic capacity in groups is made evident by the display of several characteristics inherent in the community and its goals and strategies.¹¹

⁸ Attree P, French B (2007) Testing theories of change associated with community engagement in health improvement and health inequalities reduction. Report prepared for NICE. (Available on request by emailing Pam Attree at p.attree@lancaster.ac.uk)

⁹ NICE public health guidance 9, Community engagement to improve health. (2008). National Institute for Health and Clinical Excellence, document N1477. Available at www.nice.org.uk/PH009. Accessed August, 2009.

¹⁰ The community's skills, knowledge and competencies acquired through everyday life.

¹¹ Harry C. Boyte, "Indicators of Youth Civic Engagement". Harry Boyte is founder and co-director of the Institute's Center for Democracy and Citizenship, and founder of [Public Achievement](#), a theory-based practice of citizen organizing to do public work for the common good which is being used in schools, universities and communities across the United States and in more than a dozen countries.

- **Agency:** Do people see themselves as having civic agency on issues of the day?
- **Knowledge and confidence:** Do people know how to identify and engage local stakeholders in an issue or concern, and show increased confidence in working across cultural and age differences and in public settings of diversity of views, interests and cultures?
- **Conceptual skills:** Are people able to articulate and employ in agile ways civic and political concepts such as citizenship, interests, power, public life, politics, and democracy?
- **Democratic skills:** Is there an increase in other democratic skills: willingness to be accountable for one's actions; public speaking; facility in negotiation, collaboration and reaching agreement; working with differences and conflict; running meetings and setting agendas; researching community goals?
- **Relational networks:** Are people developing a rich multi-layered web of relationships? Is there an increase in people's knowledge of and pride in their community?
- **Culture change:** Are there shifts in institutional and community cultures that evidence increased respect for people's public and civic contributions and that develop professional practice more as coaches, catalysts and energizers than as service providers?
- **Public products:** What is it that is actually changed, created or made by people's actions? What is the impact/benefit to the community or the society and how is that assessed?

Measurable Elements of Civic Capacity

The measurement of civic capacity may be undertaken using qualitative and quantitative methods that include focus groups and survey instruments to determine the level and quality of civic capacity in communities. A survey instrument to measure civic capacity was developed by Lauri Andress (2007) and piloted on several groups in Louisville, Kentucky. The survey instrument covers the following domains as described below.

Social Capital

Social capital can be defined as resources embedded in a social structure that are accessed and or mobilized in purposive actions. In this case social capital has three ingredients:

1. Resources embedded in a social structure
2. Accessibility to these social resources by individuals

3. Use or mobilization of the social structures by individuals engaged in purposive action

Social capital may have structural [accessibility] elements that examine how communities access collective assets. Further, social capital has action oriented elements [mobilization/use] that consider how communities marshal accessed resources for specific actions.

Political Efficacy and Trust

Political efficacy has an internal and external component. Internal efficacy is based upon people's beliefs about how much say they personally have in politics and about their ability to understand politics. External efficacy is defined in terms of people's beliefs about policymakers' interest in their views and whether elected officials maintain contact with their constituents. There are also several factors that may cloud or confound measures of political efficacy. These factors must be assessed as well.

Confounding Variables

- Levels of education
- Continuing interest in politics

Collective Self-Efficacy

Collective efficacy refers to a group's shared belief in its conjoint capabilities to attain their goals and accomplish a desired task (Bandura, 1986). Dimensions of collective self- efficacy include:

- Perceived efficacy to take action as a group
- Perceived capability of other community members
- Perceived efficacy to solve problems as a group

Perceived capability of other community members

Refers to members' perceptions of other community members' talents and abilities to do their work within the group or community. The following items from Riggs, et al., 1994 can be used for measurement purposes.

Perceived efficacy to solve problems as a group

Refers to the perceived confidence of solving a specific problem or addressing a particular issue at the community level by working together.

Social Cohesion

Social cohesion consists of the forces that act on members of a group or community to remain in, and actively contribute to the group. Dimensions of social cohesiveness include at least six related social and cognitive dimensions:

- Sense of belonging
- Feelings of morale
- Goal consensus
- Trust
- Reciprocity
- Network cohesion

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