
**Minnesota Department of Health
Statewide Health Improvement Program**



**Community Engagement Guide:
Community Leadership Teams and
Site Partnerships**

FY2014-15

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Overview

Community engagement is a type of public participation that involves people in problem-solving and decision-making processes. It is a multifaceted, ongoing process.

The Centers for Disease Control and Prevention (CDC) defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being¹."

Community engagement is a strong value and fundamental practice of public health. The importance of engaging the community is grounded in the belief that the public has a right to participate, that the public has valuable knowledge about what will work in their own communities to improve health, and that the public can make good decisions. Public health expertise and community "collective intelligence", together will more accurately identify problems and develop more elegant and effective solutions.

This guidance focuses on the formal community engagement components of the SHIP program: Community Leadership Teams and SHIP implementation sites partners. But there are other opportunities for community members to engage in the SHIP work to improve health – including changing their own school or workplace, promoting considerations of health to policy makers or local businesses, influencing health reform initiatives and uncovering local health inequities and proposing solutions to increase health equity.

This guide ...

- Highlights renewed calls for strengthening public health's capacity to engage the community in addressing health.
- Provides a glossary of common terms.
- Links SHIP activities to community engagement.
- Highlights some considerations for building strong partnerships in the context of SHIP.
- Outlines technical assistance and training that will be available to support SHIP grantees in strengthening skills for community engagement.

Background

While engaging the community has long been part of public health practice, there are renewed calls from the Institute of Medicine and the Public Health Accreditation board for deeper and sustained engagement. In addition, the Healthy MN 2020 framework prioritizes strengthened community engagement. These lift up the potential of community engagement to give voice to community wisdom and concerns, to leverage a wealth of community assets, to further health equity, and to develop community leadership that will advocate for healthy futures.

- A recent Institute of Medicine report identifies “*mobilizing the community and forging partnerships to leverage resources*” as a foundational capability for public health departments. It calls for health departments to develop the ability to work in sectors outside of health to achieve and broaden impact.²
- The Public Health Accreditation Board has set national standards for the community health assessment and improvement planning process which include the community in the analysis of data and priority setting for community health issues. But there is also an expectation that community will remain involved in the implementation, monitoring and updating of the plan over many years.³
- Healthy Minnesota 2020, a statewide health improvement framework developed and adopted by the Healthy Minnesota Partnership has three themes – the final theme being “Strengthen communities to create their own healthy futures.” This theme reflects the fact that individuals are never healthy—or unhealthy—alone. Our actions and the actions of others together create the environments that play such an important role in our health and well-being. One of the ongoing roles of public health departments is to develop new community leaders who will advocate for health, especially to support efforts towards health equity.⁴

SHIP requirements provide an opportunity for health departments to respond to these (and other) renewed calls to engage the community. SHIP requires grantees to:

- establish and sustain a Community Leadership Team, and
- partner with implementation sites.

Engaging the community requires a set of skills that can be developed. But it also requires a belief that the community has a right to participate, has valuable knowledge about what will work in their communities to improve health, and the ability to make good decisions. When convening diverse voices to make decisions to improve health, public health organizations must operate out of these beliefs because, engaging the community in SHIP is challenging, will raise creative conflicts, and will be time consuming. But ultimately, the community working together can develop elegant solutions, can leverage community resources to create impact, and can develop new leaders who will advocate successfully for the long-term health of their families and communities.

Terms

This is a list of common terms related to community engagement:

Community:

Community is a group of people who have common characteristics or shared identity; communities can be defined by location, race, ethnicity, age, occupation, interest in

particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.⁵

Community engagement:

The Centers for Disease Control and Prevention (CDC) defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."⁶

Collaboration:

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.⁷

Coalition:

A coalition is an organized group of people in a community working toward a common goal. The coalition can have individual, group, institutional, community, and/or public policy goals.⁸

Community mobilization:

Community mobilization is the act of engaging all sectors of a community in a community-wide effort⁹.

Community organizing:

Community organizing is the process of building power through involving a constituency in identifying problems they share and the solutions to those problems that they desire; identifying the people and structures that can make those solutions possible; enlisting those targets in the effort through negotiation and using confrontation and pressure when needed; and building an institution that is democratically controlled by that constituency that can develop the capacity to take on further problems and that embodies the will and the power of that constituency.¹⁰

Populations experiencing health disparities:

Populations experiencing health disparities are populations with differences in overall rate of disease incidence, prevalence, morbidity, mortality or survival rates. In addition, these populations face barriers to access and participation in SHIP strategies due to their social, demographic and economic characteristics, and/or have been identified by SHIP grantees as specific populations most at risk of health disparities and inequities.

Populations experiencing health disparities are comprised of people with certain characteristics that cause it to be at greater risk of having poor health. MDH considers these characteristics to include, but not limited to, age, culture, disability, geographical location, immigrant status race/ethnicity, refugee status, socio-economic status, and sexual orientation. Most often there is an overlap between different populations categorized as experiencing health disparities, for example the over-representation of a particular racial/ethnic group in a lower SES or geographical location.

Community Engagement within the Context of the SHIP Program

This guidance focuses on the SHIP requirements to establish and maintain a Community Leadership Team (CLT) and engage implementation site partners. This guide does not address how to engage community members in SHIP projects.

Community Leadership Team

The purpose of the CLT is to establish and grow community support for policy, systems and environmental change work in obesity prevention and tobacco use and control.

CLT's can help with planning for success – mapping the assets in a community, mapping the decision makers related to SHIP projects, identifying potential SHIP partners, and helping to set priorities. After the planning, they can take on projects related to communications, explore and address how local policies could potentially impact health, and provide leadership for health within their own workplaces and communities.

Membership of CLT's could be recruited from:

- People from settings in which SHIP work is proposed
- Key community decision makers
- Representatives from organizations doing similar work (i.e. obesity prevention and tobacco use and exposure)
- Representatives from organizations that are effective in moving policy agendas to address policy and systems change that can improve health
- Community-based organizations with expertise in populations experiencing health disparities
- Local grassroots and social organizations
- Influential leaders and opinion leaders in the community
- Community gatekeepers
- Cultural experts
- Community members-at-large
- Local elected or appointed officials
- Representative from local businesses
- Clergy and the faith community
- Parent and youth groups

Site/Setting Partners

The purpose of developing partnership with implementation sites is to achieve the goals and broaden the impact of the SHIP program. Engagement of schools, workplaces, and other settings, connects the partners' organizational relationships and knowledge with public health expertise to increase effectiveness. These partnerships can also leverage organizational resources to increase impact.

Letters of commitment are a useful tool to confirm the responsibilities of each partner. These should confirm the commitments of each partner and state the SHIP goals that the partnership is supporting.

Community Engagement Requirements

Community Leadership Teams

SHIP planning and implementation grantees are required to submit a draft charge for their Community Leadership Team. The application is requiring a *draft* charge because the CLT should review, make changes to and formally approve its charge at an initial meeting.

The CLT charge should include the purpose of the CLT and what the CLT might do to fulfill this purpose. It should include the level of decision making of the CLT – is this an advisory group, a collaborative, or a decision making group for SHIP activities? It also could specify the number of times the group can expect to meet throughout the year. This should be written so that it is a useful tool as applicants recruit CLT members. A template for a draft CLT charge is included in Appendix A.

SHIP implementation applicants are also required to complete a CLT form and to document the commitment of CLT members. Forms for each of these application requirements can be found in Part VII of the SHIP RFP.

Setting/Site Partners

SHIP implementation grantees are required to submit 4 letters of commitment from existing partners. These letters must represent at least two different types of settings. Letters of commitment from the partners should confirm a willingness to participate in SHIP activities and a description of the SHIP goals. The letters must be on the setting/site partner's letterhead.

Planning grantees are subject to the same requirement when they complete their implementation forms prior to June 2, 2014.

Building Strong Partnerships

Community engagement is a multifaceted, ongoing process. There are various ways to engage the community and different levels of engagement. This breadth and depth of options can make figuring out where to start engaging the community overwhelming.

Once started, community engagement efforts also require sustained attention. Organizational infrastructure, financial and human resources, and staff skilled in engaging individual community members and groups are needed.

This guidance focuses on a handful of topics to support grantees as they develop initial implementation plans for SHIP 3. Further guidance will be made available during the implementation phase. There are many resources for supporting community engagement listed at the end of this guidance.

This section is broken down into three segments:

- A. Assessing community engagement readiness
- B. Creating a draft charge
- C. Identifying and recruiting partners
- D. Building successful and sustainable partnerships

The CDC'S Principles of Community Engagement is a very helpful resource. At the end of each topic area, principles from this resource are listed in a short form. Many other available resources on community engagement and public health are available. Please see the resources section of this document for a link to the Principles of Engagement and other useful materials.

Assess community engagement readiness

1. Identifying the SHIP Phase

The SHIP program identifies three phases of engagement for grantees to consider as work plans are developed. The phase doesn't necessarily reflect the experience of the grantee with community engagement but should reflect current partnerships related to each content area. For example, grantees may identify phase 1 if they are starting work in a new community or a new setting within a content area, even if the content area is familiar to the grantee. Or grantees may identify phase 2 or 3, if they are building on existing partnerships within a content area.

Phase 1 Partnerships and Planning
Applicants have limited partnerships within the strategy work. They are just beginning to address health inequities within their community. The focus is on planning, assessing and engagement and they will likely begin with a more step-by step approach. This phase is intended to be short-term; exact details will be negotiated in final work plans.
Phase 2 Growth
Applicants have strong partnerships and consistent experience within a content area and setting. They will build on existing partnerships and expand to additional sites, addressing health inequities and supporting policy development and regional efforts.
Phase 3 Innovation and Promising Practices

This allows for innovation by grantees and their partners within a content area, addressing cutting edge policy, systems and environmental change. The strategies selected will or have decreased health inequities. Potential is high for new models and learning.

2. Consider Level of Community Involvement and Communication Flow
 Another way to assess community engagement readiness is to consider the communication, information flow, partnership and decision making that currently exists between a grantee and the community. Consider the level (as in the chart below) met by your health department’s past community engagement efforts and if it is ready and willing to move into a deeper level of engagement. Ultimately, reaching the shared leadership level can give all parties ownership in the final outcome and can contribute to the sustainability of health improvement efforts.

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow				
<i>Outreach</i>	<i>Consult</i>	<i>Involve</i>	<i>Collaborate</i>	<i>Shared Leadership</i>
<p><i>Some Community Involvement</i></p> <p>Communication flows from one to the other, to inform</p> <p>Provides community with information.</p> <p>Entities coexist.</p> <p>Outcomes: Optimally, establishes communication channels and channels for outreach.</p>	<p><i>More Community Involvement</i></p> <p>Communication flows to the community and then back, answer seeking</p> <p>Gets information or feedback from the community.</p> <p>Entities share information.</p> <p>Outcomes: Develops connections.</p>	<p><i>Better Community Involvement</i></p> <p>Communication flows both ways, participatory form of communication</p> <p>Involves more participation with community on issues.</p> <p>Entities cooperate with each other.</p> <p>Outcomes: Visibility of partnership established with increased cooperation.</p>	<p><i>Community Involvement</i></p> <p>Communication flow is bidirectional</p> <p>Forms partnerships with community on each aspect of project from development to solution.</p> <p>Entities form bidirectional communication channels.</p> <p>Outcomes: Partnership building, trust building.</p>	<p><i>Strong Bidirectional Relationship</i></p> <p>Final decision making is at community level.</p> <p>Entities have formed strong partnership structures.</p> <p>Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.</p>

Reference: Modified by the authors from the International Association for Public Participation.

Chart from Principles of Community Engagement, 2011, Page 8

Creating a draft charge

The CLT charge should include the purpose of the CLT and what the CLT might do to fulfill this purpose. It should include the level of decision making of the CLT – is this an advisory group, a collaborative, or a decision making group? It also could specify the number of times the group can expect to meet throughout the year. This should be written so that it is a useful tool as applicants/grantees recruit CLT members.

Identify and recruit CLT Members

Many people care about the health and well-being of all people in your community. So how do you identify and recruit members to participate in the SHIP leadership team or as organizational partners?

Once you are clear about the content areas for your SHIP plan, the populations you need to engage, the purpose of the CLT and engagement efforts and the level of involvement community members can expect, you will be prepared to begin outreach and recruitment.

To identify potential partners you could:

- Create a list of the kinds of partners needed and work with staff or existing community team members to identify specific individuals or groups to approach.
- Consider assets and resources in the community that you may want to tap, and identify the specific individuals or organizations to approach.
- Meet with people that know and support SHIP work and ask them for suggestions.
- Consider decision makers in your community that could support SHIP efforts.
- If you do not know anyone from the populations experiencing health disparities you have identified, ask someone that knows you to facilitate introductions.
- Refer to the list of possible CLT members in the purpose section of this document.

Once you have created a list, consider the best mix of people to bring together to improve the health of the community. Develop your ideal list of participants. Not everyone will say yes – so have one or two back-up members identified for each slot.

Once potential partners are identified, the process of establishing relationships and seeking commitments for participation begins. This is a process of developing mutual respect, understanding, and trust.

- Be clear about the level of involvement from the chart on the previous page - outreach, consult, involve, collaborate or share leadership - your health department can commit to. Potential participants may have experienced other community engagement processes that promised a level of involvement that was not realized. Be clear about the level of authority and decision making your CLT will have.
- Communicate the goals of the engagement – again creating clear expectations. Also be clear about what you are asking them to initially commit to – your “asks.” The CLT’s draft charge should be shared with potential members.
- Potential members have to represent their organizational interests, but they also have personal interests. Try to find people that have a personal passion for health and healthy living.
- Potential members must see engagement in their self-interest — so the benefits of engagement must offset the perceived costs.

- Before inviting people to a meeting, take the time to have a phone conversation with them or meet them for a one-on-one meeting in a setting that is comfortable for them.

Consider these principles from the CDC Principles of Community Engagement as you identify and recruit partners...

- Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organizations and leaders to create processes for mobilizing the community.
- Engagement is based on community support. Positive change is more likely to occur when community members are an integral part of a program's development and implementation.
- Remember and accept that collective self-determination is the responsibility and right of all people in a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.
- Just because an institution or organization introduces itself into the community does not mean that it is automatically becomes of the community. An organization is of the community when it is controlled by individuals or groups who are members of the community.

Building successful and sustainable partnerships

Intentionally building a strong foundation for CLTs and organizational partnerships is essential for successful engagement of community members who support the goals and care about the health of the community. But community engagement is quite complex – often more of an art than a science. For authentic engagement to occur, grantees must ensure that all voices can be heard, that leadership from the community is valued and nurtured, that community assets are identified and leveraged, and to the greatest extent possible, community members are making decisions.

Some questions to ask as you are developing your SHIP plans:

1. Strengthening your internal capacity to support community engagement:
 - Are sufficient resources - funds and time - dedicated to staffing the CLT and site partnerships?
 - What support will your staff need to develop the skills for successfully engaging the community? Consider the Public Health Foundation's Core Competencies for Public Health Professionals. This lists specific skills for

“Community Dimensions of Practice” and “Cultural Competency”. A link is provided below in the resources section.

- How can you ensure that there is open and frequent communication with your partners and CLT members? Are both formal and informal channels of communication planned for?

2. Creating a supportive and meaningful experience for your partners:

- Has a final charge for the CLT been approved by the members?
- Do you have a facilitator that is skilled in leading your CLT meetings so that everyone has a voice and feels respected?
- Are you aware of uneven power relationships within the group and do you have an approach to handling those relationships so that no one feels marginalized?
- How will you build a sense of community or connection among your CLT members?
- Will there be benefits for CLT members?
- How will you celebrate the successes of the CLT and your organizational partnerships?

There will be additional guidance developed on creating meaningful roles for Community Leadership Teams beyond the initial assessment and planning functions.

Some questions to ask as you consider sustainability:

- Do members know they are part of something that is important? Do they understand the CLT charge?
- Are the benefits of participating in the CLT being realized? Are people learning? Are individuals and the organizations benefitting from the new relationships and connections they are making?
- What is the role of the CLT in decision making for your local SHIP program? Is the group solely advisory or do they determine the direction of the program?
- What are the leadership roles available to members? Are they building skills for advocating for a healthier community? Are they seen in leaders by others in the community?
- What kind of recognition is given for their contributions? Are SHIP accomplishments being publicized to the local community?

Consider these principles from the CDC Principles of Community Engagement as you work to build a successful engagement of your leadership team members and other community partners...

- Partnering with the community is necessary to create change and improve health.
- The American Heritage Dictionary defines partnership as "a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal." Equitable community partnerships and transparent discussions of power are more likely to lead to desired outcomes.
- All aspects of community engagement must recognize and respect the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.
- Diversity may be related to economic, educational, employment, or health status as well as differences in culture, language, race, ethnicity, age, gender, mobility, literacy, or personal interests.
- Community engagement can only be sustained by identifying and mobilizing community assets and strengths and by developing the community's capacity and resources to make decisions and take action.
- Community members and institutions should be viewed as resources to bring about change and take action. Take time to identify what resources are needed and engage partners in figuring out where those resources might be obtained.
- Organizations that wish to engage a community as well as individuals seeking to effect change must be prepared to release control of actions or interventions to the community and be flexible enough to meet its changing needs.
- Engaging the community is ultimately about facilitating community-driven action.
- Community collaboration requires long-term commitment by the engaging organization and its partners.
- Community participation and mobilization need nurturing over the long term.

Training and Technical Assistance

Training and technical assistance will be provided on a number of topics (see listed below). The support will be delivered through one-on-one consultation, live and recorded webinars, in-person training and video conferences. Expertize from CHB's and tribes will be tapped. Please note that some of these topics may be presented in

conjunction with healthy equity, communications and other foundational skill training. Also note that the support will focus on skills to build and maintain community leadership teams and partners from implementation sites.

MDH is planning to develop web pages to provide ongoing guidance on community engagement.

Identifying and developing key relationships

- One-on-ones - skills for building relationships and commitment through individual meetings
- Asset mapping - process for mapping assets and resources in your community
- Power mapping - process for mapping institutions and individuals in your community who can make decisions that you want to impact
- Working with economically, culturally and racially diverse populations – knowledge and skills for building successful working relationships with various communities
- Building and strengthening commitment - approaches to securing participation from community members

Building partnerships

- Building teams – techniques for building the capacity of CLTs to work together
- Leading and facilitating effective meetings – skills for running productive and inclusive meetings
- Maintaining Community Leadership Teams – strategies for keeping the CLT's role meaningful and productive, strategies for integrating new members
- Ethical management of asymmetrical power relationships – strategies for making sure all participants are welcomed, valued and listened to
- Managing CLTs across long distances – strategies for CLT's that are geographically spread

Sustaining coalitions

- Celebrating Victories – knowledge about the importance of acknowledging small and large accomplishments and a variety of ways to celebrate
- Collaborative leadership and leadership development – skills for providing leadership opportunities for partners/CLT members and preparing partners/CLT members to take leadership roles
- Collaboration communications and communications systems - methods for maintaining strong communications between partners/CLT members

Resources

This is a short list of resources on community engagement and coalition building. Hyperlinks to these documents and web pages are embedded in the underlined portion of the description.

9 Principles of Community Engagement

This is a quick view of the principles of community engagement from CDC/ATSDR Principles on Community Engagement, 2nd Edition, (2011). There is a link to the entire document at the bottom of the web page. This primer can serve as a guide for understanding the principles of community engagement for those who are developing or implementing a community engagement plan. It provides a fuller understanding of community engagement to facilitate and promote the use of community engagement to advance the health of all communities.

Core Competencies for Public Health Professionals – Community Dimensions of Practice

The Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals (Core Competencies) were designed for public health professionals at three different levels: Tier 1 (front line staff), Tier 2 (supervisors and managers), and Tier 3 (senior managers). The Core Competencies are a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services). See the section on Community Dimensions of Practice to see a set of community engagement skills for public health professionals at all three tiers.

For the Public's Health: Investing in a Healthier Future

The IOM formed a committee to consider three topics related to population health: data and measurement, law and policy, and funding. In this final report, the IOM assesses both the sources and adequacy of current government public health funding and identifies approaches to building a sustainable and sufficient public health presence going forward, while recognizing the importance of the other actors in the health system, including clinical care, governmental public health, and others. A report brief states, "Today, public health departments can continue to bring together partners to assess community needs, and to plan and implement activities intended to meet key challenges in the areas of chronic disease, injury, emerging infectious diseases, mental health, and environmental health."

Healthy Minnesota 2020 Statewide Health Improvement Framework

The framework features three themes that reflect the importance of social and economic determinants for health: capitalize on the opportunity to influence health in early childhood; assure that the opportunity for health is available everywhere and for everyone, and strengthen communities to create their own healthy futures.

Best Practices for Comprehensive Tobacco Control Programs: Coalitions

This resource focuses on the critical role coalitions play in a comprehensive tobacco control program. According to Best Practices, communities need to work toward transforming the knowledge, attitudes, and practices of users and nonusers by changing the way tobacco is promoted, sold, and used. From the CDC

Developing Effective Coalitions and Eight Step Guide

This step-by-step guide to coalition building helps partnerships launch and stabilize successfully. It supports advocates and practitioners in every aspect of the process—from determining the appropriateness of a coalition to selecting members, defining key elements, maintaining vitality, and conducting ongoing evaluations. From the Prevention Institute

MAPP – Organize for Success/Partnership Development

Mobilizing for Action through Planning and Partnership is a community driven strategic planning process for improving community health. This guidance on the first phase of MAPP - organizing the planning process and developing the planning partnership – provides some information that can be applied to CLT planning and development.

The Community Tool Box

The Community Tool Box is a global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement.

Appendices

Appendix A

A: CLT Documentation of Commitment

Instructions are in *italic, red font*. Please delete this text as you prepare this document. You may want to put this document on official agency letterhead or with SHIP logos, etc.

Insert CHB or partnership name Community Leadership Team

Documentation of Commitment Form

Commitment to Participating in the *Insert CHB or partnership name* Community Leadership Team

Date: *Click here to enter a date.*

Name: *Click here to enter text.*

Organization: *Click here to enter text.*

I have received and reviewed the draft charter of the *insert CHB or partnership name* Community Leadership Team.

I have agreed to serve as a member of this team.

Print Name

Sign Name

References

¹ (CTSA) Community Engagement Key Functions Committee. Principles of Community Engagement, 2011. Page 3.

² Institute of Medicine. For the Public's Health: Investing in a Healthier Future.

³ Public Health Accreditation Board. PHAB Standards and Measures Version 1.0 – see Standard 5.2. Page 118.

⁴ Healthy Minnesota Partnership. Healthy Minnesota 2020: Statewide Health Improvement Framework. Page 17.

⁵ Public Health Accreditation Board. PHAB Acronyms and Glossary of Terms Version 1.0. Page 6.

⁶ CTSA Community Engagement Key Functions Committee. Principles of Community Engagement, 2011. Page 3.

⁷ Public Health Accreditation Board. PHAB Acronyms and Glossary of Terms Version 1.0. Page 6.

⁸ Public Health Accreditation Board. PHAB Acronyms and Glossary of Terms Version 1.0. Page 6.

⁹ Public Health Accreditation Board. PHAB Acronyms and Glossary of Terms Version 1.0. Page 6.

¹⁰ Community Organizing: People Power from the Grassroots, By Dave Beckwith, with Cristina Lopez, Center for Community Change <http://comm-org.wisc.edu/papers97/beckwith.htm>