Community Engagement Strategies to Enhance the Success of Community-Based MCH Programs

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Background

Community engagement refers to the process by which community benefit organizations and individuals build ongoing, permanent relationships for the purpose of applying a collective vision for the benefit of a community.

Pregnancy, birth, breastfeeding and early parenting is a transformative time in a family’s life, and provides an opportunity for the surrounding community to lay a foundation upon which all members will thrive. When designing and implementing community-based maternal and child health programs to improve outcomes, community engagement is key to the success of any program.

HealthConnect One employs respectful community engagement with a racial equity and inclusion lens to guide program planning and evaluation by tailoring strategies based on the needs articulated by the community being served. Each community has its own unique set of strengths and challenges. Therefore approaches for each community must be adapted accordingly.

Guiding Questions

- What challenge is being addressed with this MCH program?
- Which engagement techniques should be used and when?
- How do you know when engagement strategies are working?

Mobilize, Assess, Plan, Implement and Track

1. Mobilize
   - Identify Stakeholders
     - Members of the targeted community (young parents, African Americans, Latinos, etc.)
     - Community leaders/religion leaders
     - Health/Medical providers (physical health, mental health, WIC)
     - Social Services (Case Managers, Home Visitors)
     - School staff (daycare, preschool, public school, private school)
     - Business managers/entrepreneurs
     - Advocacy organization members/staff
     - Government officials/staff
     - Foundation program officers/staff
     - Research/Evaluation representatives

2. Assess
   - Demographics - Race/ethnicity, age, Educational attainment, Employment, WIC eligibility
   - Health and Healthcare - Health insurance status, Health conditions (overweight/obesity, diabetes, depression, high blood pressure, heart disease, respiratory illness or asthma, herpes/STDs), Behavior risk factors (smoking, alcohol, illegal drugs)
   - Social Services - Mental health services, community centers, WIC, social service agencies, home visiting programs, childcare facilities, health departments, public library, housing services
   - Community Characteristics - common language, values, beliefs, customs and traditions shared by the community
   - social cohesion/sanity
   - Community Environmental Factors - may include poverty, racism, unemployment, gentrification, intimate partner violence, acculturation, immigration, transportation

3. Plan
   - Learning from mobilizing and assessing should be use to set clear objectives and concrete steps. Time limitations and budget capacity should also inform planning.

4. Implement
   - Set your plan in motion! Continue to engage with the community along the way.

5. Track
   - Report back to the community on engagement findings based on the following framework

“The only way to truly understand the story behind the data is to engage with community members about their lived experiences.”

Resources

1. The Components of Effective Collective Impact by Dan Duncan, Clear Impact

Case Study

SUCCESS IN BREASTFEEDING CAN MEAN SUCCESS IN LIFE
HC One and Heartland Alliance Partner for Breastfeeding Peer Counseling

By Andrea Moreno
Heartland Human Care Services

I see so much potential in my community—especially in the young women I work with. That’s why at Heartland Alliance we work with young Latina women in our community who are either pregnant or parenting to make sure they have the tools they need to succeed.

The teen mothers we work with tell us they wanted to breastfeed and have this incredible bonding experience with their children, but they needed support. They hear so many conflicting things about breastfeeding and breastfeeding in popular culture, and the services they receive in the hospital after they give birth just aren’t enough.

We partnered with HC One to jointly design a 10-week program to train our peer mentors in breastfeeding peer counseling. Our peer mentors have supported other young mothers to breastfeed and bond with their newborns. These mentors have helped increase breastfeeding rates and become proud ambassadors for our community, advocating for their needs to local policymakers.

We have reached 100 young Latina mothers across 13 schools. Our peer mentors work actively with teen mothers in our community to provide support, answer questions, run trainings and be there as a resource for young mothers who otherwise may not access services that can help them be the best parents they want to be, either because of the neighborhood where they live or because of the prohibitive cost of those services.

Felling empowered and confident is so important to advocate for their needs and access the services required to raise thriving families. The peer mentors who trained were recently asked to speak at a federal Health and Human Services event. They focused on their experience with the breastfeeding peer counselor training and what they have heard from teen mothers in their community about how breastfeeding has transformed their relationships with their children.

Decisions makers who otherwise do not hear from young Latina mothers opened their eyes to the realities that our communities face. We are hopeful that engaging in forums like this can change policy and practice so that all of our young mothers, children and their families can access services and support, like the training HealthConnect One jointly designed and carried out with us.