

One Health
Media and Community Engagement for One Health
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Lecture - 22
Role of Community and Ways for Community Engagement

Hello and welcome to the session on very important topic that will materialize One health and take it to the public. The importance of communication in health is now stressed everywhere in the world and the importance of health communication, especially for engaging the community and media to promote the cause of One health is very important and in this unit, what we will try and do is we look at two broad areas.

One is the community engagement and the other one is media engagement and how using media one can do various health communication related activities like advocacy, social marketing and what is the role of new media. So initially for the first topic, I will take up the role of community and ways for community engagement and in this particular session you will learn some basic things about One health and what exactly makes One health work.

And why one needs to engage with community and what and how do we define these communities. If there are any principles of community engagement, we look at it and most importantly approaches for community engagement we will see. This is going to be a basic theoretical knowledge on community engagement.

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CONTENTS

- Basics/introduction about one health
- Who makes it work
- Why community engagement
- What are communities
- The principles of community engagement
- Approaches to community engagement

These are going to be the contents of today's lecture.

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Introduction

- 'One Health'
 - integrated, unifying approach to balance and optimize the health of people, animals and the environment
- Recognizes that
 - the health of people is closely connected to the health of animals and our shared environment
- It involves
 - designing and implementing programmes, policies, legislations and research in which multiple sectors communicate and work together to achieve better public health outcomes (WHO, 2017).

[(WHO, 2017) and (CDC, 2018)]

So initially let us try and introduce the concept of One health. I am sure by now after going through so many units you already know what is one health. So I need not go much deeper into it, but it is generally an integrated unifying approach to balance and optimize not just the health of the people but also of animals and the entire environment. So the basic thing that it recognizes is that the health of people is so much closely connected not just to themselves and their environment.

But also to the animals around them and the shared environment of all the living beings on earth. So it involves designing and implementing programs, policies, legislations, research in which multiple sectors communicate, please note the word where multiple sectors need to communicate and work together to achieve what public health outcomes, the better public health outcomes. So I draw your attention again to the words communicate and work together.

Where today's lecture is going to tell you about how to engage with groups and communities and engage with media to make this particular thing happen that multiple sectors come together and also multiple populations come together for the benefit of promoting health.

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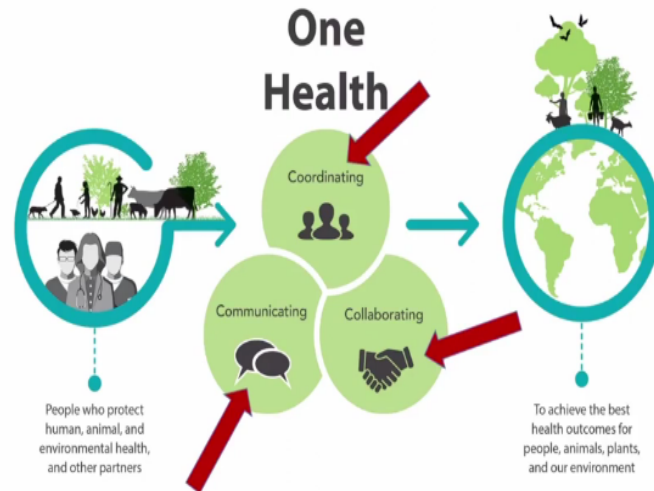
But why?

It is important to

- Prevent
- Predict
- Detect
- Respond to global health threats

So but why do we need to do? So we need to engage with communities and we need to communicate because it is very important to prevent, predict, detect and respond to many global health threats. Recent example maybe several genetic diseases that we have seen and also could be the pandemic that we have witnessed that there are interlinkages between our own environment and the species that live around us and us, so this is very important.

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[Source: CDC, 2018]

So this is a CDC's depiction of one health wherein you can clearly see one health actually between people who protect human, animal and environmental health and other partners on one side and what is their aim? Their aim is to achieve the best health outcomes to people, animals, plants and environments, but in the core of it is, the coordination, communication and collaboration which are very important.

I draw your attention to these three aspects which is coordination that is coordination among people themselves and groups of people and policymakers, people of different sectors. How would that happen? That happens through communication and for communication you need community engagement, you need media, different kinds of media in the process and once the coordination and communication happen then large collaborations can be forged.

And these collaborations can in turn be useful in actually promoting one health to achieve the best outcomes not just for people but also for environment and animals.

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Who makes it work?

- ✔ Government officials, researchers and workers across sectors at the local, national, regional and global levels should implement joint responses to health threats
- ✔ This includes developing shared databases and surveillance across different sectors
- ✔ Also, identifying new solutions that address the root causes and links between risks and impacts

So who makes it work and how does it happen? If you look at this, the government officials are very important just because they are the ones who keep the data, who track the diseases, who track multiple health outcomes of other people. Of course, there is a lot of interest of the researchers, researchers are a wide spectrum of researchers. There could be veterinarians, there could be environmentalists, there could be medical doctors.

There could be health related researchers, there could be social scientists and many of them and there are several workers who work across the sectors at local, national, regional and global levels and they should implement joint responses to health threats because the responses should cut across various geographies, cut across various regions, cut across various countries. So there should be an interlinkage between all of them.

This includes developing shared databases and surveillance across different sectors. So the databases that are available should be shared, should be communicated, should be interpreted in a way that they make sense to a wide spectrum of populations including lay public. Also identifying new solutions that address the root causes. So we have to think out of box in many of the cases that relate to health, so the out of box thinking is very important.

To identify those new solutions and the root causes, the linkages between the risks and impacts have to be studied and considered several groups of people, several communities and within a community several people, individuals should come together.

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How does it work?

- Enhancing cross-boundary exchange of relevant data
- Strengthening community surveillance and food system sustainability
- Developing inter-sectoral epidemiological capacities
- Strengthening information and communications technologies
- Rapid scaling up of Integrated Public Health Laboratories that include both human and veterinary laboratories
- Strengthening risk communication and community engagement processes
- Conducting policy research and adopting its outputs

So how does it work? It works in a very broad way by enhancing cross-boundary exchange of relevant data as I said earlier that the data needs to be exchanged from across the borders within the states in a big country like ours or across the countries in situations where the diseases usually these days because of the connectivity because of our movement we see that the diseases cross boundaries very easily.

So the exchange of relevant data in that context is very important. Strengthening community surveillance and food system sustainability that is also an important aspect of One health where the community itself is engaged in surveillance, in understanding, in seeing, in following the threats and then in stopping the threats. And also the food system sustainability needs to be because the food systems across the globe are now interlinked.

And those food systems should be ensuring the food supply, quality food supply and nutritious food supply, safe food supply across the borders to all populations. So it works by strengthening the community involvement. There is a need for developing intersectoral and epidemiological capacities. So each country, each state or each district level or maybe at a very local level people

should be able to have enough epidemiological capacities to quickly drag, assess and see health related issues.

Strengthening information and communication technologies which is very important because there should be intersectoral dialogue as well as there should be inter-community dialogue and the dialogue between the policymakers and the implementers as well as the dialogue between the policymakers, implementers and the people. So rapid scaling up of integrative public health laboratories that include both human and veterinary laboratories are also important.

Strengthening risk communication and community engagement which is a core area of our topic of interest today is what we are looking at. So this is our important area, apart from all these things, most important is strengthening risk communication and community engagement processes and our lecture today focuses on this particular area.

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Where then is the role of community and community engagement in disease control ?

- ✔ To promote risk-reducing habits and attitudes
- ✔ Enhancing the perception of risk
- ✔ To support early detection and containment of disease threats
- ✔ Improving the perceived self efficacy

Where then is the role of community and community engagement in disease control? Why we need to engage communities in disease control? That is to promote risk reduction behaviours among people. People need to have less of risk reduction behaviours, for instance you know if they know about the possibility say in a case like Nipah virus, the possibility of the virus spreading from another species of animal through a fruit or through some other contaminated food to individuals and then how risky it could be.

So in order to reduce such risks the simple thing that people need to do is to take fruit that is not cut open or the fruit that is intact in all the ways and then if there is a small injury on the fruit that means it should not be consumed. So I mean there are several of such risk reduction behaviours that can happen.

If one understands the entire cycle of how each species is dependent on the other. Similarly, to support early detection and containment of the disease people should also be aware of the symptoms. People should also be aware of the possibilities of spread of diseases, people should also be aware of the ways in which they can maintain their local environment and climate and things like that and how they can have climate resilient health conditions.

So if people have all these, people can detect or they can also support the containment of disease at their end. Enhancing the perception of risk. Until and unless people have better perception of risk, one cannot ensure that any kind of communication really makes sense to them. If people think that they are at risk of a health condition, they are likely to definitely take up the behaviour that is suggested through communication.

Similarly improving the perceived self-efficacy. Self-efficacy is nothing but in social sciences and health communication. Self-efficacy is a term that is used to define the ability or the perception of an individual on the ability to follow a particular behaviour that is suggested for promoting health. So for instance to combat overweight and obesity if one is suggested to consume less of high fat and sugar and salt foods.

And also processed foods making it environment friendly, at the same time take a physical activity, if a person believes that one is self-efficacious and the person believes that one can practice the kind of behaviour that has been suggested to him or her we say that the perceived self-efficacy of the person is really good. So in this case what we are trying to say is for community to get engaged the necessity of improving the self-efficacy it is not just enough if people have higher risk perception.

People should also think that they are able to do the kind of activity or the kind of favourable behaviour that is used useful for them to keep the disease at bay. So if these two are enhanced, then it is possible that any kind of health communication can be successful. Therefore, community engagement should also enhance risk perception as well as the perceived self-efficacy of the people.

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What are communities?

The definition is broad it can vary from micro to macro levels -

- Groups of people with similar problems
(like mothers of under 5y children, pregnant women who do not have access to healthcare and so on)
- Geography related – like village, township, country, or all those who live in a region)
- healthcare workers in a region
- Grassroots level health functionaries
- Media and social media communities

So before we go into community engagement itself is it not enough or is it not necessary for us to look at what exactly communities are and how do we define these communities? Community can be defined in various ways in terms of health or health related issues and also in social sciences the communities are defined in different ways, but simple thing I mean it could be at various levels the word community can mean various things.

For instance a community can be a group of people with similar problems. For instance mothers of under 5 children are all one community, say mothers of under 5 children in South India, mothers of under 5 children in India can be one community. Similarly pregnant women who do not have access to health care can be one community. That means there is one homogeneity in an entire group they can be called as a community.

Similarly, if it is a geography related community, a village can be a community, a township can be a community, an area can be a community or Indians in all can be a community for global

health related issues that one is looking at. So similarly, somebody who has an homogeneous work or objective towards work like all healthcare workers in a particular region they can be a community or community can also mean somebody who does a similar kind of work across a broad geographic area.

Like grassroots level health functionaries, may be Anganwadis, maybe ASHAs, maybe grassroots level health workers and then the PNC workers and others who can also be a community and of course media itself can be a community and on social media we also have virtual communities, so this can also be community. Virtual communities are people across the geographies of similar interests come together as one community, so they can also be called communities.

So communities, the very term communities is so broad-based that it depends on the problem that you are trying to address, which kind of community you are trying to engage with. So we should always bear in mind that communities are not constrained by geographies, but they are more united by the homogeneity that we are looking for.

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What is Community Engagement

A process of **DEVELOPING RELATIONSHIPS** that enable **STAKEHOLDERS** to **WORK TOGETHER** to **ADDRESS HEALTH-RELATED ISSUES** and **PROMOTE WELL-BEING** to achieve positive health impact and outcomes”

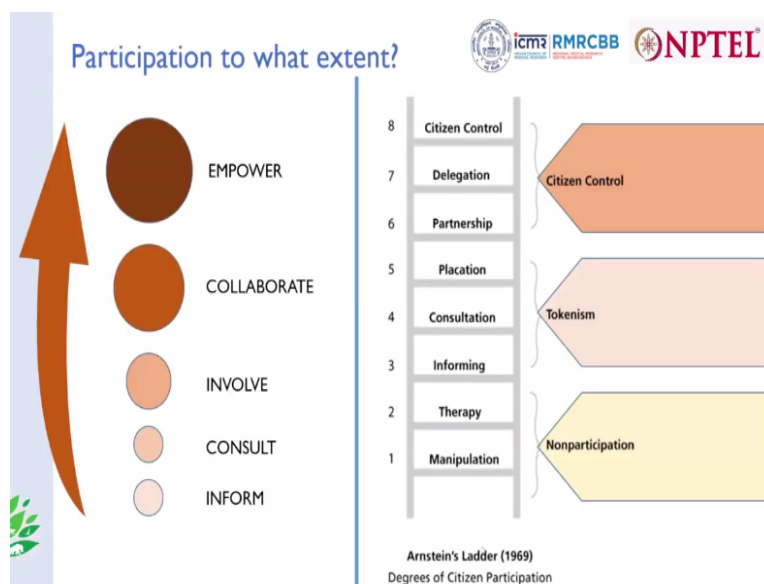
So now that we know about communities, what is the process of community engagement? What does it entail? The process of community engagement is nothing but developing relationships, please pay attention to the font in red, developing relationships. Why? that enables stakeholders,

who are stakeholders? There could be you know a wide range of stakeholders, industry can be stakeholder, policymakers can be stakeholders.

A community can be a stakeholder and their influencers can be stakeholders and also the implementers of policy can be stakeholders, health workers can be stakeholders, also multiple stakeholders, the agriculturist could be stakeholders, the environmentalists could be stakeholders, veterinarians can be stakeholders, anybody can be a stakeholder. So this is a process of developing relationships that enable stakeholders, for what?

To work together and do what to address health-related issues and promote well-being to achieve positive health outcomes for everyone. So this is community engagement.

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So oftentimes what happens is when it comes to health communication, we tend to concentrate all our health communication at an individual level. So we assume that people do not know a lot of things. So like our entire health communication is always focused at telling people about or informing them of what are the good behaviours, why, what one should do to actually keep a particular disease away, an infection away or how one should consume food.

The assumption most of the times is that people do not have the information and so their behaviours are compromised, sometimes it may be wrong. We people may know what is already

there, people may have the enough knowledge, but their enabling environment around them may not be entertaining them to change their behaviours. Therefore, just informing people is not actually getting their participation

To engage with community is not just to inform them in a top-down approach. Is consultation with the community to know what their problems are, to know what their constraints are, to know what the factors that can promote the kind of health behaviour that you are suggesting is that enough? No, even that is not enough, involving the community is very important. Involving the community to what extent?

Just to find out what media they use or what their problems are or what their level of engagement with the health issues is that is not enough. Involving the people should be the process of collaborating with them in terms of identifying the problems as well as identifying the solutions for the existing health problems. So community or the people as equal partners is very important, the collaboration part is very important.

And finally, to empower people, empowering the people is that even when the support is withdrawn from the community the community is able to carry out the behaviours, carry out the health promoting behaviours all by themselves with the resources that they have, they are able to take decisions and only then the communication or the level of participation is considered to be successful. If you take Arnstein's ladder of communication you can see on the right side of your screen.

Arnstein's ladder says there are many things that we do in terms when we interact with the community as health communication specialists. We know sometimes it is only that we manipulate their existing behavior or we suggest therapies, but is it any participation? Arnstein says it is non-participation, completely non-participation. If you are informing people, consulting with them and placating their fears or we are trying to give them solutions to the fears, are we engaging the community fully?

No, he says it is only tokenism. We are only trying to see how the community is given the information in a top-down way here, but we are not trying to get their involvement completely. When the partnerships happen, when the delegation of activities happens and when the people themselves take the control of finding solutions to the problems and assessing their own problems then it is called citizen control.

The most desirable community engagement are the steps 6, 7 and 8 and the least preferred are 1 and 2 and 3, 4 and 5 often give us an opinion that we are actually engaging with the people, engaging with the communities, but we are not actually engaging, we are still keeping the entire process top down.

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When it is real Community Engagement

- ✔ When they play an active role in
 - ✔ defining issues
 - ✔ considering solutions
 - ✔ identifying resources/priorities for action

- ✔ Meaningful involvement should take place at all variety of stages of a project
 - ✔ research, planning, or implementation

So when is it real community engagement? When they play an active role, yes as I said in the steps in the previous one 6, 7 and 8. What happens at this juncture is that when people start playing an active role, defining the issues themselves, considering the solutions by themselves and identifying the resources and priorities for action. So here the engagement or involvement of the people is meaningful.

And then people also do that kind of engagement in researching and trying to know their problems, planning solutions and implementing such solutions to the existing health problems, then it is called the real community engagement.

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Community engagement from communication perspective

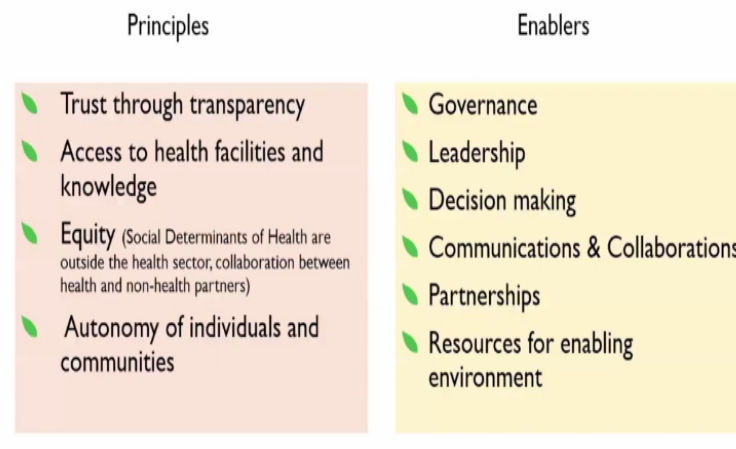
- Sharing Information
- Encouraging exploration of choices and option
- Closing the feedback loop

Community engagement from perspective communication is not just sharing information, it encourages exploration of choices and options and of course closes the feedback loop. Feedback loop is nothing but from sender to receiver; the communication goes through various stages, a sender actually has a message, the message is designed in a way that is suitable for the medium that one is taking. Once the medium is chosen, through the medium the message is encoded and disseminated to the people.

And the receiver actually receives the information, decodes the information and the process of telling or communicating back to the sender that the information has been understood the way it has to be understood is called the feedback loop. A communication is a two-way process and only when the feedback loop is completed do we call that the feedback loop is closed and only then the community engagement is possible to the fullest extent.

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What are the principles & enablers of community engagement



So there are certain principles and enablers for community engagement. If you look at the principle, trust is the most important principle. If you are trying to engage with any community, the community should feel that you are trustworthy, the organization is trustworthy or the doctor who is talking to them is trustworthy and transparent. How does trust come? It comes through transparency.

So the information that you share, why the information is being shared and what is the health problem that is likely to occur to them and where is it coming from, all these should be true, very thoroughly transparent so that the people gain trust in whom they are communicating with. Access to health facilities and knowledge, so, it is not just enough to say people to change their behaviours for improving One health or planetary health or health of the species around them.

And the environment and their own health, the facilities that are necessary have to be provided to them that is the enabling environment needs to be provided. Then equity, the social determinants of health are always outside the health sector, the social determinants are the availability accessibility and reach of the health facilities and affordability of the health facilities and the economy and the infrastructure around it and the collaborations between health and non-health partners.

All these are important and they determine the health of the community while not just their own individual behaviours determined. So, all these should be equitably distributed and then people should have that empowered feeling in them so that they can participate. Autonomy of individuals and communities, people should be free to think because they know their problems better, they know this their available resources better.

They know they are enabling environment better and thus they can find solutions themselves better. So engaging with people and communities is always for finding solutions that are specific to them. What are and how do these principles and how these necessary things for community engagements are usually achieved? They are achieved by providing enabling environment which is possible for good governance or the governance that is transparent and trustworthy.

Leadership and the decision making; instant decision making or decision making when it is required and what kind of decision making. Communications and collaborations and engaging with partnerships. There are different people working in the same area of promoting One health, what are they communicating, what is already communicated and what are the gaps that are there, these need to be understood.

And are we likely to participate and partner with the people who have similar intentions that also need to be looked at and resources for enabling environment. So to create enabling environment what are the resources that are required to the people also need to be looked at.

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What are the approaches?

- Community-oriented approach
- Community-based approach
- Community-managed approach
- Community-owned approach

And there are several approaches and they are often confused with each other. There is community-oriented approach for community engagement. There is community-based approach for community engagement and there is community-managed approach and there is community-owned approach. Let us see what these approaches are.

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| Community engagement approach | Examples of types of problems to be addressed | Related health promotion actions |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community-oriented | Behavioural, cultural and social conditions (such as vaccination during outbreak response, awareness on harmful products, exclusion, gender-bias, drunk-driving) | <ul style="list-style-type: none"> • Developing personal skills • Strengthening community action • Creating supportive environments |
| Community-based | Health system determinants (such as access to appropriate and acceptable primary health care services, information and programs for communicable and noncommunicable disease, new outlets for mental health services) | <ul style="list-style-type: none"> • Developing personal skills • Strengthening community action • Reorienting health systems |
| Community-managed | Prerequisites for health (such as unemployment, lack of housing, lack of water and sanitation projects, lack of access of girls to education, food security) | <ul style="list-style-type: none"> • Developing personal skills • Strengthening community action • Creating supportive environments • Building healthy public policy |
| Community-owned | Upstream driving forces (such as poverty, poor working conditions, climate change, environmental degradation, demographic change, rapid and unplanned urbanization) | <ul style="list-style-type: none"> • Developing personal skills • Strengthening community action • Creating supportive environments • Building healthy public policy • Reorienting health services |

[Source:WHO, 2020
<https://www.who.int/publications/item/9789240010529>]

So community engagement approach is nothing but the community oriented approach is nothing but the examples of such things are I have taken this from WHO, you can just see what are community oriented approaches. Behavioural, cultural and social conditions such as see

vaccination during outbreak and response, awareness on harmful products and exclusion, gender bias, drunk driving all these are behaviour related.

So these are community-oriented ones which are related to health promotion actions that can be done. What kind of health promotion actions can be done to promote these? These are dependent on personal skills and individual skill and strengthening the action of the community to make a person change one's area and creating supportive environments, this is community-oriented. Community-based is health systems determinants that like the acceptable primary health care services.

The informational programs for communicable and non-communicable diseases and what are the new outlets for various kinds of business. So the community-based approaches what do they need? They need developing personal skills, strengthening community action and also reorienting the existing health systems that is because the health systems are not reachable, not accessible, not useful for the community.

You learn from the community and through community you try and reorient the health systems the way they are helpful for them. Community-managed is where the community itself participates like you know finding solutions for unemployment, finding solutions for the environmental degradation that is happening within their area, for instance somebody's garbage management is bad or maybe there are stray animals.

And there is lack of water and sanitation projects and lack of access for girls for education and there is food security issue, then how the community manages? It involves like in the top two approaches also it was development of personal skills, strengthening of community action, creating supporting environments but at the same time building healthy public policy which can make community participate or manage its own resources.

Community-owned is the most desirable but very difficult to arrive at that is like the working conditions, the climate change and other things, people should have owned the responsibility. People should look at environmental degradation as a thing that is going to affect themselves and

affect the future generations. What do they need to do? They need to build a healthy public policy and they need to reorient health services.

And they need to create supporting environments themselves and the community is fully engaged in doing so in this particular approach. So these are mutually exclusive approaches, at the same time they look same but they are different. The health related actions that are possible if you see the last column, you can see it is not just the personal skills and the strengthening the community action and creating supporting environments.

But also reorienting health services, building policy that is enabling them to work the way they need to work and all those things are happening at one group.

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Conclusion

- ✔ An effective community engagement strategy should consider:
 - ✔ The people themselves - change agents, stakeholders and social networks
 - ✔ Health promotion capability - previous health promotion actions used in the community, types of existing healthy settings
 - ✔ Experiences in people's participation at the community level
 - ✔ Infrastructure for community engagement
 - ✔ Community engagement is a process and an outcome.
 - ✔ The approaches, i.e. community oriented, community-based, community-managed and community-owned, are mutually exclusive, and one type is not better than the other
 - ✔ The appropriateness of the approach will depend on the objectives of community engagement.

The first part of community engagement while it has become very theory oriented but to conclude this session, I think in order to conclude this particular session what we need to look at is that what we have learned in this session on community engagement for promoting One health is that community engagement is a very effective strategy and sometimes the community-oriented approaches are very mutually exclusive.

At the same time the appropriateness of an approach will depend on what is the objective of community engagement. So people themselves have to be considered they are the change agents,

stakeholders and social networks can happen by engaging with the community. Health promotion capability, previous health promotion actions we need to know, we need to consider what are the other actions that the others have done.

Who are the people who are working on similar lines in the community and how can we complement them or supplement them or at least collaborate with them that is very important. The experiences in people's participation at community level have to be known and they have to be custom-made and contextualized to every context they are not the same. Community engagement is therefore a process not an outcome.

And that process involves making people own the behaviors, identify solutions for their own health issues and track their own health issues and being able to be finding solutions for the health issues in collaboration with the policy environment and also the stakeholder groups' involvement. So therefore, this brings us to the end of the first session on community engagement in media and community engagement for promoting One health. Thank you very much for your attention.