

Colorado's Youth Engagement Continuum

(adapted from CDPHE's "Colorado's Community Engagement Continuum")

Increasing Level of Community Involvement, Impact, Trust and Communication Flow



Increasing Ownership, Empowerment, Skills, Opportunities and Supports of Both Staff and Young People

Please note: Each level has value.

Participation		Engagement		Partnership
Outreach/Service	Consult	Involve	Collaborate	Share Leadership
Communication flows from the program or initiative to <u>inform and/or serve</u> young people.	Young people <u>provide one-time or periodic feedback.</u>	Communication flows both ways and young people provide <u>ongoing participation.</u>	Young people <u>influence decision-making.</u>	Young people <u>share power and responsibility</u> with adults in making decisions together.
<u>Outcome:</u> To establish communication and outreach channels, while sharing information and providing services to young people.	<u>Outcome:</u> To develop connections and learn about the needs, interests and perspectives of young people.	<u>Outcome:</u> To initiate partnership and increased cooperation.	<u>Outcome:</u> Increased trust and partnership-building.	<u>Outcome:</u> A strong partnership with bidirectional trust that affects broader community health outcomes.

(Adapted from CDC's Report "Principles of Community Engagement: Concepts and Definitions from the Literature and Wong, N. T., Zimmerman, M. A., & Parker, E. A. (2010). A typology of youth participation and empowerment for child and adolescent health promotion. American Journal of Community Psychology, 46, 100-114.)



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Introduction

Colorado’s Maternal and Child Health (MCH) Program identified seven priorities to address for the 2016-2020 Title V MCH Block Grant funding cycle. The MCH Steering Team identified community engagement as a strategic focus across the MCH priorities because it is a public health best practice and is required as part of MCH 3.0, the federal transformation of Title V MCH Block Grant. Colorado’s MCH Program uses “community engagement” to refer to the inclusion of the end user (youth, youth with special health care needs, women, families, etc.) in program planning, implementation and evaluation with the purpose of influencing decisions and improving outcomes.

The information and resources included in Colorado’s community engagement documents were developed as a result of a work group process that involved capturing MCH staff expertise and a literature review of community engagement standards and measures.

Colorado’s community engagement continuum (below) builds on two assumptions: authenticity and motivation. Professionals must be authentic in their approach to engaging community members, integrating personal vulnerability and a sense of hospitality in the processes and efforts. Professionals should also be genuinely motivated to involve the community in the work, in that the “end user” is not just consulted, involved or collaborated with, but rather they are listened to and their input informs processes and products. Unlike other community engagement models, Colorado’s continuum does not include the manipulation or tokenistic involvement of community members.