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CREATIVE STRATEGIES TO INCREASE COMMUNITY AWARENESS AND ENGAGEMENT IN COMMUNITY HEALTH SERVICES

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SUMMARY

This report identifies promising practices that have been developed and used by community health centres, and other health and community organizations, to increase awareness of their activities and services in their communities. Two methods were used to collect data for the literature scan. First, information was collected from the relevant academic literature. Next, information was collected from the websites of other community health centres in Ontario. The academic findings demonstrate that there are many ways in which client awareness and utilization of services can be increased. Face-to-face contact, targeted programming, community engagement, traditional marketing techniques, and social media have been highlighted for their prevalence. The findings from the online scan of Ontario's community health centres establish that social media presents varied methods to communicate and engage with current and potential clients in flexible ways. The findings from both scans demonstrate that a multitude of techniques exist and that more research needs to be conducted on the effectiveness of newly implemented virtual practices.



Table of Contents

Summary 2

Introduction 4

Methods 4

Results 5

 Part I: Literature Scan 5

 Part II: Scan of Select Ontario Community Health Centres’ websites 9

Conclusions..... 12

References..... 14

 Websites..... 15

Appendix: The Community Engagement Brainstorming List In Ontario..... 17



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INTRODUCTION

This report seeks to highlight the promising practices that have been used by community health centres and other health and community organizations to increase awareness of their activities and services in community. In order to undertake this task, this report seeks to answer two questions:

1. Which marketing techniques have been addressed and highlighted in academic sources?
2. Which virtual marketing techniques are already being implemented by community health centres in Ontario?

To respond to these questions, the researcher executed a traditional literature scan and a website scan of community health centres. First, information was collected from the relevant academic literature. Next, information was collected from the websites of community health centres in Ontario. The academic findings demonstrate that there are many ways in which client awareness and utilization of services can be increased. Face-to-face contact, targeted programming, community engagement, traditional marketing techniques, and social media are prevalent. The findings from the online scan of Ontario's community health centres establish that social media presents varied methods to engage with current and potential clients in approachable and flexible ways. The findings from both scans demonstrate that a multitude of techniques exist and that more research needs to be conducted on the effectiveness of newly recognized virtual practices.

METHODS

This research focused on understanding the promising practices that have been developed and used by community health centres, and other health and community organizations, to increase awareness of their activities and services in community. To accomplish this task a two-pronged scan was conducted. The academic literature scan involved a database search through the University of Guelph library website. The researcher used the aggregate database called Primo. The search included keywords such as "community", "healthcare", "marketing", "strategies", "creative", "recruitment", "social media" and "engagement". The researcher attempted to limit the search to literature that strictly focused on community health, but some other healthcare services were included (such as pharmacies). The researcher aimed to find the most recent



literature, although a strict timeline was not established. For the website scan, the website for the Association of Ontario Health Centres provided a starting point for knowing which virtual recruitment techniques are used online. All of the websites for community health centres are listed on this site. Twenty community health centre websites were included.¹ As will be seen, this report provides a first step in understanding the variety of techniques that are available; assessing what is most effective is a necessary next step. Consequently, the findings of this report are not comprehensive and further discussion and examination of marketing techniques are warranted.

RESULTS

PART I: LITERATURE SCAN

Face-to-Face Marketing

Several studies referenced the effectiveness and limitations of face-to-face methods of communicating information of the activities and services of community health centres, and other health and community organizations (MacShane et al., 2006; Matthews et al., 2012; Icard et al., 2003; Wood et al., 2011). MacShane et al. (2006) underlined how information regarding health services for urban Inuit populations is conducted primarily through word-of-mouth. These authors demonstrated how culturally-relevant health information is passed on through Elders, family members, and other Inuit. Direct, one-on-one dissemination strategies, such as outreach, storytelling by Elders, and cultural interpreters, seem to be the most effective in attracting and retaining clients (MacShane et al., 2006). The authors further highlighted how traditional communication techniques such as pamphlets can be modified into oral products (such as video) which may be more appropriate for Inuit users (MacShane et al., 2006). Wood et al. (2011) also found that the use of face-to-face marketing is efficient in promoting newly developed pharmacare services to potential patients. Matthews et al. (2012) demonstrated how word-of-mouth, meaning direct contact one-on-one contact with potential clients in this case, can be used successfully in recruiting members for community based walking programmes in the United Kingdom. They noted that it was the most valuable of all the

¹ This report does not discount the other community health centres that may use online marketing techniques. This number was included since it was feasible only to examine a certain number.



active methods (information sessions, phone calls, referrals, community stalls, etc.) that they utilized (Matthews et al., 2012). Icard et al., (2003), in their surveying, found that the use of face-to-face techniques were encouraged to involve more members of the African American community in community health initiatives such as mental health, women's primary care, antipoverty programs, and parents of newborns in self-help groups. The African American respondents described that straightforward language that highlighted the benefits of the programs would resonate greatly with potential clients (Icard et al., 2003). The respondents noted that language that makes clients feel valued and needed would have greater success; self-empowerment and positive themes, rather than focusing on the problems of the community were stressed. The respondents further suggested that street fairs, sports games, community picnics and talent shows would be ideal locations for recruitment (Icard et al., 2003).

Some of the literature demonstrated the limitations of using face-to-face techniques. Matthews et al. (2012), highlighted that word-of-mouth, although useful in increasing recruitment, was laborious and time-consuming. MacShane et al., (2006) showed how for the Inuit community, it is essential to have a community member as part of the dissemination strategy. Where possible, Guelph Community Health Centre may want to explore involving particular community members in dissemination strategies.

Targeting Particular Groups and Community Engagement in Program Design

Another feature that came out of the literature was the focus on understanding how underserved and underrepresented groups could become more intimately involved in program design and information dissemination (Jabbar & Abelson, 2011; Matthews et al., 2012; Icard et al., 2003; Lindsey & Hawk, 2013; MacShane, 2006; MASS LBP, 2009). These authors assessed the successes and limitations of undertaking this technique.

Regarding targeting particular groups, Matthews et al. (2012), highlighted the importance of tailoring recruitment material towards the specific needs and qualities of members of the community who may be harder to contact. Matthews et al. (2012) described the benefit of developing targeted relationships with current patients by approaching the relationship as long-term and mutually beneficial. They demonstrated that deepening connections with clients serve to grow the reputation of their institution (Matthews et al., 2012). Icard et al. (2003) indicated how focus groups with target



populations generated insight into the best ways to reach the other members of the target population.

Regarding community engagement, several authors have also examined the ways in which members of the target populations can be recruited to provide input into the marketing and recruitment strategies themselves (MacShane et al., 2006; Jabbar & Abelson, 2011). Jabbar & Abelson (2011), as a part of their study, worked with Local Health Integration Networks (LHIN) staff to “conceptualize effective community engagement (CE) within the LHINs of Ontario and to develop an effective CE framework” (p.1). Their study revealed that CE can be defined in a multitude of ways, yet there are many benefits². MacShane et al., (2006) underscored the importance of having an Inuit community member involved in the recruitment design and process; Elders, more so than other members of the Inuit community are seen as authoritative sources of health information. MASS LBP’s (2009) report demonstrated how community engagement was utilized to make citizens aware of their services, and examined how to involve citizens in planning their programs. They documented that in 2008, LHINs invited 3500 households in South East, Central and North West Ontario to participate in workshops at their respective LHINs. The Citizens’ workshops culminated in the creation of scorecards that will help LHINs assess their levels of community engagement³ (MASS LBP, 2009). Lindsey & Hawk (2013) highlighted how a university community health program and local and regional community health agencies joined together and used community-based research strategies to involve target populations in marketing design. They found that the partnership increased health promotion in the local community (Lindsey & Hawk, 2013). For instance, collaborations between community health students and the clients of the community health agencies were able to create videos and newspaper stories which heightened client recruitment (Lindsey & Hawk, 2013).

Several authors voiced concern over the limitations of involving citizens in recruitment strategies. The Mass LBP Citizens’ report (2009) documented how the opportunities for citizens to directly impact policies and strategies are limited and irregular. Learning how to sustain community engagement is a challenge for future study.

² The list of definitions and benefits can be found in Appendix 1.

³ 1) value public input, (2) clarity of purpose, (3) well-defined roles, (4) accountability and (5) responsiveness and good communication.



Traditional Media Outlets and Marketing Strategies

Some of the literature focused on traditional advertisement techniques. This section will outline the successes and limitations of using these methods (Tietyen & Genie Prewitt, 2002; Reisch et al., 2013; Wood et al., 2011). Tietyen & Prewitt (2002) surveyed health department directors in Kentucky to determine which marketing techniques were used most readily in public health. They found that the use of brochures, pamphlets, posters, notebooks with public service announcements, buttons, bumper stickers, pens, slogans and logos for recruitment were most frequently cited. Reisch et al. (2013), when recruiting members of the community for the Wisconsin Study Center of the National Children's Study, established that most respondents were found through letters, newspapers, TV and radio. Wood et al. (2011) also used traditional techniques such as radio advertisements, newspaper print advertisements, prescription bag stuffers, billboards, and television advertisements in their campaign. They found that these techniques were beneficial, but they also discussed the incorporation of more innovative and diverse virtual methods in their strategies such as Facebook, Twitter, and information on websites, as will also be discussed below (Wood et al., 2012).

Social Media

Several authors also demonstrated the increased utilization of social media in their marketing techniques (Johnson et al., 2011; Matthews et al., 2012; Martinez, 2014; Lindsey & Hawk, 2011; Ramandhan, 2013; Wood et al., 2011). Johnson et al. (2011) conducted an evaluation of a Pan-Arctic television series on Inuit wellness, which highlighted stories of Inuit community health and wellness projects through television and website channels in northern regions. The authors concluded that the initiative increased interest and awareness about complex health conditions experienced by northerners (Johnson et al., 2011). Matthews et al., (2012) found that social media techniques, such as Time Out, Facebook, Twitter, and website presence were useful for recruiting walkers who were younger in age. Wood et al. (2012) also pointed out that some of the pharmacy's prospective clients found the services online. For future communication purposes, they suggested that community pharmacies use social media sites such as Facebook and Twitter to increase the number of ways services can be found on the Internet. Martinez et al., (2014) argued that social media communication technologies (Facebook, the "Latinos en Pareja" study website, Craigslist, and phone apps such as Grindr, SCRUFF, and Jack'dare) are useful in recruiting 'hard-to-reach' populations for HIV interventions, such as Spanish-speaking Latino gay men.



Ramanadhan et al., (2013) conducted a content analysis to determine which social media channels among Facebook, Twitter, and YouTube were most frequently used in community health services in selected American cities. They found that 42% of organizations used at least one channel. Lindsey and Hawk (2013) showed that some of the social marketing campaigns that were made in collaboration between community health students and members of the community used web-based advertisements such as Youtube videos, which worked to increase numbers of clients.

Ramanadhan et al., (2013) highlight that although the use of social media increases communication channels, it is still generally unidirectional. They suggest learning how to better leverage opportunities for interaction and user engagement.

PART II: SCAN OF SELECT ONTARIO COMMUNITY HEALTH CENTRES' WEBSITES

The second part of this research project involved scanning the different websites of twenty community health centres in Ontario, to assess the types of social media that are used for recruitment. This section outlines the findings by theme.

- Access Alliance Multicultural Health & Community Services (AccessPoint on Danforth)
- Barrie Community Health Centre
- Bramalea Community Health Centre
- Brock Community Health Centre
- Centretown Community Health Centre
- Chatham-Kent Community Health Centres (Chatham)
- Davenport-Perth Neighborhood and Community Health Centre
- East End Community Health Centre
- Hamilton Urban Core Community Health Centre
- Kingston Community Health Centres
- Kitchener Downtown Community Health Centre



- LAMP Community Health Centre in Etobicoke
- Niagara Falls Community Health Centre
- North Hamilton Community Health Centre
- Parkdale Community Health Centre
- Oshawa Community Health Centre
- Scarborough Centre for Healthy Communities
- Somerset West Community Health Centre
- South-East Ottawa Community Health Centre
- Unison Health and Community Services



E-Newsletters

The Kitchener Downton Community Centre and the Oshawa Community Health Centre have a tool that can be used to subscribe users directly to their e-newsletters, which is placed in the middle of the homepage. The newsletter might be useful for users to be informed on current events and new services, without having to go physically into a centre.

E-Surveys and Online Client Feedback

The East End Community Health Centre in Toronto, the Ajax Youth Centre, the Chatham-Kent Community Health Centres, the Scarborough Centre for Healthy Communities and the Somerset West Community Health Centre integrate client surveys or feedback forms directly on their homepages or on other pages. Related to this method, the Hamilton Community Health Centre has a tracker on their homepage. A tracker (and other website analytics) can be used to determine which pages are frequented the most. Both of these tools may be useful in filtering out the themes that develop through clients' answers and frequency of clicks. This is one easily tracked indicator that could support the Guelph Community Health Centre in understanding which services are most sought out by service users or potential service users. Tracking 'clicks' may also work in tandem with other client engagement strategies that are used to target certain communities.

Networking

The LAMP Community Health Centre in Etobicoke and the Scarborough Centre for Healthy Communities have a wide social media presence. The LAMP Community Health Centre is involved with Twitter, Google plus, Facebook, and Pinterest, whereas the Scarborough Centre for Healthy Communities uses Twitter, Facebook, Youtube and Indeed. Both of their Executive Directors also have a blog on the websites. The Barrie Community Health Centre is connected to Facebook, Twitter, Youtube and Google Plus. The Unison Health and Community Services are connected to Twitter, Facebook and Youtube. Access Alliance Multicultural Health and Community Services, the Bramalea Community Health Centre and the Niagara Falls Community Health Centre are connected to both Facebook and Twitter, while the Stonegate Community Health Centre is also connected to Facebook. The Parkdale Community Health Centre, the Centretown Community Health Centre and the Southeast Ottawa Community Health Centre have Twitter feeds connected to their websites.



These techniques can be used to expand the ways in which messaging gets sent out. These findings exhibit the idea that many methods exist that can be used as constant communication without having to always meet with service users or potential service users face-to-face.

Video

The Kingston Community Health Centre, the Hamilton Urban Core Community Health Centre and the Davenport-Perth Neighbourhood and Community Health Centre have videos outlining their services on their homepage which are used for targeting the general community.

All three videos highlight the cross-cultural, people-centred and accessible atmosphere of the centres. The videos for Kingston Community Health Centre and Hamilton Urban Core Community Health Centre include testimonials from their clients and the employees. The Kingston Community Health Centre homepage also has a second video for their grand opening, which details all of their new and continued services. The Kingston Community Health Centre further highlights the services for youth children, street health and newcomers. The Hamilton Urban Core Community Health Centre especially points out that many newcomers such as immigrants and refugees utilize their services.

Community Engagement

The Brock Community Health Centre, the Hamilton Urban Core Community Health Centre, the North Hamilton Community Health Centre and the Davenport-Perth Neighbourhood and Community Health Centre have dedicated pages to community engagement and development. Examples of community engagement include social activities such as soccer clubs, bike repair workshops or cooking classes, as well as partnerships with schools, housing providers, faith communities, township officials and volunteer groups.

CONCLUSIONS

These findings demonstrate that there are many ways in which client awareness and utilization of services can be increased. The academic literature scan reveals that face-to-face, targeted programming, community engagement, traditional marketing techniques and social media can provide benefits and limitations when trying to recruit and retain



clients. The findings from the online scan of Ontario's community health centres establish that social media presents diverse ways to engage with current and potential clients in flexible ways. However, more work has to be done to ensure that communication is bi- and multi-directional. Furthermore, future studies need to be conducted to learn about the effectiveness of emerging social media methods.





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WEBSITES

Access Alliance Multicultural Health & Community Services (AccessPoint on Danforth)

Website: www.accessalliance.ca

Barrie Community Health Centre

Website: www.bchc.ca

Bramalea Community Health Centre

Website: www.bramaleachc.ca

Brock Community Health Centre

Website: www.brockchc.ca

Centretown Community Health Centre

Website: www.centretownchc.org

Chatham-Kent Community Health Centres (Chatham)

Website: www.ckchc.ca

Davenport-Perth Neighborhood and Community Health Centre

Website: www.dpnchc.com

East End Community Health Centre

Website: www.eastendchc.on.ca

Hamilton Urban Core Community Health Centre



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Website: www.hucchc.com

Kingston Community Health Centres

Website: www.kchc.ca

Kitchener Downtown Community Health Centre

Website: www.kdchc.org

LAMP Community Health Centre in Etobicoke

Website: www.lampchc.org

Niagara Falls Community Health Centre

Website: www.nfchc.ca

North Hamilton Community Health Centre

Website: www.nhchc.ca

Parkdale Community Health Centre

Website: www.pchc.on.ca

Oshawa Community Health Centre

Website: www.ochc.ca

Scarborough Centre for Healthy Communities

Website: www.schcontario.ca

Somerset West Community Health Centre

Website: www.swchc.on.ca

South-East Ottawa Community Health Centre

Website: www.seochc.on.ca

Unison Health and Community Services

Website: www.unisonhcs.org





APPENDIX: THE COMMUNITY ENGAGEMENT BRAINSTORMING LIST IN ONTARIO

This list was developed by LHIN staff members who were a part of the concept-mapping study of community engagement. The ideas below are the conceptualizations of community engagement developed by LHIN staff members.

1. Helps participants identify their own priorities
2. Enables the LHIN to build relationships with communities
3. Demonstrates where the public has influenced LHIN decisions
4. Makes all community members feel they have been heard
5. Brings engagement activities directly to participants
6. Provides supports that enable communities to organize
7. Provides opportunities for community members to hear different opinions
8. Generates ownership of solutions by the community
9. Facilitates complementary community engagement activities to those already in the community
10. Defines and develops the identity of the LHIN
11. Provides people with a better understanding of the health system
12. Includes multiple ways for participants to communicate with the LHIN
13. Is a component of all LHIN staff positions
14. Is timely within decision making and planning processes
15. Generates desire from community members to contribute to dialogue
16. Provides roles for community members to fulfil LHIN objectives



17. Is a process in which input from the community enhances the decisions made by the LHIN
18. Has clearly defined purposes
19. Includes clear rules of conduct for participating community members
20. Maximizes input from community members through internal LHIN processes
21. Engages with participants affected by LHIN decisions
22. Is an exchange of information between the LHIN and its community before a policy or service decision is made
23. Includes mutual respect between the LHIN and community members.
24. Transforms negative reactions a community may have to LHIN decisions
25. Creates a good understanding of the population's needs
26. Allows community members to see change occurring in process
27. Is well integrated into LHIN processes
28. Requires the LHIN to consider solutions from the community not part of its original plans
29. Values a wide range of participant perspectives
30. Validates that the health system is working for community members
31. Requires the LHIN to have its own assumptions challenged
32. Validates LHIN decision making and planning processes
33. Includes the sharing of best practices
34. Provides accessible LHIN information to the community
35. Is reasonable in its expectations of participating community members



36. Is a continuous process
37. Enables mentorship between health service providers
38. Informs participating community members in a timely way
39. Provides ongoing opportunities for people to be involved
40. Educates people about how community engagement is integrated into LHIN decision making
41. Connects people to each other
42. Involves staff who understand community engagement and do it well
43. Engages community members in the language of their choice
44. Provides opportunities for health service providers to connect across sectors
45. Has clearly defined roles
46. Defines the communities that the LHIN is engaging with
47. Enables participants to act on their priorities
48. Builds capacity in community agencies to engage with their own communities
49. Makes community members feel a shared responsibility for the health system transformation
50. Has committed resources
51. Acknowledges existing partnerships between health service providers.
52. Enables community members to advocate for LHIN decisions and initiatives within their communities
53. Includes approaches that are designed by community members
53. Is a process that is valuable to participants
54. Leads people to invest in the health system and/or in their communities



55. Educates the public about community engagement
56. Generates community buy-in to implementation of LHIN decisions
57. Has buy-in from LHIN senior management and board
58. Educates people about how LHIN decisions are made
59. Includes the participation of marginalized populations
60. Provides community agencies with incentives (i.e. money and resources) to do community engagement
61. Enables community members to feel that they are a significant component of the LHIN
62. Identifies areas of potential cooperation
63. Has clear measurable objectives

This list was taken from Jabbar, A., & Abelson, J. (2011). Development of a framework for effective community engagement in Ontario, Canada. *Health Policy*, 101(1), 59-69. doi:10.1016/j.healthpol.2010.08.024