

Community Empowerment in Health Promotion Analysis

Posted on September 21, 2018

Introduction

Several individual- and community-level theories are used in health promotion. These theories are important because they help public health professionals understand health behaviors, identify the causes of preventable diseases, plan interventions, and determine how individuals and communities can participate in improving health outcomes.

The Health Belief Model is valuable because it focuses primarily on the beliefs and decisions of individuals. It examines whether people believe they are vulnerable to a health problem, whether they consider the problem serious, whether they believe a recommended action will benefit them, and whether they face barriers that prevent them from taking that action. The ecological model takes a broader approach by examining how health is influenced by individual, interpersonal, organizational, community, environmental, and public-policy factors.

These models demonstrate that health promotion cannot be limited to telling individuals to make better choices. Personal behavior is important, but choices are shaped by family relationships, cultural expectations, income, education, employment, neighborhood conditions, available services, political decisions, and access to resources. Public policies and community conditions may either support healthy behavior or make it extremely difficult.

Community organization and community empowerment are, therefore, major components of effective health promotion. Community organization enables people to identify shared health problems, build relationships, mobilize resources, develop local leadership, and take coordinated action. Community empowerment allows people to gain greater control over the decisions and conditions that affect their health.

Together, these processes shift health promotion from an approach in which professionals design programs for communities to one in which communities participate meaningfully in identifying priorities, designing solutions, implementing interventions, and evaluating results.

Understanding Health Promotion

Health promotion is the process of enabling people to gain greater control over the factors affecting their health and to use that control to improve their well-being. It includes health education, disease

prevention, supportive environments, public policy, community participation, and the reorientation of healthcare services toward prevention and equity.

The Ottawa Charter for Health Promotion identified five major areas of action:

1. Building healthy public policy
2. Creating supportive environments
3. Strengthening community action
4. Developing personal skills
5. Reorienting health services

These areas show that health promotion operates at several levels. Individuals need information and skills, but communities also need safe environments, responsive services, adequate resources, and policies that support health. Community action connects these different levels by allowing residents to participate in decisions about the conditions in which they live and work (World Health Organization, 1986).

Health promotion also addresses the social determinants of health. These determinants include housing, education, income, food security, employment, transportation, discrimination, social support, environmental safety, and access to healthcare. A health program that focuses only on personal responsibility may fail when people lack the resources or opportunities needed to follow health advice.

For example, telling people to eat nutritious food may have little effect when affordable healthy food is unavailable locally. Encouraging physical activity may not be sufficient when neighborhoods lack safe sidewalks, parks, lighting, or recreational facilities. Advising patients to attend regular appointments may be unrealistic when transportation is unreliable or health services are unaffordable.

Community organization and empowerment help address these wider barriers by bringing residents together to identify problems, negotiate with institutions, advocate for resources, and influence public policy.

The Health Belief Model and Individual Health Behavior

The original article identifies the Health Belief Model as an important framework in health promotion because it focuses on individuals. The model was developed to explain why people use or fail to use preventive health services.

The model proposes that a person's health behavior is influenced by several perceptions:

- Perceived susceptibility: whether the person believes that he or she is at risk of developing a health condition
- Perceived severity: whether the person believes that the condition could have serious consequences
- Perceived benefits: whether the person believes that a recommended action will reduce the risk or seriousness of the condition
- Perceived barriers: whether the person believes that financial, emotional, social, physical, or practical obstacles make the action difficult
- Cues to action: events or messages that encourage the person to act
- Self-efficacy: the person's confidence in being able to perform the recommended behavior

For example, a person may accept a vaccination when that individual believes infection is possible, considers the disease serious, trusts that the vaccine provides protection, and has convenient access to the service. A reminder from a healthcare provider may serve as a cue to action, while confidence in the vaccine and the healthcare system can support the decision.

The Health Belief Model is useful for designing educational messages and understanding individual decision-making. However, it cannot explain every health behavior on its own. It may place too much attention on beliefs while giving insufficient consideration to poverty, discrimination, housing, working conditions, cultural values, political power, and the availability of services.

A person may fully understand a health risk but remain unable to take preventive action. Knowledge about healthy eating does not overcome food insecurity. Awareness of the importance of medical screening does not remove transportation barriers, appointment shortages, or treatment costs.

Community-level approaches complement the Health Belief Model by addressing the social and environmental conditions within which personal decisions are made.

The Ecological Model of Health Promotion

The ecological model examines how different levels of influence interact to shape health. Instead of treating behavior as the result of individual choice alone, it recognizes that people live within families, organizations, communities, environments, and political systems.

At the individual level, health may be influenced by knowledge, attitudes, beliefs, age, genetics, skills, and previous experiences. At the interpersonal level, family members, friends, coworkers, and social networks may support or discourage healthy behavior.

At the organizational level, schools, workplaces, religious institutions, healthcare facilities, and businesses establish rules and routines that influence health. At the community level, neighborhood conditions, cultural expectations, transportation, housing, local services, and community leadership affect available choices.

At the policy level, laws, regulations, taxation, funding priorities, and government programs can shape the health of entire populations. Tobacco control illustrates this multilevel approach. Individual education can explain the dangers of smoking, while peer support may help a person quit. Workplace smoke-free rules, restrictions on tobacco advertising, taxation, and clean-air legislation can create an environment that supports the individual decision.

Multilevel programs are generally stronger than interventions that depend on education alone because they address both behavior and the conditions surrounding it (National Cancer Institute, 2005). Community organization provides a practical method for connecting these levels. Residents can identify how policies and local conditions affect their health and then work collectively to change them.

What Is Community Organization?

Community organization is a process through which people with shared interests or concerns build relationships, identify common problems, establish priorities, develop leadership, mobilize resources, and act collectively.

It may involve neighborhood associations, patient groups, parent organizations, faith communities, youth groups, women's associations, professional organizations, advocacy groups, or coalitions involving several sectors. A community does not always have to be defined by geographic location. It may be formed around a shared identity, occupation, health condition, cultural background, or social concern.

Community organization differs from a short-term public-awareness campaign. A campaign may distribute information to residents, whereas community organization helps residents develop the relationships, knowledge, structures, and influence required to take sustained action.

The process commonly involves:

1. Learning about the community and its existing strengths
2. Building trust and relationships
3. Identifying shared concerns
4. Selecting priorities collectively
5. Developing local leadership
6. Forming partnerships or coalitions
7. Mobilizing human, financial, and material resources
8. Designing and implementing an action plan
9. Evaluating progress
10. Sustaining successful activities

Community organization does not mean that every resident will agree. Communities contain diverse

interests, experiences, and levels of power. Effective organizing creates fair processes through which disagreements can be discussed and priorities can be negotiated.

In health promotion, organizing may support campaigns for safer housing, clean water, improved sanitation, accessible clinics, healthier school meals, better transportation, environmental protection, vaccination, mental health services, or safer working conditions.

What Is Community Empowerment?

Community empowerment is the process through which communities increase their ability to influence the decisions, resources, institutions, and conditions that affect their lives. It involves more than inviting residents to meetings or asking them to approve a program already designed by professionals.

A community is genuinely empowered when its members have meaningful authority, access to information, leadership skills, resources, organizational capacity, and opportunities to influence decisions. Empowerment therefore concerns the distribution of power.

The World Health Organization explains that people cannot simply be empowered by an outside professional or institution. External actors can provide information, funding, training, technical assistance, and access to decision-makers, but community members must exercise and develop their own power (World Health Organization, n.d.).

Empowerment can occur at several connected levels. At the individual level, a person may develop confidence, knowledge, and skills. At the organizational level, community groups may improve leadership, communication, resource management, and decision-making. At the wider community level, residents may influence policies, institutions, funding, and social norms.

Participation and empowerment are related but not identical. People may participate by attending a health event or completing a survey without influencing any decisions. Empowerment requires a deeper shift toward community ownership, control, and action.

Differences Between Community Participation, Organization, and Empowerment

Community participation refers broadly to the involvement of community members in an activity, service, program, or decision. Participation may range from receiving information to controlling the entire initiative.

Community organization is the structured process through which people build collective relationships and coordinate action around shared concerns. It provides the networks, leadership, and procedures

necessary for sustained participation.

Community empowerment is the broader process and outcome through which people gain greater control over the conditions and decisions affecting them. Organization may serve as a pathway to empowerment because collective action gives individuals more influence than they often possess separately.

These distinctions are important because public health agencies sometimes describe a program as community-based merely because it takes place in a neighborhood. A program is not necessarily community-led or empowering simply because residents are present.

The degree of empowerment depends on who defines the problem, controls the funding, selects the intervention, makes final decisions, interprets the evidence, and receives credit for the results.

Identifying Community Health Priorities

One major contribution of community organization is its ability to identify health concerns that may be overlooked by professionals or government agencies.

Health professionals often rely on disease statistics, service-use data, surveys, and clinical evidence. These forms of information are essential, but residents also possess local knowledge about daily conditions. They know where transportation is unreliable, which services are difficult to access, which health messages are mistrusted, and which environmental hazards affect their neighborhoods.

Community members may recognize that a low screening rate is connected not only to poor awareness but also to fear, language barriers, clinic hours, childcare responsibilities, or previous experiences of discrimination. These explanations may not appear in routine health records.

A participatory assessment combines scientific evidence with local experience. Community meetings, interviews, mapping exercises, focus groups, surveys, observation, and discussions with local organizations can help identify priorities.

Residents should participate not only in providing information but also in interpreting the findings. Professional researchers may view one disease as the most urgent problem based on prevalence, while residents may prioritize violence, unsafe housing, water quality, or access to food because those conditions affect their everyday lives.

Negotiating these perspectives creates a more complete understanding of community health.

Increasing the Relevance of Health Programs

Programs designed without meaningful community involvement may fail because they do not reflect local language, culture, schedules, beliefs, resources, or priorities.

Community organization allows residents to shape how an intervention is delivered. They can identify trusted communication channels, appropriate meeting locations, respected leaders, suitable times, and culturally meaningful messages.

For example, a health department may initially plan to deliver education through written materials. Community members may explain that local radio, religious gatherings, schools, market associations, or peer educators would reach more people. They may also identify words or images that could cause misunderstanding or stigma.

This involvement improves cultural relevance without assuming that every member of a cultural group holds the same beliefs. Communities are internally diverse, and several voices should be included in program design.

Relevance also improves practicality. Residents can identify whether an intervention requires transportation, childcare, internet access, literacy, fees, or time away from work. A technically sound program may remain ineffective when these practical requirements are ignored.

Building Trust in Health Promotion

Trust is essential for health promotion, particularly in communities that have experienced discrimination, neglect, exploitation, or inconsistent services.

Public health authorities may assume that resistance to an intervention results from ignorance. In reality, reluctance may reflect previous experiences in which institutions failed to provide accurate information, ignored community concerns, or made promises that were not fulfilled.

Community organization can build trust through long-term relationships. Local leaders, community health workers, religious institutions, schools, and neighborhood organizations may help connect residents with health services. However, these individuals should not be used only to deliver messages designed elsewhere. They should participate in shaping the program and raising concerns.

Trust also depends on transparency. Public health professionals should explain what is known, what remains uncertain, how decisions are made, and how community feedback will be used. They should avoid promising outcomes or resources that cannot be delivered.

A trustworthy partnership continues beyond a single project. Communities may become reluctant to participate when researchers collect information, publish findings, and then disappear without

reporting results or supporting further action.

Mobilizing Local Resources and Leadership

Communities possess valuable resources even when they face severe economic or health inequalities. These resources may include local knowledge, relationships, meeting spaces, volunteer networks, cultural traditions, communication channels, leadership, and mutual-support systems.

An empowerment-based approach begins by recognizing these strengths rather than defining the community only through problems or deficiencies. This is often called an asset-based perspective.

Community organization can connect these resources. A school may provide meeting space, a religious organization may help communicate health information, a local business may contribute supplies, and residents may volunteer skills or time.

Local leadership is especially important. Leaders can organize meetings, mediate disagreements, explain health information, communicate with institutions, and sustain action after external funding ends.

Leadership should not be limited to people who already hold formal authority. Programs can provide training and opportunities for young people, women, people with disabilities, ethnic minorities, patients, informal workers, and other groups whose voices may be excluded from traditional decision-making.

Influencing Public Policy and Environmental Conditions

The original article connects community-level health theories with public policy. This connection is central because health is strongly influenced by decisions made outside clinics and hospitals.

Community organizations can advocate for policies involving housing, water, sanitation, food systems, public transportation, environmental regulation, workplace safety, education, recreation, and healthcare access.

For example, residents concerned about childhood asthma may organize around traffic pollution, industrial emissions, housing conditions, or school air quality. Providing inhaler education may help individual children, but community and policy action may be required to reduce exposure to the underlying environmental triggers.

Healthy public policy includes coordinated laws, financial measures, regulations, and organizational changes that make healthier conditions easier to achieve. Community groups can influence these

policies by documenting problems, collecting testimony, meeting officials, forming coalitions, participating in hearings, using media, and proposing specific changes.

Community organization is therefore not limited to encouraging healthy lifestyles. It can address the structures that produce unequal health risks.

Reducing Health Inequalities

Health inequalities arise when some groups experience systematically poorer health because of social, economic, political, or environmental disadvantage.

Communities with limited political influence may receive fewer services, face greater environmental hazards, or have less control over development decisions. Community empowerment can help these groups gain visibility and influence.

A systematic review by Haldane et al. (2019) found that community participation in health-service development, implementation, and evaluation was associated with positive outcomes in several areas, including health, empowerment, service access, community capacity, and program processes. The effects were stronger when participation was supported by effective organizational structures and adequate resources.

However, empowerment should not be used to transfer responsibility from governments to communities. Residents cannot solve structural problems through volunteer effort alone. Communities require responsive institutions, fair funding, professional support, and public accountability.

The purpose of empowerment is not to tell disadvantaged populations to become more resilient while harmful conditions remain unchanged. It is to increase their ability to influence the systems responsible for those conditions.

Supporting Sustainable Health Improvements

Programs created entirely by outside organizations may end when funding or professional support is withdrawn. Community organization can improve sustainability by establishing local ownership, leadership, networks, and skills.

When residents participate in selecting priorities and designing activities, they may be more willing to continue supporting the intervention. Local organizations can incorporate successful activities into their routine work, while trained community leaders may maintain education, advocacy, or support programs.

Sustainability does not mean that communities should be expected to continue programs without

resources. Long-term action may require funding, technical assistance, government commitment, and continued access to health professionals.

Laverack (2011) argues that effective community action requires shared priorities, capacity development, flexible funding, and mechanisms for expanding successful local initiatives. A short funding period may be incompatible with the time required to develop trust and collective leadership.

Sustainable health promotion therefore depends on both local capacity and institutional responsibility.

The Role of Health Professionals

Health professionals play an important role in community empowerment, but their role should be facilitative rather than controlling.

Professionals may contribute epidemiological data, clinical knowledge, technical guidance, evaluation skills, and connections to services or policymakers. Community members contribute lived experience, cultural knowledge, local relationships, and an understanding of practical barriers.

An equitable partnership combines these forms of knowledge. Professionals should avoid treating residents merely as recipients of expert advice. They should listen to community priorities, communicate without unnecessary technical language, and share decision-making authority where possible.

Community health workers can be particularly valuable because they often understand both the healthcare system and the community's social and cultural context. They may provide education, navigation, outreach, follow-up, advocacy, and communication between residents and institutions.

However, community health workers and volunteers should receive adequate training, supervision, compensation, and protection. Depending on unpaid community labor while professional institutions retain funding and authority can reproduce inequality rather than empowerment.

Community-Based Participatory Research

Community-based participatory research is one approach that applies empowerment principles to the production of health knowledge. It involves community members, practitioners, and researchers as partners in the research process.

Community partners may help define research questions, select methods, recruit participants, interpret findings, and communicate results. The goal is to produce knowledge that is scientifically useful and directly relevant to community priorities.

This approach can improve trust and strengthen local capacity, but it requires time and attention to

power differences. Academic institutions often control funding, employment, publication, and technical expertise. Calling a project participatory does not eliminate these inequalities automatically.

Partnership agreements should clarify decision-making, data ownership, publication, compensation, confidentiality, and how findings will be used. Researchers should return results in accessible formats rather than communicating only through academic journals.

Challenges Affecting Community Empowerment

Community empowerment is valuable, but it is not simple or automatically successful.

One challenge is tokenism. Institutions may invite a small number of residents to meetings after major decisions have already been made. This creates an appearance of participation without sharing meaningful authority.

Representation is another challenge. Community leaders may not represent every group or perspective. Programs should make deliberate efforts to include people who face barriers to participation, including those with disabilities, limited transportation, caregiving responsibilities, language differences, or distrust of institutions.

Power imbalances can also affect partnerships. Government agencies, hospitals, universities, and funding organizations usually control money, data, professional credentials, and access to policymakers. Communities may be asked for advice without receiving authority over these resources.

Additional challenges include limited funding, volunteer exhaustion, political opposition, interpersonal conflict, changing leadership, unrealistic timelines, and difficulty measuring long-term outcomes.

Community organizing may also create risk for people challenging powerful interests. Residents advocating against unsafe employers, landlords, industries, or political institutions may experience retaliation or social pressure. Ethical programs should recognize and plan for these risks.

Evaluating Community Empowerment

Evaluation should examine both health outcomes and the empowerment process.

Traditional evaluations may measure disease rates, service use, knowledge, or behavior. These indicators remain important, but they may not capture whether the community gained lasting influence or capacity.

Empowerment indicators may include:

- Increased community participation in decisions
- Development of new local leaders
- Stronger community organizations and coalitions
- Improved access to information and resources
- Greater confidence in collective action
- Increased influence over policies or services
- More equitable relationships with institutions
- Continued action after the original program ends

Evaluation should also examine who participated and who remained excluded. A program may report high attendance while failing to include the groups most affected by the health problem.

Qualitative methods are often useful because empowerment involves experiences of influence, trust, ownership, and control that cannot be represented fully by a single numerical measure. Interviews, focus groups, observation, community narratives, and participatory evaluation can complement quantitative data.

Community members should help determine what success means and how it will be measured.

Practical Steps for Empowering Communities

A health organization seeking to support community empowerment should begin by listening rather than arriving with a completed intervention.

The organization should map existing groups, leaders, services, strengths, and relationships. It should identify communities that are affected by the issue but have historically been excluded from decisions.

Residents and professionals can then review both statistical evidence and lived experiences. Priorities should be selected through a transparent process rather than determined entirely by the institution providing funding.

The partnership should establish clear roles, decision-making procedures, communication methods, and expectations. Community members should receive the information, training, resources, and compensation needed to participate effectively.

Action plans should include realistic objectives and identify the people or institutions capable of producing change. Some activities may focus on education or services, while others may require policy advocacy or environmental change.

Progress should be reviewed regularly. Strategies may need to change when circumstances, leadership, evidence, or community priorities change. Results should be reported openly, including unsuccessful outcomes and lessons learned.

Finally, organizations should plan for long-term support. Empowerment requires time, trust, and continued opportunities for communities to exercise influence.

Conclusion

Community empowerment and community organization play major roles in health promotion because they enable people to participate in decisions affecting their health and to address the social, environmental, economic, and political causes of disease.

The Health Belief Model helps explain individual health decisions by examining perceived risk, seriousness, benefits, barriers, cues to action, and self-efficacy. The ecological model expands this analysis by showing that health behavior is also influenced by interpersonal relationships, organizations, communities, environments, and public policies.

Community organization provides a process through which people identify shared problems, establish priorities, develop leadership, mobilize resources, form partnerships, and take collective action. Community empowerment goes further by increasing the community's control over decisions, institutions, resources, and conditions.

These approaches improve health promotion by making programs more relevant, strengthening trust, mobilizing local assets, supporting policy change, reducing health inequalities, and increasing sustainability. They also help public health professionals recognize that residents possess valuable knowledge and should not be treated merely as passive recipients of services.

However, attendance at meetings or consultation does not automatically produce empowerment. Genuine empowerment requires shared authority, adequate resources, inclusive representation, transparent communication, and institutional willingness to respond to community priorities.

Health professionals, governments, and researchers should support communities without transferring all responsibility for structural health problems onto them. Effective health promotion combines individual knowledge and skills with collective action, supportive environments, responsive services, and healthy public policy.

When communities have the information, organization, resources, and power needed to influence the conditions affecting their lives, health promotion becomes more equitable, relevant, and sustainable.

References

George, A. S., Mehra, V., Scott, K., & Sriram, V. (2015). Community participation in health systems research: A systematic review assessing the state of research, the nature of interventions involved and the features of engagement with communities. *PLOS ONE*, *10*(10), Article e0141091. <https://doi.org/10.1371/journal.pone.0141091>

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.). (2015). *Health behavior: Theory, research, and practice* (5th ed.). Jossey-Bass.

Haldane, V., Chuah, F. L. H., Srivastava, A., Singh, S. R., Koh, G. C. H., Seng, C. K., & Legido-Quigley, H. (2019). Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PLOS ONE*, 14(5), Article e0216112. <https://doi.org/10.1371/journal.pone.0216112>

Kadariya, S., Ball, L., Chua, D., Ryding, H., Hobby, J., Marsh, J., Bartrim, K., Mitchell, L., & Parkinson, J. (2023). Community organising frameworks, models, and processes to improve health: A systematic scoping review. *International Journal of Environmental Research and Public Health*, 20(7), Article 5341. <https://doi.org/10.3390/ijerph20075341>

Laverack, G. (2006). Improving health outcomes through community empowerment: A review of the literature. *Journal of Health, Population and Nutrition*, 24(1), 113-120.

Laverack, G. (2011). Improving health outcomes through community empowerment: A review of the literature. *Health Promotion International*, 26(Suppl. 2), ii258-ii270. <https://doi.org/10.1093/heapro/dar076>

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377. <https://doi.org/10.1177/109019818801500401>

Minkler, M. (Ed.). (2012). *Community organizing and community building for health and welfare* (3rd ed.). Rutgers University Press.

National Cancer Institute. (2005). *Theory at a glance: A guide for health promotion practice* (2nd ed.). U.S. Department of Health and Human Services. <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>

World Health Organization. (1986). *Ottawa Charter for Health Promotion*. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference/actions>

World Health Organization. (n.d.). *Community empowerment*. <https://www.who.int/teams/health-promotion/enhanced-wellbeing/seventh-global-conference/community-empowerment>