Putting People at the Center: A Fundamental Shift in Public Health Campaigns
One of the most pivotal developments in public health practice over the past 20 years is the attention that is now being paid to the wide range of factors that influence health, such as social connectedness, the built environment, and the characteristics of the places where people live, work, and play. As a result, the public health field not only educates people about individual behavioral changes people can make to improve their health, but also works to change the policies, systems, and environments that shape our world and our ability to make healthy choices.

We’ve seen this impact firsthand. Grassroots Solutions works extensively with public health entities at the local, state, and national levels to reduce tobacco use, mitigate obesity, and address other critical public health concerns. This work has taught us that while facts and data are, of course, powerful tools, the most successful public health campaigns put people at the center. When you combine data and facts with real people’s passion, commitment, and involvement, communities embrace changes that have a significant impact on the health of residents. This whitepaper draws on our 12 years of on-the-ground experience to illustrate how putting people at the center of public health campaigns results in better and more sustainable health outcomes, and why we believe that people-centric campaigns should serve as the gold standard for population health management.

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But what do we mean by “putting people at the center” of public health campaigns?

We mean a fundamental shift in the driving force behind a public health campaign or initiative—a shift from public engagement at limited moments during the work, to making public engagement the driving force for change. Let us explain.

Increasingly, the public health field is acknowledging that simply educating people about how they should behave is only marginally effective if people do not live in communities where they can easily pursue those healthy behaviors. It’s now understood that policy, systems, and environmental (PSE) changes can have a proven, substantial impact on population health.

Public health practitioners have identified the need to engage people in their efforts to advance PSE changes. Many public health professionals already involve residents in their PSE work by asking them to serve on advisory boards, testify at committee hearings, and write letters to the editor. In cities, counties, and states across the country, residents’ voices are supplementing health data to make the case for PSE change.
The important shift, then, is to move from a campaign that is data-centered and people-supplemented to one that is people-centered, and data-supplemented.

We’ve learned that this shift enables campaigns to create space for residents to shape their own neighborhoods with health in mind, and offers the opportunity to form both an intellectual and emotional attachment to their vision for a healthier community. By harnessing people’s passion about where they live, work, and play, and gaining insight into the real barriers to health that exist in people’s environments, public health campaigns can bring the evidence to life and put a human face on an otherwise abstract concept like “policy, systems, and environmental change.” With people’s real experience as the central focus, the data then strengthens the case by providing a science-based perspective on the impact that the changes can have.

Putting people at the center means that everything in the campaign is done with an eye towards how residents can be involved.

Whether it’s prioritizing which issues to pursue, examining how a neighborhood could be made more walkable and bikeable, or exploring how a new development can support healthy behaviors, a people-centered campaign focuses on engaging residents. Everyday people are encouraged to chime in, talk with others in the community, participate in planning sessions, and make the case for changes to their friends and neighbors. In our work in Edina, Minnesota, this meant that residents conducted walking audits of their neighborhood and shared the results with the city council and staff; in Richfield, it meant that organizers door-knocked to invite residents to a new farmers market in the area. In a project in Topeka, Kansas, it meant that the owner of a bowling alley who lived many hours from the state capitol was able to record and deliver a message to legislators describing why he personally wanted the state to pass a clean indoor air law.
Why a people-centered approach?

Putting people at the center of public health campaigns can be a challenge, particularly when the public discourse about health, nutrition, and obesity is contradictory and politicized. Words like “obesity” can often conjure up feelings of guilt, blame, denial, and helplessness. Why, then, does it make sense to put everyday people at the center of such a potentially sensitive issue?

It’s simple.

The reason it is critical to put people at the center of health campaigns is that it results in better health outcomes. At the heart of PSE change is the idea that communities that are built to support health will produce better health outcomes, such as bike paths, access to healthy food, walkable neighborhoods, and safe walking and bike routes for kids to get to school. Additionally, these kinds of community features also help shape how people connect with each other and with their neighborhood, town, or city. When it comes right down to it, healthy living is about people and relationships.

> We’ve seen that when people have the opportunity to shape decisions about a change like adding a bike lane, designing a transit stop, or opening a farmers market, they are far more likely to use that bike lane, walk to the transit stop, or shop at that farmers market.

> We have learned that when residents work with city officials to change infrastructure, those city officials are more directly accountable to their constituents, and policies that are on paper are much more likely to come to life in a timely way.
Our experience shows that when individuals come together and see that the whole is greater than the sum of its parts—bike path plus farmers’ market plus sidewalks in the neighborhood—there is a synergistic effect. Cities become more vibrant, magnetic places, residents become more invested in their communities, and they enjoy the amenities that make the community thrive.

When residents are central to the work, they see themselves as having been part of shaping the change. They create new bonds with each other and have a deeper understanding of the intersection between the community's environment and its residents' health.

Ultimately, we believe that ongoing engagement speeds up the pace of social change, and at the same time transfers ownership of the work from public health “experts” to community leaders. We’ve seen that putting people at the center of public health campaigns results in earlier and more sustainable adoption of health-promoting policies and behaviors.

Making the healthy choice the easy choice.

Our work on behalf of Blue Cross Blue Shield’s Center for Prevention taught us just how fruitful a people-centered approach can be. Rather than providing community members with pre-conceived solutions, the do.town project created fresh, innovative ways to have conversations about and create healthier places.

Thousands of people participated in town-hall events, walking neighborhood audits, and potluck supper-club meetings. By inviting input from residents, the do.town communities were able to successfully implement healthy changes—such as bike paths, community gardens, and more crosswalks. In these three very different communities, our organizers gathered residents together to talk, walk, and advocate for changes to help make the healthy choice the easy choice.

Watch the do.town pilot video
Shifting From “Eat Your Vegetables” to “Create Your Vision for a Healthy Community”

How do you engage people in a topic that feels like it is owned by professionals who tend to use their own clinical language to describe health issues—language which can trigger stigmas related to obesity and poor health?

Putting people at the center shifts a campaign from episodic, isolated opportunities to engage, to a more relationship-driven approach.

This means that residents are invited to help set the campaign’s tone and direction from the very beginning, they are offered leadership opportunities, and become a part of the campaign’s infrastructure. When the campaign’s orientation is centered on people, engagement becomes grounded in relationships with residents who get involved in different ways over time. People’s participation becomes more authentic, like an ongoing conversation, rather than just a single event or action.
Regardless of whether the effort aims to reduce the harm of secondhand smoke, improve walkability, increase access to fresh, healthy foods, or create more spaces for people to walk and play in their community, putting people at the center means that:

> Community members impacted by the work at hand are invited to participate in the cause in ways that feel genuine and keep them invested for the long haul. Waiting for people to show up or volunteer to be involved isn’t enough; good people-centered campaigns listen to what is important to residents and actively and personally invite them to be a part of the work over time in a way that reflects what they’ve learned.

> An array of stakeholders, including those from the private and public sector, are asked to work together to add resources, credibility, and strength to the effort. Many people and organizations care about the issues that PSE change encompasses, but they may not see themselves as health advocates. Cyclists, locavores, transit proponents, and many others can be eager and energetic partners; people-centered campaigns are able to “meet people where they are” and build common bonds across different groups toward a common goal.

> Messages used to advocate for the issue or cause speak to both “hearts and minds” in that they are framed to reflect people’s personal stories and interests, and are supplemented by facts and data. For instance, residents talking about the lighting in their neighborhood and how it influences whether they bike or walk in the area provide a personal, tangible narrative that underscores what could otherwise be dry data about city infrastructure.
What Residents Need

We have found that people-centered campaigns are most successful in engaging residents when they provide the following:

**Big Vision**
People are excited by big ideas and inspired to act when those big ideas can be broken down into clear, actionable steps. When residents have the opportunity to understand the vision for PSE change and the ways that it can play out in their city or neighborhood, they can see that the whole is greater than the sum of its parts: bike paths, farmers markets, walkable neighborhoods, and community gardens add up to a more vibrant, connected, healthy way of life. Putting people at the center means that a campaign needs to share its ideas. But just as importantly, it needs to listen to residents and create interactions that capture the imagination in terms residents can relate and respond to.

**Personal Relationships**
Residents who are involved in ongoing dialogue and activities related to the change in question are much more likely to be invested in the outcome. For instance, one campaign invited neighborhood residents to participate in a “walking audit” in which they walked their neighborhood together, talked about what helped or hindered their ability to walk regularly, and analyzed where and how walking could become safer and more attractive. The residents then shared the results of the audits with their city council members as a way to inform Complete Streets planning in that city. Based on those activities, residents invited city staff to walk the neighborhood with them and recruited their neighbors to talk with city staff along the way. Their role and involvement evolved naturally from their ongoing relationship to the overall campaign.
Understanding Opposition
Many people who get involved in public health campaigns can’t imagine why anyone would resist efforts to make their community healthier. Putting people at the center requires that residents have an opportunity to explore the potential resistance that might exist and the reasons behind it, so that they have a sense of what challenges lie ahead and what level of effort will be required to win. Knowing how and why success might be difficult helps people stay committed even when they encounter setbacks along the way.

Knowing Who Decides
It’s critical to have a concrete grasp of who the decision-makers are, who might influence them, and what the process is for making a PSE change. Putting people at the center means understanding and leveraging relationships to bring about change. People-centered campaigns figure out how to map those relationships and apply pressure to the right people at the right time to be successful.

A Clear Path
Putting people at the center magnifies the need for a clear strategy and timeline for the work. People who don’t see a clear path to success will quickly lose interest and won’t want to give their time and talent to the work. The timeline and strategy will likely change over time, but a people-centered campaign openly shares those changes and the reasons for them with everyone who is involved, rather than keeping the campaign strategy secret and opaque.

Support
People want to feel valuable, effective, and supported in the things they do, and health campaigns are no exception. Providing people with opportunities to build skills, master new tools, and enjoy a sense of camaraderie with others will cement their commitment and cultivate long-term leadership.

Meaning
Being part of something bigger is a strong motivator. People-centered campaigns intentionally infuse fun, encouragement, and opportunities for people to meet and share with others who care about the same things they do. Celebrating victories and recognizing people’s contributions are key parts of people-centered campaigns, and they must happen purposefully, not randomly as an afterthought.

Intentionally engaging people and providing residents with these resources and opportunities is not always a natural part of a public health professional’s skill-set, but with training and support, many health-focused organizations have embraced this approach.
Developing Community Leaders to Carry the Torch

Working with the Minnesota Department of Health to implement a CDC Communities Putting Prevention to Work (CPPW) grant in 47 cities across the country made us realize that there are many people willing to participate in healthy community initiatives when supported with appropriate guidance and resources. For example, in San Antonio, Texas, — named one of the “fattest cities in the U.S.”—we worked with corner store owners to secure funding to install refrigerators for selling fresh fruits and vegetables. One corner store owner in a predominantly Latino inner-city neighborhood said that the produce has been selling very well! She was even motivated to stop selling cigarettes and alcohol at her store, and her revenues haven’t decreased! And in Ringgold County, Iowa, residents wanted to capitalize on the success of an anti-tobacco campaign, “Be a role model for kids,” passing ordinances that eliminated smoking from many parks and fairgrounds. We helped them build a coalition of citizens to continue that work and extend it to promoting healthy eating habits. The leadership developed in these communities will help ensure the CPPW work continues, that these leaders are better equipped to continue to grow healthier communities, and they continue to share their knowledge, experiences, skills, and leadership with others.

Conclusion

The public health community has been rapidly adapting and building on its successes—and the result is a growing number of smoke-free, active, thriving communities with accessible, healthy food in abundance. Grassroots Solutions has had the privilege of working with many of these innovative campaigns on the ground. We’ve helped our clients build campaigns that are dynamic, vibrant, and energized by the people most affected by the changes being sought. With people at its center, this exciting movement can be unstoppable in reaping massive returns and improving the health and quality of life for generations to come.
Grassroots Solutions is a consulting firm that focuses on getting and keeping people engaged in the issues that matter most to them. Since 1999, Grassroots Solutions has worked across the country with nonprofits, labor organizations, funders, political campaigns, corporations, and government entities to expand their grassroots capacity, win elections, and address community concerns. Our work with communities, health officials, funders, and nonprofits has proven that the most successful health campaigns put people at the center. www.grassrootssolutions.com

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Ann Wiesner is a principal with Grassroots Solutions. In this role, Ann oversees the development of engagement strategies, plans, and training programs for organizations active around issues such as public health, transit, anti-poverty, cancer policy, and education. Applying the fundamentals of grassroots work to new environments is a particular interest of Ann’s, and thinking about engagement broadly has been part of her work with national corporate clients, nonprofits, and government agencies alike.