



COMMUNITY MOBILIZATION: ADDRESSING COMMUNITY CONTEXT IN THE RESEARCH PROCESS

Sheri A. Lippman, PhD MPH Associate Professor In Residence
Division of Prevention Science, Department of Medicine, UCSF



Community Mobilization

- Operationalizing Community Context
 - ▣ Key components
 - ▣ Measurement of latent constructs
 - ▣ Evaluating Impact of CM
- Points of reflection or debate for implementation science
 - ▣ Context as a vehicle of change?
 - ▣ Context as a nuisance?
 - ▣ Design questions



WHAT IS Community Mobilization?

If we don't know what 'it' is,
how can we do 'it'?

how can we measure it?

How can we monitor it's
impact?



This article has multiple issues...



WIKIPEDIA
The Free Encyclopedia

Article [Talk](#)

Community mobilization

From Wikipedia, the free encyclopedia



This article has multiple issues. Please help [improve it](#) or discuss these issues on the [talk page](#).

- This article **needs more links to other articles to help integrate it into the encyclopedia**.
- The topic of this article **may not meet Wikipedia's general notability guideline**. (February 2014)



It has been suggested that this article be [merged into](#) *Community development*. (Discuss)

Community mobilization is an attempt to bring both human and non-human resources together to un development.^[1]

Community Mobilization – shifting power and social context or critical enabler?



CM interventions: successes in increasing condom use, service access, uptake of HIV testing, and reducing STIs

UNAIDS: Critical enabler “activity necessary to support the effectiveness of programs”

CM will play a key role in effective implementation of bio-medical interventions. (VOICE & FEM-PrEP – low adherence / little community support)

Dimensions of CM and framing in related disciplines

Proposed Dimensions	Social Science Disciplines				
	Public health / programs	Social movements	Community empowerment	Community development	Community Capacity
Shared concern	Programming target	Collective claims / defined opponent	Problem assessment	Issue selection	Shared values / purpose / norms
Critical consciousness	Raising consciousness	Framing & Cog. liberation	Asking why	Critical consciousness	Learning culture / crit. conscious
Organizational structure / networks	Building coalitions and organizational links	Mobilizing structures/ Networks/ coalitions	Organizational structure / Links to others	Community capacity – org. resources	Structures: social organizational networks & public spaces
Leadership	assumed leader	Movement leaders	Leadership	Community human resources	Leadership (human capital)
Collective actions	Taking action together	public meetings, rallies, protest	Participation	Participation	Civic participation
Social cohesion	not addressed	Collective identity	Building community trust	Building sense of community	Social trust, connectedness,



Identifying key components

- Promotion of social change around a shared concern by a group, community or network of communities, which includes six components:
 - 1) a defined **shared concern** that is the target of change;
 - 2) community sensitization or **critical consciousness** about the issue;
 - 3) an **organizational structure** with links to groups / networks (provides resources / structure to address issue);
 - 4) **leadership** (individual and/or institutional);
 - 5) **collective activities** and actions; and
 - 6) building **social cohesion** or working trust.



Measurement

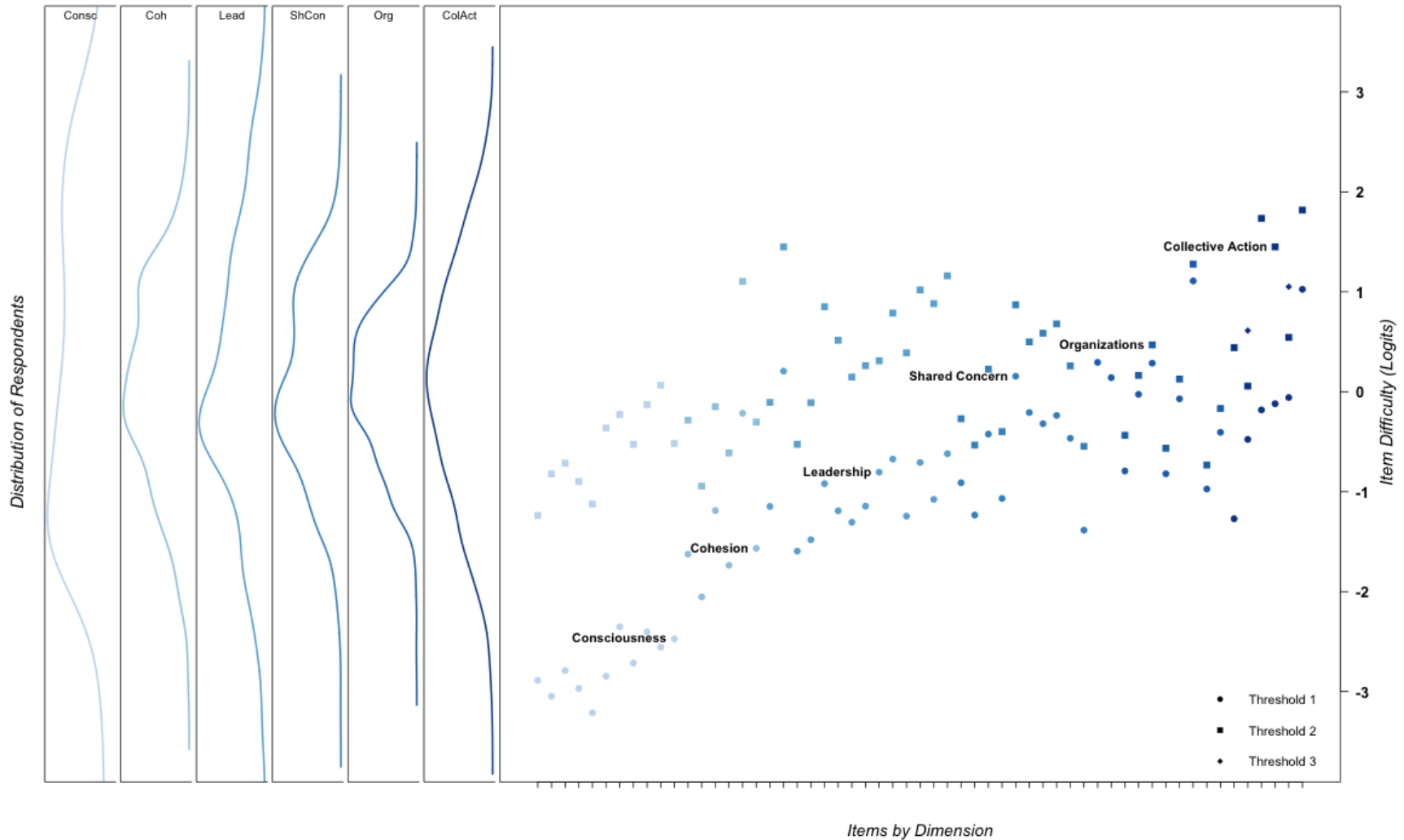
Need to measure these domains so we can determine whether these community processes change, whether our programming works, or whether these community processes and characteristics impact interventions.

CMM – Community Mobilization Measure

	Domains of Community Mobilization					
	Shared Concerns (HIV)	Community consciousness	Leadership	Collective activities	Community Cohesion	Organization & Networks
Quantity & format	10 items Likert	11 items Likert	14 items Likert	6 items (categorical numeric)	6 items Likert	10 items binary + Likert
Example Item	People in your village are concerned about HIV.	People in this village not only talk about problems but also try to solve them.	Leaders in your village encourage participation in decision making.	How many times has your community worked together to fix a problem in your village?	People in this village are willing to help their neighbors.	Are there groups with which you can volunteer to help your community?
*Scale Performance	ρ: 0.85 CI: 0.84, 0.86	ρ: 0.93 CI: 0.92, 0.94	ρ: 0.92 CI: 0.91, 0.93	ρ: 0.84 CI: 0.81, 0.86	ρ: 0.81 CI: 0.79, 0.83	ρ: 0.81 CI: 0.78, 0.84

* Raykov's ρ – similar to Cronbach's alpha, 95% Confidence Interval (CI)

Wright Map of Weighted, 7-dimensional model (ISC not shown)

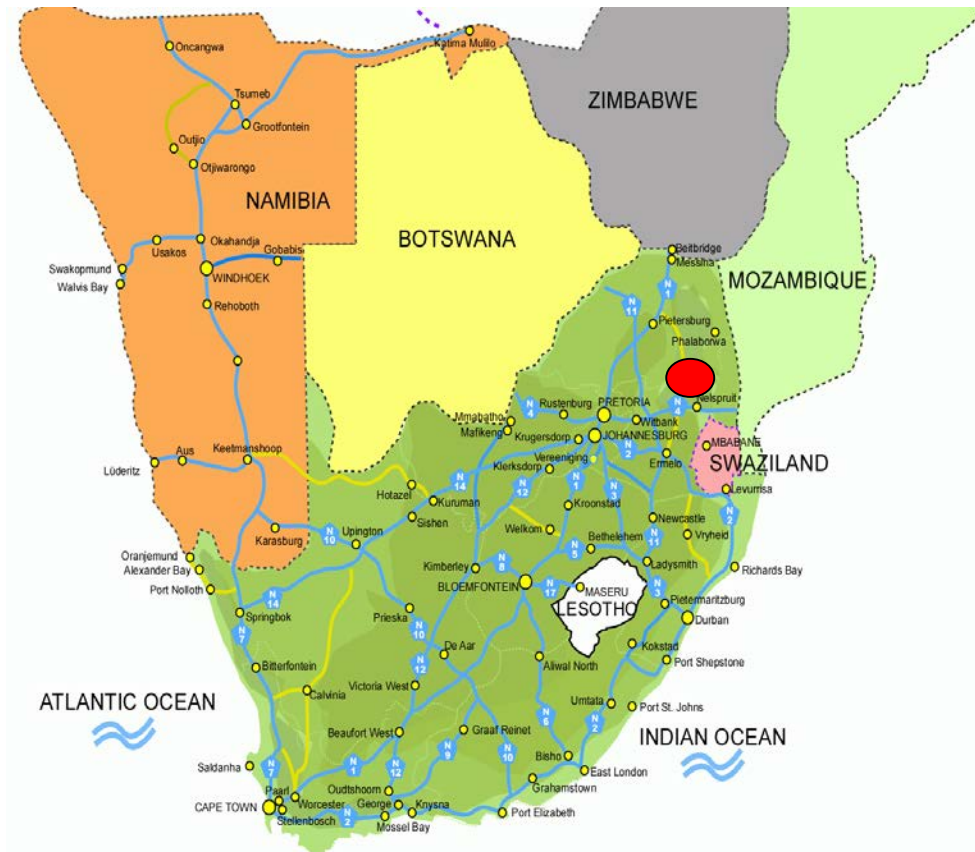


1: Critical Consciousness; 2: Cohesion; 3: Leadership;
4: Shared Concern; 5: Organizations/Networks;
6: Collective Action

Does CM impact health?

Findings from 26 rural villages in Agincourt, South Africa – (the MRC/Wits Rural Public Health and Health Transitions Research Unit)

2012 - 2018



Activities map onto CM domains

ACTIVITIES	Shared concerns	Community conscious	Leadership	Orgs/ Networks	Collective Action	Social cohesion
2-day small group workshops	X	X				X
Mini (2-3 hour) small group workshops	X	X	X (leaders workshop)			X
Shebeen workshops	X	X				
Ambush theater	X	X				
Door to door outreach	X	X				
Digital stories & film screening	X	X				
Engaging leadership			X	X		
Engaging CBOs/churches			X	X		
Establishing CATs			X	X		X
Community Murals					X	X
Soccer tournaments					X	X
Debates	X	X				
Community events/ forums/ feedback	X	X	X		X	X
Photovoice workshops	X	X			X	X



CM intervention activities - social cohesion

ACTIVITIES	Social cohesion
Establishing Community Action Teams (cadres of volunteers)	Create neighborhood volunteer structure – diffuse shared values/goals
Small group workshops	Foster a discussion group – shared goals, trust - Continued with future chat lists / contacts
Mini (2-3 hour) workshops	As above
Engaging CBOs/churches	Extend network messages for shared goals
Community Murals	Messaging towards common goals
Soccer tournaments	Activities with team – foster group
Community events/ forums/ feedback	Create larger dialogue in the community around shared goals
Photovoice workshops	Create common visual thread – building on shared experience

CM domains & HIV incidence in AGYW

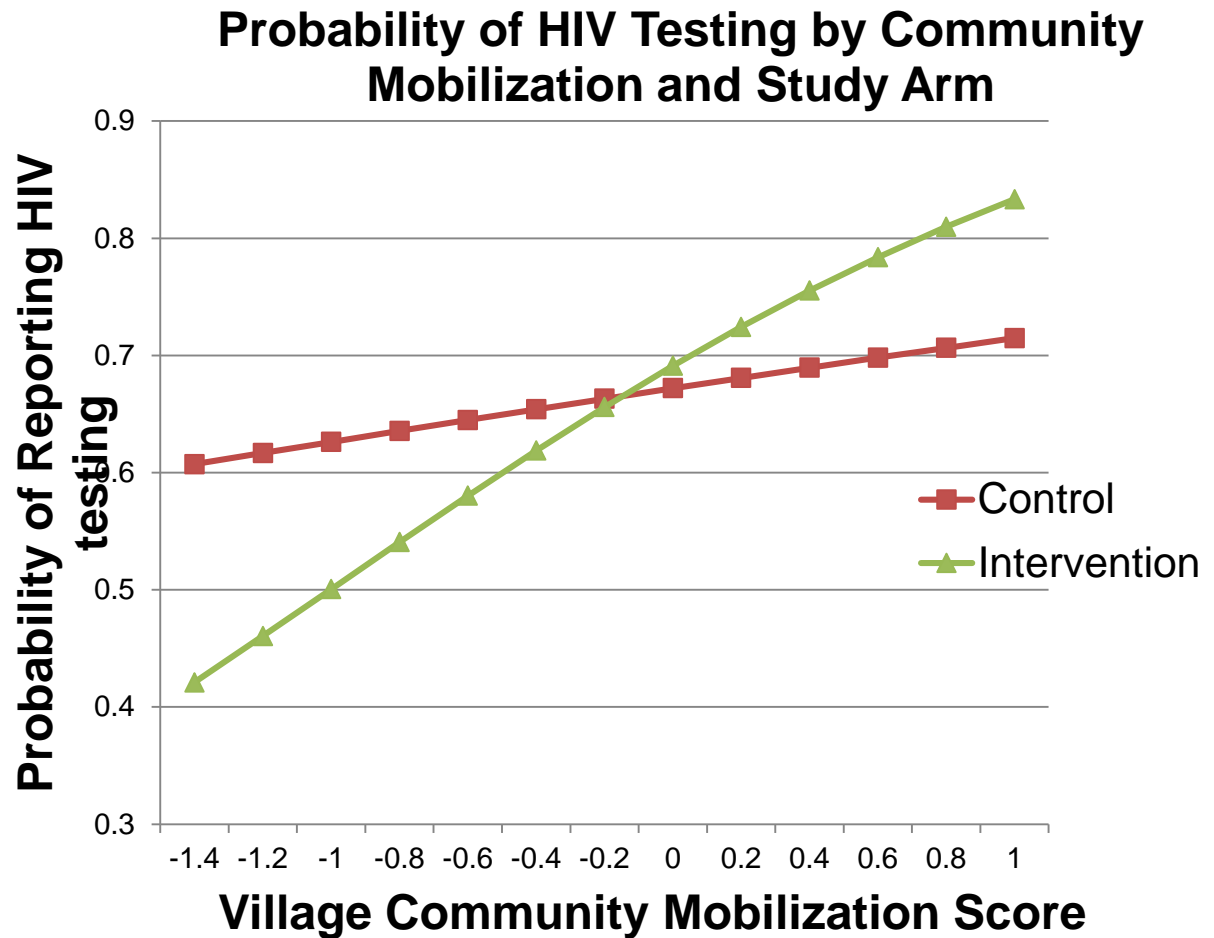
Young women in the HPTN 068 South African cohort were more likely to seroconvert with lower village CM

Community mobilization Domain	Adjusted [§] aRR (95% CI)
Social Cohesion	0.91 (0.81, 1.01)
Social Control	1.05 (0.96, 1.15)
Critical Consciousness	0.88 (0.79, 0.97)*
Shared Concerns (around HIV)	0.90 (0.81, 1.00)
Leadership	0.87 (0.79, 0.95)**
Organizations & networks	0.91 (0.79, 1.03)
Collective action	0.96 (0.82, 1.13)

*p<0.05, **p<0.01; § Individual covariates: age, time, education, household assets, intervention arm, Community covariates: community SES, education, proportion permanent residents

CM associated with increased HIV testing in intervention communities

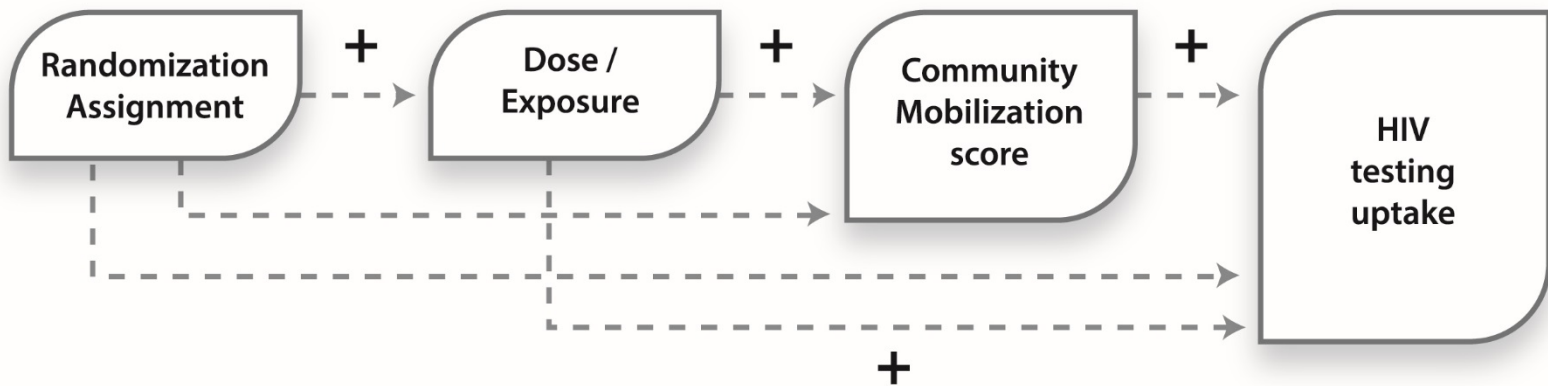
For every SD increase in CM score, the odds of reported HIV testing increased in intervention village participants (OR: 2.2, $p < .01$) but not for control village participants (OR 1.2, $p = .39$).



Individual exp vs diffused impacts?

Structural equation model to assess pathways from intervention to HIV testing uptake.

Found CM intervention increased HIV testing through direct exposure (not indirect/diffusion)



CM – summary

- Multiple components of CM & they do impact health – HIV incidence
- CM is hard to ‘build’ / hard to change
- CM is internalized by exposed members
- CM components are harder to diffuse

- How will we build this into community programming? Or account for this in community trials?

More on Community Mobilization program design:
Pettifor et al, BMC Public Health, 2015
Lippman et al, Implement Sci., 2017



Reflections: universal vs contextual?

How universal are these approaches?

Are CM approaches 'robust' to setting?

Different populations, different approaches? - i.e. targeted, identity-based pop vs geographically defined

Context specific actions... but perhaps universal domains?

Tension around prescription vs flexible and responsive to local conditions.

Reflections: context as a 'nuisance' or an 'asset'?

Community social context can likely impact your outcome – do you design it away? (sample size may not permit; weighting requires measured covariates).

Maybe try to get all communities to a mobilized place or level the playing field? (not easily done, may require 2-3+ years 'pre-' intervention work).

Reflections: engagement vs mobilization?

Community engagement conducted in service to trials - to inform and involve community via education, outreach, & advisory boards \neq community mobilization.

CE is laudable and important – but unlikely to produce sustained impacts or ‘level’ the playing fields.

CM is about the building of community social resources to address inequities, disparities, and injustices and for communities to build their own responses to health.

Acknowledgements

Communities in Bushbuckridge, Mpumalanga, South Africa

Collaborating investigators

- Audrey Pettifor²
- Tor Neilands¹
- Suzanne Maman²
- Catherine MacPhail³
- Kathleen Kahn⁴
- Dean Peacock⁵
- Xavier Gomez-Olive⁴
- Dumisani Rebombo⁵
- Hannah Leslie⁶

Support for this research:

- NIMH R21MH090887 (Lippman)
- NIMH R01MH087118 (Pettifor)
- The Hellman Family Foundation (Lippman)
- NIMH R01MH103198 (Lippman/Pettifor)
- NIMH R01MH110186 (Pettifor)

¹ University of California, San Francisco, CAPS; ² University of North Carolina; ³ Wits Reproductive Health and HIV Institute (WRHI); ⁴ MRC/University of the Witwatersrand – Agincourt Unit; ⁵ Sonke Gender Justice; ⁶ Harvard SPH



Extra Slides

Make it Explicit: CM Construct Map

Community placement on the CM continuum

Higher degree of CM

Community characteristics & responses to CM components

Engaged community

Well defined, shared issue;
Strong leadership;
Organizational structure w/ opportunities for inclusion, participation, dissemination ideas
Collective activities / actions attended and reaching beyond core community.

Wakening community

Little agreement around importance / salience of issue
No organizational or leadership structure to put resources / energy into the issue.
No collective activities / little cohesion

Latent community

Lesser degree of CM

Model – dimension correlations

	Shared Concern	Critical Conscious	Leadership	Orgs / networks	Collective Action	Cohesion
Shared Concern	1.0	.58	.44	.34	.38	.54
Critical Conscious	.52 (.47, .58)	1.0	.71	.40	.55	.55
Leadership	.39 (.34, .44)	.67 (.65, .69)	1.0	.42	.45	.58
Orgs / networks	.28 (.20, .37)	.37 (.27, .46)	.36 (.29, .42)	1.0	.55	.33
Collective Action	.37 (.32, .42)	.53 (.48, .57)	.42 (.35, .48)	.45 (.36, .55)	1.0	.35
Cohesion	.49 (.45, .53)	.46 (.38, .55)	.48 (.41, .54)	.26 (.13, .40)	.33 (.26, .41)	1.0



Next Steps in Agincourt research:

- Examine CM domain contribution & optimization
 - ▣ Which CM components are most effective?
 - ▣ How much CM exposure is required?
 - ▣ Is there a tipping point?
- Look at mechanisms & pathways of CM
 - ▣ e.g. does CM mitigate reported stigma
- Recommendations for CM programming – can be small-scale in support of programs; can be with aim of community empowerment on a larger scale.