

## Using Empowerment Theory in Collaborative Partnerships for Community Health and Development<sup>1</sup>

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*Models of community empowerment help us understand the process of gaining influence over conditions that matter to people who share neighborhoods, workplaces, experiences, or concerns. Such frameworks can help improve collaborative partnerships for community health and development. First, we outline an interactive model of community empowerment that describes reciprocal influences between personal or group factors and environmental factors in an empowerment process. Second, we describe an iterative framework for the process of empowerment in community partnerships that includes collaborative planning, community action, community change, capacity building, and outcomes, and adaptation, renewal, and institutionalization. Third, we outline activities that are used by community leadership and support organizations to facilitate the process of community empowerment. Fourth, we present case stories of collaborative partnerships for prevention of substance abuse among adolescents to illustrate selected enabling activities. We conclude with a discussion of the challenges and opportunities of facilitating empowerment with collaborative partnerships for community health and development.*

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Thousands of citizen associations address identified local concerns (Etzioni, 1993; Lappè & DuBois, 1994) in a rekindling of democratic practices recognized by de Tocqueville (1935/1969). These initiatives often use a public health framework to pursue goals related to community health and development (Fawcett, Paine, Francisco, & Vliet, 1993; Green & Kreuter, 1991). Community partnerships have attempted to reduce risk (and enhance protection) for substance abuse (Hawkins & Catalano, 1992), cardiovascular disease (Samuels, 1990), injuries (Davidson *et al.*, 1994), adolescent pregnancy (Vincent, Clearie, & Schulchter, 1987), mental disorders (Fawcett, Paine, Francisco, Richter, & Lewis, 1994), violence (Wilson-Brewer, Cohen, O'Donnell, & Goodman, 1991), and childhood diseases through immunization (U.S. Department of Health and Human Services, 1994).

Community initiatives often operate as partnerships or coalitions. Representatives of different community sectors, organizations, or constituencies create alliances to work toward a common purpose or mission (Gray, 1991; Wolff, 1992). For example, a collaborative partnership to prevent youth violence engages adolescents and others affected by the problem as well as key influentials, such as the police chief from the criminal justice sector. Other sectors that could contribute to solutions, such as schools and religious organizations, are also involved in the collaboration. These multiparty alliances facilitate transactions between people and environments, helping influence systems and mobilize resources (McCarthy & Zald, 1977). Consistent with a natural science paradigm of leadership (Wheatley, 1992), collaborative partnerships change *relationships* among parties.

Community partnerships serve as *catalysts*: Members take action to effect changes in programs, policies, and practices throughout the community. These changes reshape community agencies, institutions, and citizen organizations, and may enable them to better address the issues of concern. For example, an initiative to prevent injuries might seek new programs, such as high school groups against drunk driving; policies such as increased fines for driving under the influence; and practices, such as stepped up enforcement. Changes in the community, such as a new ordinance or school curriculum, modify the conditions in which behaviors, such as substance use, occur. Collaborations may be more effective since partners share responsibilities, risks, and resources (Himmelman, 1992). Collaborative partnerships for community health and development provide an opportunity for studying and contributing to empowerment.

Empowerment refers to the process of gaining influence over events and outcomes of importance (Fawcett, White, *et al.*, 1994; Rappaport, 1981). This process may unfold at multiple and interconnected levels (Zimmerman, *in press*), including the individual (Zimmerman, 1990; Zimmerman & Rappaport, 1988), group or organization (Chavis & Wandersman, 1990), and community (Fawcett, Seekins,

Whang, Muiu, & Suarez-Balcazar, 1982). Community empowerment is defined broadly: the process of gaining influence over conditions that matter to people who share neighborhoods, workplaces, experiences, or concerns.

Practitioners of action science (Argyris, Putnam, & Smith, 1985), public health (Eng, Salmon, & Mullan, 1992; Israel, Checkoway, Schultz, & Zimmerman, 1994; Wallerstein, 1992), and community organization (Mondros & Wilson, 1994) contribute to knowledge and practice related to empowerment. Enabling or support organizations, such as technical assistance and evaluation teams, collaborate with leaders and members of community partnerships to enhance local capacities for influencing conditions that affect health and development. Enabling organizations give and receive support, contributing to the capacity of community partnerships while learning from them.

This manuscript describes an empowerment model and framework used to guide collaborative partnerships for community health and development. The model suggests four strategies for facilitating the empowerment process and related outcomes: (a) enhancing experience and competence, (b) enhancing group structure and capacity, (c) removing social and environmental barriers, and (d) enhancing environmental support and resources. We outline and illustrate a number of enabling activities, such as assisting in identifying community assets and issues, used to enhance the capacity of partnerships for community empowerment. We conclude with a discussion of the challenges and opportunities of collaborative empowerment with community partnerships for health and development.

### EMPOWERMENT MODEL, FRAMEWORK, AND ENABLING ACTIVITIES

This section describes a model of community empowerment, a framework for collaborative empowerment, and specific enabling activities associated with the process of enhancing community capacity for change.

#### *A Model of Community Empowerment*

A model of community empowerment must represent interactions among factors assumed to affect outcomes associated with the empowerment process. We present an interactive model of community empowerment based on conceptual models for people with disabilities (Fawcett, White, *et al.*, 1994), and as adapted from models of disease resistance (Gowen, 1952) and human development (Horowitz, 1987). Based on theories of prevention (Albee, 1982), we hypothesize that particular person or group and environmental factors affect a community partnership's ability to influence locally valued changes in the environment and related outcomes.

This model has three dimensions: person or group factors, environmental factors, and empowerment capacity and outcome. We assume that the capacity to make change and related outcomes of community partnerships result from reciprocal influences between factors associated with the person or group and the broader environment. In this interactive process, the functioning of a collaborative partnership, such as a coalition to immunize children, may be affected by personal and group factors, such as competence of leadership, and the social and physical environment in which it pursues its mission.

*Person or Group Factors.* In community partnerships, individual leaders and the group as a whole may differ with respect to their experience and competence. Knowledge about the community and the initiative, critical consciousness about the causes of problems and possibilities for change, personal skills and abilities such as leadership skills, early history of success in facilitating change, and values and beliefs relevant to the mission may vary within and between groups. Likewise with group structure and capacity, developing a strategic plan that includes short- and long-term goals and an organizational and committee structure open to diversity appear to be important to functioning. Active recruitment of key influentials and people affected by the concern may also be important in developing an initiative's capacity to bring about community change. Personal and group factors can impede or facilitate empowerment capacity.

*Environmental Factors.* The nature and intensity of social and environmental barriers affect a community initiative's capacity to effect change and outcomes related to the mission. Empowerment capacity may be reduced, and resulting outcomes minimized, to the extent that resistance is encountered, conflict occurs, excessive effort is required to bring about change, or cultural values are incompatible with the aims of the initiative. Several aspects of support and resources also appear to contribute to empowerment status; including monitoring and feedback, support and positive models from colleagues, brokering access to financial resources, cultural values, and policies and laws. These factors may facilitate or impede capacity to effect change.

*Empowerment Capacity and Outcome.* Capacity for empowerment refers to the ability to influence community conditions, such as programs and policies, and outcomes related to the mission. We assume that empowerment capacity will vary across the domains or contexts in which the initiative operates. For example, a substance abuse prevention initiative with involvement of key school officials, but not law enforcement officials, may be able to influence changes in school policies and programs, but not those related to criminal justice. Empowerment capacity and outcome can also vary across the life-span of the community initiative. For instance, a

new community coalition to prevent youth violence may have limited financial resources, lack adequate structure or strategic plans, and not have enough members or paid personnel to effectively address violence issues. A year later, the same violence prevention partnership may have sufficient financial resources, adequate staffing, a strong strategic plan, and be widely respected in the community. The trajectory of a initiative's efforts to empower the community may be represented by the pattern of community change it facilitates. For instance, an injury control coalition with few changes in programs, policies, or practices related to the mission is unlikely to effect the desired outcome, a reduction in injuries. Enhancing competence and environmental supports may change the partnership's capacity to promote community change and its trajectory of empowerment.

### *A Framework for Collaborative Empowerment*

Drawing on models of health promotion and community development (Fawcett *et al.*, 1993; Green & Kreuter, 1991), we outline a framework for the process of empowerment in collaborative partnerships. Figure 1 depicts this framework and its five interrelated elements: collaborative planning; community action; community change; community capacity and outcomes; and adaptation, renewal, and institutionalization. In collaborative partnerships, related activities are often supported by community leadership with involvement from outside support organizations.

Collaborative planning, the first element of the empowerment process, is a critical and ongoing aspect of community partnerships. The ultimate goal for the initiative, such as preventing adolescent substance abuse, may emerge from the community or be embraced by it, as in the case of responding to a request for proposals (RFP) from a grant maker. Communities identify their own proximal goals and specific changes to be sought, tailoring efforts to the local context. Community leadership and support teams often assist community members in the planning process, providing training and support on request for strategic planning or conducting listening sessions. They may also enhance experiences and competencies associated with coalition building, such as consulting on needs and strengths assessments or helping identify prospects for "small wins" (Weick, 1984). Similarly, community leadership and the support team often work together to enhance group structure and capacity by developing a strategic plan and organizational structure. In their ongoing planning, community partnerships bring together persons and organizations from diverse economic, experiential, and employment backgrounds to collaboratively plan and implement changes in the community.

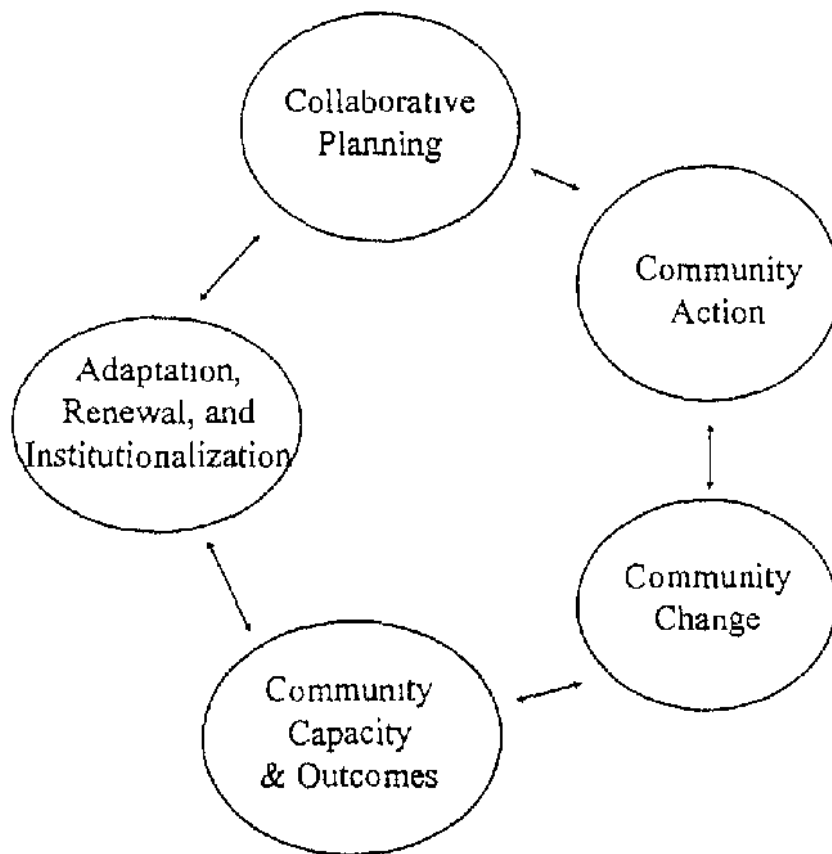


Fig. 1. A framework for the process of collaborative empowerment in community partnerships for health and development

Community action and community change are among the desired proximate outcomes of partnerships for community health and development (Fawcett, Lewis, *et al.*, in press; Francisco, Paine, & Fawcett, 1993). Community action consists of actions taken by leadership and membership to make changes related to the mission of the initiative, such as meeting with school principals to develop an after-school program for latchkey youth. Community change consists of new or transformed programs, policies, or practices related to the mission of the initiative, such as a new local ordinance to increase fines for sales of tobacco and alcohol products to minors. Community leadership and support teams collaborate on collecting and communicating information about the process and accomplishments of the partnership that can be used to promote continuous improvement (Gabor, 1990).

Community capacity and related outcomes, such as reduction in assaultive violence or adolescent pregnancy, are the ultimate goals of the collaboration. Community capacity is the community's ability to pursue its chosen purposes and course of action both now and in the future. Community capacity may be affected by a variety of personal or group and environmental

factors. For instance, an initiative to prevent adolescent pregnancy may not be effective without forging ties with many sectors and agencies within its community such as schools, health organizations, and religious organizations. The initiative will be more effective if it builds relationships and secures agreements that reduce social barriers to change, such as a commitment from the local school system to teach abstinence and the local health department to provide birth control counseling and contraceptives to adolescents who choose to be sexually active. The initiative may also benefit from other local supports and resources, such as meeting space from religious organizations or donations from business, enhancing its prospects for becoming institutionalized after initial funding.

Community partnerships adapt themselves to address new issues and conditions. For example, a substance abuse initiative with which we collaborated, Project Freedom of Wichita, adapted its mission to address concerns with violence and new opportunities and resources for promoting youth development. Similarly, partnerships that lose key leadership and other resources may need to renew themselves. For example, when Project Freedom of Wichita lost its initial director, it used a process of strategic planning to redefine itself and to attract new members and other resources. Many successful partnerships may also attempt to build long-term and sustainable capacities to solve problems (Steckler & Goodman, 1989). For example, some partnerships have succeeded in becoming part of the core budget of public agencies, such as schools or the health department or having some of their functions adopted by other established organizations. Community leadership and support teams attempt to broker and leverage resources needed for partnerships to serve as effective and sustainable catalysts for change.

### *Enabling Activities for Community Empowerment*

The support team for community partnerships often involves two parties: partnership staff and community leadership, and members of support organizations such as may be affiliated with universities. They work together to build the capacity of community partnerships through coordinated networks of support or enabling systems (Chavis, Florin, & Felix, 1993). Enabling activities may include providing information and technical assistance, conducting workshops and training sessions, or brokering contact with grants and other resources. On request, the support team may consult on recruiting membership from marginalized populations or conduct intervention research to examine whether a particular change in program or policy is effective.

Support organizations provide technical assistance and evaluation, enhancing the competence and resources available to community leadership, staff, and members of community partnerships. Leadership and members of the partnerships attempt to influence the relevant behaviors of key targets and agents of change in the community, including people affected by identified problems and individuals in positions of influence. In this process of mutual influence, community members educate leadership and support organizations about local issues and their meaning and the barriers, resources, and locally acceptable solutions to common concerns.

Distinct enabling activities for facilitating the process of community empowerment flow from this model and framework. Table I lists 33 enabling activities under four main strategies: enhancing experience and competence; enhancing group structure and capacity; removing social and environmental barriers; and enhancing environmental support and resources. These enabling activities are used by community members and leadership to build capacity of local partnerships, they may also be used by collaborating support organizations to enhance competence and resources of community members, leaders and organizations.

## **A CASE STORY USING THE MODEL AND FRAMEWORK FOR COMMUNITY EMPOWERMENT**

This section illustrates an application of this model and framework for community empowerment. We describe the context, a collaborative partnership for prevention of adolescent substance abuse, and case stories of enabling activities in support of several local community coalitions.

### **Collaborative Partnerships as Context for Empowerment**

A multisite initiative for prevention of adolescent substance abuse illustrates the empowerment process and defines the primary context for these case stories. Each community established a collaborative partnership with funding from the Kansas Health Foundation and support from our university-based research team the Work Group on Health Promotion and Community Development at the University of Kansas.

*Collaborative Partnerships for the Prevention of Adolescent Substance Abuse.* Three communities received awards from the Kansas Health Foundation to replicate a nationally recognized community coalition for the prevention of substance use among adolescents, Project Freedom of



Wichita, Kansas (Fawcett, Lewis, *et al.*, in press). These Kansas communities included Douglas County (pop. 81,798), home of a major state university in Lawrence; Leavenworth County (pop. 64,371), which includes a military base (Ft. Leavenworth) and prison facilities (Leavenworth and Lansing); and Geary County (pop. 30,543) which includes Junction City and an adjacent military base (Ft. Riley). Each local initiative used a coalition strategy to address the mission of reducing substance use and abuse among adolescents.

*Work Group on Health Promotion and Community Development.* The Work Group on Health Promotion and Community Development is a research, teaching, and public service program based at the University of Kansas. The Work Group is composed of individuals with academic preparation and experiential knowledge in behavioral science, public health, and community development. Members of the Work Group provided technical assistance and evaluation for staff and leadership of these community partnerships. The community partnership collaborated on research projects, directed technical assistance efforts through their requests, and shared their experiential knowledge on issues and options for change.

### Case Stories

This section describes several of the collaborative experiences among the Work Group community partnerships to prevent adolescent substance abuse. Based on these experiences, several enabling activities are described under four categories associated with enhancing a community's empowerment capacity.

#### *Enhancing Experience and Competence*

The community leaders who initiated the collaborative partnerships usually established a steering committee or board of directors that hired project directors and staff to develop the coalitions. Early in the first year of planning, the coalitions wanted to know more about the local issues associated with the problem, available assets and resources, potential barriers to intervention, and community-specific solutions. They also were interested in learning more about risk and protective factors associated with adolescent substance use and abuse.

The technical assistance and evaluation team met with coalition staff and described rapid information collection methods, such as listening sessions and town meetings, and the strategies for using them to gather information from representative groups of citizens. Although all Project

**Table I. Some Enabling Activities in Support of Community Empowerment**

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Enhancing experience and competence	
1.	Encouraging listening sessions to identify local issues, resources, barriers, and alternatives
2.	Conducting surveys to identify community issues, concerns, and needs
3.	Creating an inventory of community assets and resources
4.	Using records and surveys to determine the incidence and prevalence of identified problems
5.	Identifying potential targets (e.g., youth, elected officials) and agents of change (e.g., teachers, peers)
6.	Providing information about community partnerships as catalysts for change and impact
7.	Promulgating guidelines for selecting leadership and membership (e.g., inclusions, diversity, experiential knowledge, capacity to influence change)
8.	Providing training in leadership skills (e.g., analyzing problems, strategic planning)
9.	Providing technical assistance in creating action plans (i.e., identifying important changes to be sought)
10.	Providing consultation in selection, design, and implementation of early projects (e.g., identifying opportunities for "small wins")
Enhancing group structure and capacity	
11.	Providing technical assistance in strategic planning (i.e., identifying a vision, mission, objectives, strategies, and action plans)
12.	Helping develop an organizational structure (i.e., committees, task forces, by-laws) that facilitates community change in a variety of relevant sectors (e.g., schools, businesses)
13.	Encouraging involvement of key influential (e.g., school superintendent, clergy) from important community sectors
14.	Encouraging inclusion of people affected by the problem (e.g., low-income people, people of color, youth)
15.	Providing technical assistance in recruiting, developing, and supporting members and volunteers
16.	Providing technical assistance in developing plans for financial sustainability (i.e., leveraging positions in established agencies)
17.	Brokering access to other financial resources (e.g., arranging contacts with funders)
18.	Providing technical assistance in securing financial resources (e.g., writing grant applications)

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*(Continued)*

Table I. *Continued*


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 Removing Social and Environmental Barriers

- 19 Conducting focus groups to assess interests of community members
- 20. Using social marketing techniques to promote adoption of new programs, policies, and practices
- 21. Locating meetings and activities in diverse communities (e.g., low-income neighborhoods, ethnic churches)
- 22 Promoting coordination, cooperative agreements, and collaborative arrangements
- 23. Providing training in conflict resolution
- 24 Encouraging involvement of potential opponents as well as allies
- 25 Developing media campaigns to counter arguments of opponents

## Enhancing environmental support and resources

- 26 Providing ongoing information and feedback about community change, behavior change, community satisfaction, and community-level outcome (e.g., teen pregnancy rates)
  - 27 Helping develop ties to existing community sectors, organizations, and groups
  - 28 Reinventing and adapting innovations to fit local needs, resources, and cultural traditions
  - 29 Arranging opportunities for networking among those with relevant experiential knowledge
  - 30 Providing access to outside experts in matters of local concern
  - 31 Establishing a microgrants program (i.e., \$50-1,000) to support grass-roots efforts
  - 32. Promoting celebration and recognition of community change and accomplishment
  - 33. Helping advocate for policies and resource allocations consistent with the goals of the partnership
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Freedom partnerships conducted listening sessions, each coalition modified this information and technical assistance to fit their specific needs and communities. For example, the Lawrence coalition conducted them in libraries, community centers, public housing, and on the university campuses. The Leavenworth partnership conducted listening sessions throughout the community and on the military base. Listening sessions allowed the coalition to gather diverse views on the issues, community assets, and possible solutions from people of different ages, races, and economic groups.

Information from listening sessions, and from analyses of risk and protective factors, was used by the coalitions to develop a plan of action. The Work Group supported each coalition's efforts in brainstorming a list of changes to be sought consistent with an analysis of factors, such as peer influence or access to supervised alternative activities, that put adolescents at risk for or protect them against substance abuse (Fawcett, Paine-Andrews, *et al.*, 1994). Coalition leadership and community members identified potential changes, such as a new peer helper program or extending hours of recreational programs, and agents of change, such as teachers and peers, that were best positioned to implement locally determined solutions. Through this planning process, the coalition staff and leadership fostered the empowerment of local citizens, including youth, to become involved in developing and implementing community changes to prevent substance abuse in their community.

### *Enhancing Group Structure and Capacity*

Although there were substantial differences in how they developed, each partnership faced similar issues, such as how to best organize to bring about the community changes they sought. The Work Group provided support as the partnerships each developed an organizational structure that facilitated community change in a variety of community sectors, such as business or religious organizations. After numerous discussions, each community partnership established a basic structure that arranged committees, such as the schools committee or criminal justice committee, by community sectors in which community changes were sought.

Each committee attempted to involve a diverse set of individuals in the community who were best able to help identify and bring about proposed changes. For example, staff from schools parents, youth, and teachers were involved in the school committee. Local pastors, parents, youth, and representatives from different congregations, including ethnic churches, were involved in the religious organizations committee. Committees also involved people from different sectors, such as business representatives on the school sector committee, to extend communication among community members.

The organizational structure varied somewhat across communities and over time, reflecting different resources, goals, and contexts. Project Freedom of Lawrence, for example, included adolescents who were experiencing, or at risk for, substance abuse, or those who were interested in creating a youth task force to give voice to their concerns. Project Freedom of Geary County sought the inclusion of representatives from the military sector, and Project Freedom of Leavenworth, of both military and prison sectors.

Once the structure was in place, the coalitions faced the challenge of recruiting additional members for the action committees, including key influentials, such as leaders of prominent ethnic churches, as well as youth and parents most affected by the problem. The Work Group provided consultation and advice on recruitment methods. At the request of Project Freedom of Lawrence, for example, training and reference materials were provided, including tips sheets and how-to information the director could use to help the coalition implement a plan for recruitment.

### *Removing Social and Environmental Barriers*

Coalition staff and leadership used a variety of tactics to remove social and environmental barriers to both reducing substance abuse and participating in the partnership. For instance, the initiatives held meetings and made cooperative agreements in diverse communities, such as ethnic neighborhoods and public housing projects, to increase involvement among people of color and those of low income.

The coalitions also used recruitment strategies to increase use of innovative programs facilitated by the partnership. For example, to increase involvement in a new peer helping program, Project Freedom of Lawrence distributed a schoolwide student survey to recruit peer helpers and identify key issues in program design and implementation.

### *Enhancing Environmental Support and Resources*

Coalition staff and leadership sought resources to encourage small grass-roots efforts in the prevention initiative. On request, the Work Group assisted in establishing a minigrants program, small grants of about \$50 to \$1,000 for community groups to use to establish programs or events consistent with the mission of the coalition (Paine-Andrews, Francisco, & Fawcett, 1993). In its minigrants program, the original Project Freedom in Wichita was able to broker access to financial resources for grass-roots and self-help initiatives at the neighborhood level. In the first two solicitations for proposals, the minigrant program awarded 16 grants to 15 different projects such as a Saturday school for African American youth and a 1-day health fair. Key informants reported that the minigrant program helped to empower the community, enhancing the credibility of the coalition among representatives of ethnic minority groups whose committee determined the distribution of funds.

To support continuous improvement, the Work Group also provided ongoing information about the process of coalition development, and the intermediate and more distal outcomes produced or facilitated by the community partnership. Figure 2 provides an example graph of community changes — new or modified programs, policies, or practices — facilitated by Project Freedom of Lawrence, a substance abuse coalition. Illustrative community changes facilitated by Project Freedom of Lawrence included a new peer helper program at the high school (new program), a new radio station policy prohibiting glamorization of drinking by disk jockeys (new policy), and area ministers obtaining training in substance abuse prevention for use in their congregations (new practice). In this cumulative graph, each new community change is added to all prior ones; a flat line depicts no change and steeper lines, progressively higher rates of change.

Monitoring data provide opportunities for staff and leadership to acknowledge and celebrate early accomplishments such as the creation of a new program, and to redirect efforts as necessary. For example, information suggesting that Project Freedom of Wichita was more engaged in providing direct services than facilitating community changes helped leadership reestablish and maintain the partnership's role as catalyst rather than as a new service agency. Monitoring and other evaluation data enable staff, leadership, and grant makers to be informed of the activities, accomplishments, and critical events in the life-span of the partnership.

In summary, these enabling activities were used by coalition staff and leadership, support organizations and grant makers, to foster community empowerment. Data on success in facilitating locally determined community change provide a measure of empowerment capacity, and an early marker of more distant outcomes. These and other enabling activities may enhance personal or group and environmental factors associated with empowerment. Such collaboration builds the empowerment capacity of community partnerships, enhancing their role as catalysts for community change.

## DISCUSSION

Theories of empowerment should refer to both the processes and outcomes of the phenomenon (Zimmerman, *in press*). This model of community empowerment, and related framework of collaborative empowerment, outlines an interactive process in which people who share common neighborhoods, workplaces, experiences, or concerns gain influence over

## Project Freedom of Lawrence

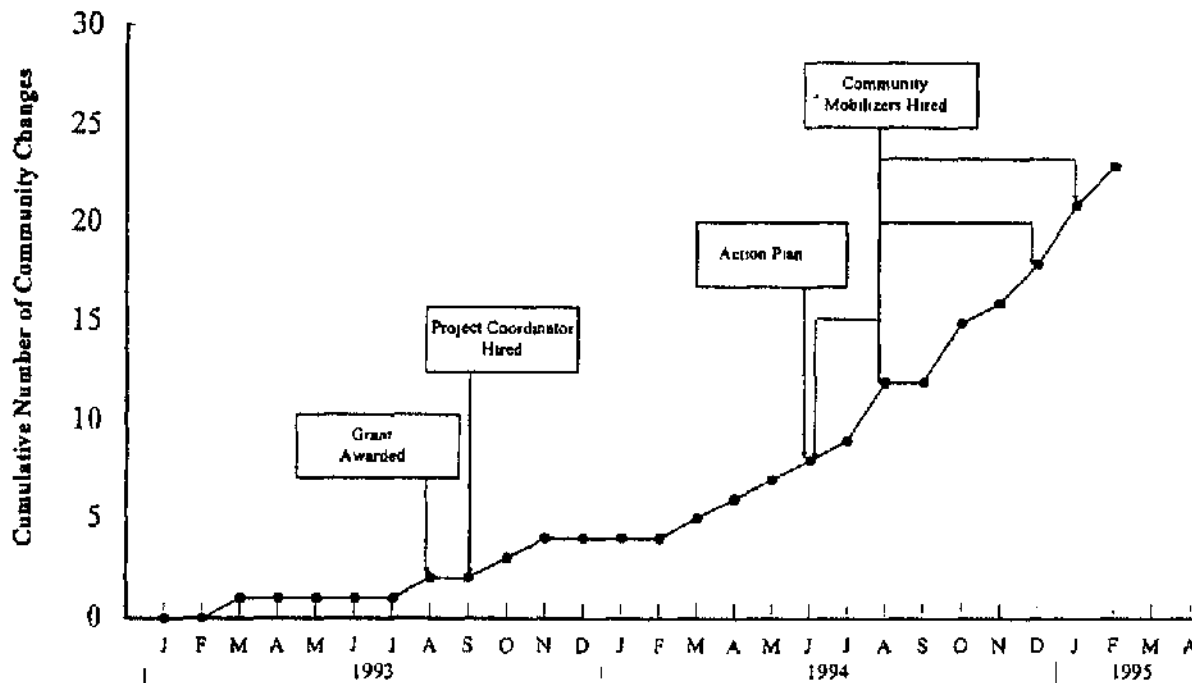


Fig. 2. The cumulative number of community changes facilitated by Project Freedom of Lawrence, a community partnership to prevent adolescent substance abuse. In a cumulative record, each new event (i.e., change in program, policy, or practice) is added to all previous events.

conditions that matter to them. The case study of community partnerships to prevent substance abuse illustrated this reciprocal process between community leadership and support organizations. It highlighted particular enabling activities by which a community can build its capacity to pursue its chosen purposes. The cumulative measurement of community change suggests a way to map the trajectory of empowerment capacity and outcome over time.

Empowerment models and frameworks have heuristic value: They suggest promising enabling activities and measures of the process, intermediate outcome, and ultimate outcome or impact of empowerment efforts. With a few exceptions (e.g., Fawcett, Lewis, *et al.*, in press), the utility of this model is achieving outcomes and building empowerment capacity is largely untested, however. Future research should use field experiments (Cook & Campbell, 1979), multiple case studies (Yin, 1988), and prospective case studies (Cheadle, 1995) to examine the function of these and other identified enabling activities on measures of empowerment process and outcome in a variety of contexts.

Himmelman (1992) contrasted two types of collaborative partnerships: those for community "betterment" and those for "empowerment." The former often begin outside the community and operate under the control of researchers, grant makers, or larger institutions within the community. For instance, a research and demonstration project to reduce school and community violence might be designed by researchers and implemented by school officials and business leaders with little influence by people most affected by the concern. By contrast, collaborative empowerment begins with issues on the community's agenda and emphasizes community control of the purpose and process. Although this distinction anchors the ends of the collaborative continuum, the history of most community partnerships reflect varied degrees and kinds of influence from external and community sources over time.

There are a variety of challenges to using empowerment models to improve science and practice with collaborative partnerships for community health and development. First, the ultimate outcomes of the empowerment process may be quite delayed, minimizing prospects for accountability to grant markers and the community. Reductions in the incidence and prevalence of many health and development concerns, such as substance abuse or adolescent pregnancy, may require 5 to 10 or more years. A central question is whether, and under what conditions, enhanced community capacity affects more distal outcomes. Community changes related to the mission may provide an important early marker of the ultimate impact of community initiatives (Fawcett, Lewis, *et al.*, in press). Such markers for ultimate outcome may permit grant makers and communities to invest more in productive efforts, divest from less successful ones, and provide support for renewal of once effective partnerships.

Second, empowerment capacity is particularly difficult to assess since it often varies across levels, domains, and time. A community partnership may display unequal degrees of empowerment at different levels of analysis. For example, some individual leaders may gain significantly in their capacity to influence change, the overall organization less so, with little effect on more distal community-level indicators. Empowerment capacity may also vary across domains or sectors of the community. For example, a community initiative to reduce drinking and driving may be effective in making changes in the criminal justice sector, but not in the media; an initiative to prevent adolescent pregnancy may be effective in schools, but not in religious organizations. Partnerships may also vary in empowerment capacity over time. For example, an initiative to reduce assaultive violence may facilitate few community changes during the initial planning year, a number of changes during the first 2 years of implementation, and fewer after a loss of leadership toward the end of the grant period. Ongoing monitoring of community actions and community change permit an analysis of the empowerment process and intermediate outcomes across levels, domains, and over time (Francisco *et al.*, 1993).



Third, in some marginalized communities, broader environmental factors may limit empowerment capacity and outcomes despite strong personal and group competence. For example, patterns of racial discrimination or few local resources in an inner-city partnership led by low-income people or people of color may reduce the likelihood that community change can be facilitated by even experienced and competent leadership in a well-structured community organization. Future research and advocacy may clarify the aspects of context that can be modified to create more equal opportunities to maximize empowerment capacity and outcome.

Fourth, the top-down and bottom-up strategies of collaborative partnerships raise questions about who should be empowered and for what ends (Fawcett *et al.*, 1993). Community partnerships usually involve both people experiencing the concern, such as youth and parents, and key influentials, such as business leaders and grass-roots leadership. Although key influentials may be best positioned to facilitate change, reliance on these agents of change rather than people most affected by the problem may inadvertently heighten the disparity of influence between haves and have-nots in the community. Community partnerships, like other potentially empowering enterprises, may have both empowering and disempowering aspects (Labonte, 1994).

Despite these challenges, this empowerment model and framework contribute to understanding and improvement of collaborative partnerships. First, this vision of community partnerships may optimize influence among collaborating parties. All parties — including community leadership, grant makers, and university-based research and support teams — are interconnected in the pursuit of ultimate outcomes. In this new relationship, none can function fully without the cooperation of the others. For instance, researchers rely on community leaders for access to data, leaders on grant makers for financial resources, and grant makers on support organizations for technical assistance and evaluation. Such intense collaboration creates a context of interdependence; each party's empowerment status is optimized while none is maximized.

Second, more clarity about enabling activities can contribute to local capacities for addressing identified concerns. This empowerment model and framework help explicate the ill-defined process of empowerment (Price, Cioci, Penner, & Trautlein, 1990). Identifying promising enabling activities may contribute to the practice of establishing functional enabling or support systems (Chavis *et al.*, 1993). Such coordinated resource networks (Sarason & Lorentz, 1979) may build organizational and community capacity for development and change. Third, this model and framework may enhance research and practice related to empowerment (Fawcett, 1990, 1991). Conceptual research may benefit from the typology of enabling activities; it

suggests activities that community leadership and support teams can be used to build capacity and outcome. Descriptive research may be informed by the process and intermediate outcome measures, such as measures of community change, that help document the trajectory of the process of empowerment (Francisco *et al.*, 1993). Evaluation research in service of empowerment may better contribute to community self-determination as well as assessments of merit (Fawcett *et al.*, 1995). Experimental research may be enhanced by the independent variables (i.e., enabling activities) and dependent variables (e.g., community changes and community-level outcomes) suggested by this model of empowerment. By demystifying theories of empowerment, practitioners may be better able to use this knowledge to enhance local capacities to improve health and development (D'Onofrio, 1992).

Finally, the concept of empowerment may lead to more reciprocal relationships among members and leaders of community partnerships, support organizations, and grant makers. Traditionally, grant makers pre-selected priority areas with little consultation from communities, promulgating these opportunities to address their agendas through requests for proposals. Similarly, in clinical trials and research and demonstration projects, researchers determined the interventions and evaluation methods with minimal community influence. By contrast, in an empowerment paradigm, grant makers seek community influence in defining priority areas, permitting communities to set or redirect the mission to reflect local concerns. Similarly, as in the case story presented here, community leadership and members direct enabling activities with their requests and influence changes in evaluation methods to reflect their concerns and interests.

Collaborative empowerment may be an interactive and cascading process in which grant makers and support organizations work together to enhance capacity of local community leadership. Local leadership, in turn, facilitates the empowerment of individuals and organizations in their communities. In this transactional and reciprocal process, community members influence the support activities of community leadership and enabling organizations, and of the grant-making programs designed to build community capacity to address local concerns.

Collaborative partnerships attempt to promote societal change systematically through new patterns of relationships among parties who share a common purpose (Himmelman, 1992). Consistent with the principle of participation (Green, 1986), citizens join together to enhance their power to *transform* the environment through actions that affect the behavior of others (Giddens, 1979). Enhancing local capacities to transform the environment may require outside support, however, from community

leadership, enabling organizations, and grant makers. This poses a paradox: how to optimize both self-determination *and* interdependence in such enterprises. By redefining relationships among community members and leadership, researchers, and grant makers, collaborative partnerships help us understand the process of empowerment and contribute to community-determined outcomes of health and development.

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