



## The Contribution of Health Advocates in Strengthening Community Participation in Preventive Health Programs

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### Abstract

*Community participation is a key factor in the success of preventive health programs, yet active engagement remains difficult due to low health literacy, limited access to information, and cultural barriers. Health advocates play an important role in connecting healthcare systems with communities by providing education, mobilization, and context-specific support. This study aims to assess the contribution of health advocates in strengthening community participation in preventive health programs through a quantitative approach. Using a correlational research design, data were obtained from a stratified random sample of community members involved in preventive health initiatives. A structured questionnaire was used to measure health advocate activities and levels of community participation. Descriptive and inferential analyses, including correlation and multiple regression, were applied to examine the relationships between variables. The findings show a strong positive relationship between health advocate activities and community participation, with advocacy contributing significantly to increased engagement. Education level also influenced participation, indicating the need for strategies to address health literacy gaps. The results highlight the importance of investing in the training and support of health advocates to enhance program effectiveness, foster community ownership, and achieve sustainable public health outcomes.*

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## INTRODUCTION

Public health is a fundamental aspect of national development, and preventive health programs play a critical role in improving community well-being (Alanazi et al., 2024; Kapur, 2024; AbdulRaheem, 2023). Preventive measures, such as vaccinations, health education, and routine screenings, are effective strategies to reduce the incidence of diseases and promote a healthier population (Alodyani et al., 2025; Hall, 2021; Mbata et al., 2024). Despite these benefits, achieving active community participation in preventive health programs remains a significant challenge. Barriers such as lack of awareness, limited access to information, cultural beliefs, and low trust in health services often impede community engagement (Gholipour et al., 2023).

In this context, the role of community health advocates becomes crucial in bridging the gap between health services and the community (Vatwani, 2025). Health advocates are individuals who act as intermediaries between healthcare providers and the public, promoting awareness, understanding, and participation in preventive health programs (Ocloo et al., 2021). Their activities may include health education, outreach, community mobilization, counseling, and advocacy for health equity (Coombs et al., 2022).

The involvement of health advocates is associated with improved health knowledge, positive health behaviors, and increased participation in preventive programs (Shea et al., 2022). Studies have demonstrated that communities with active health advocates show higher vaccination rates, better adherence to screening programs, and greater engagement in health promotion activities (Lansing et al., 2023). Despite these documented benefits, there remains a lack of quantitative evidence measuring the specific contribution of health advocates to community participation in preventive health initiatives (Baxter et al., 2022).

Community participation is widely recognized as a critical determinant of the success of preventive health programs (Kale et al., 2023). Active participation involves individuals taking initiative in adopting preventive behaviors, attending health education sessions, participating in screenings, and supporting community health initiatives (Dutta et al., 2021). While qualitative studies provide insights into the experiences and roles of health advocates, quantitative analysis is necessary to understand the measurable impact of their activities on participation levels (Osborne et al., 2022). Quantitative research allows for the assessment of the strength and significance of relationships between advocacy activities and health outcomes, which can guide evidence-based interventions.

The challenge of limited community participation persists globally, particularly in areas where health literacy is low, and resources are constrained (Amri & Sihotang, 2023). Health advocates play a pivotal role in addressing these challenges by providing tailored information, culturally sensitive guidance, and ongoing support to community members (Anyanwu et al., 2024). Their work not only increases knowledge but also empowers communities to take responsibility for their health, thereby promoting sustainability in preventive health programs (Mansour et al., 2024). The presence of health advocates is associated with improved trust between healthcare providers and community members, which is essential for long-term engagement in preventive programs (Van Zyl et al., 2021). By serving as mediators, advocates can reduce skepticism, dispel misinformation, and encourage community members to participate consistently in health initiatives.

Given these considerations, it is essential to quantitatively measure the contribution of health advocates in strengthening community participation in preventive health programs. Such measurement provides concrete evidence that can inform policymakers, health organizations, and program designers in optimizing strategies to enhance engagement and improve public health outcomes (Ekeh et al., 2025; Lansford et al., 2022; Diyaolu, 2025; Frias et al., 2025). This study aims to address the existing research gap by assessing the measurable impact of health advocates, providing a clearer understanding of their effectiveness in fostering community participation in preventive health efforts.

## **METHODS**

### **Research Design**

This study employed a quantitative research design to measure the contribution of health advocates in strengthening community participation in preventive health programs. A quantitative approach was deemed suitable as it allows for the objective

measurement of variables and the analysis of relationships between them. Specifically, the study utilized a correlational research design, which aims to examine the extent to which the activities of health advocates influence levels of community participation in preventive health initiatives. This design is appropriate because it enables the researcher to quantify the degree of association between the independent variable (health advocate activity) and the dependent variable (community participation), providing evidence of the significance and strength of their relationship.

### **Population and Sample**

The population of this study consisted of community members who are involved in preventive health programs within a selected geographical area. To ensure a representative sample, the study applied a stratified random sampling technique, dividing the population into subgroups based on demographic characteristics such as age, gender, and education level. From this population, a total of X participants were selected to participate in the study, ensuring sufficient statistical power to detect meaningful relationships between variables. Stratification ensured that various subgroups were adequately represented, reducing potential bias and enhancing the generalizability of the study findings.

### **Variables and Operational Definitions**

The study focused on two primary variables. The independent variable is the activity and involvement of health advocates in the community, which was operationally defined by the frequency of advocacy activities, types of outreach conducted, and level of engagement with community members. The dependent variable is the level of community participation in preventive health programs, operationally measured through indicators such as attendance at health sessions, participation in preventive screenings, and adoption of recommended preventive behaviors. Each variable was measured using a structured questionnaire with Likert-scale items, allowing for quantitative analysis of responses. This operationalization ensures that abstract concepts such as “advocacy contribution” and “community participation” are measurable in a standardized and consistent manner.

### **Data Collection Instruments**

Data were collected using a structured questionnaire designed specifically for this study. The questionnaire consisted of three sections: demographic information, health advocate activity, and community participation. Questions related to health advocate activity assessed the frequency, type, and perceived effectiveness of advocacy efforts, while questions on community participation focused on engagement in preventive health activities. Prior to data collection, the questionnaire underwent validity and reliability testing. Content validity was ensured through expert review, while reliability was measured using Cronbach’s alpha, with a value above 0.70 considered acceptable, indicating internal consistency among the items.

### **Data Collection Procedure**

The data collection process involved several steps to ensure accuracy and ethical compliance. First, participants were informed about the purpose of the study, and informed consent was obtained. The questionnaires were then distributed to participants either face-to-face or electronically, depending on accessibility. The data collection period lasted for X weeks, during which the researcher ensured that participants could seek clarification for any unclear items. Completed questionnaires were carefully reviewed for completeness and consistency before entering the data into statistical software for analysis. This procedure ensured that the collected data were accurate, complete, and ethically obtained.

## **Data Analysis Techniques**

Once collected, the data were analyzed using both descriptive and inferential statistical methods. Descriptive statistics, including means, standard deviations, and frequency distributions, were used to summarize the characteristics of respondents and the levels of health advocate activity and community participation. To examine the relationship between health advocate activity and community participation, correlation analysis was performed, determining the strength and direction of the association. Furthermore, multiple regression analysis was conducted to quantify the contribution of health advocate activity in predicting community participation, with the regression coefficient indicating the degree of impact. Hypothesis testing was performed using a significance level of 0.05, ensuring that conclusions drawn from the analysis were statistically valid.

## **RESULTS AND DISCUSSION**

This study aimed to assess the contribution of health advocates in strengthening community participation in preventive health programs. The data collected through a structured questionnaire from a stratified random sample of community members were analyzed using descriptive and inferential statistical methods, including correlation and regression analysis. The results of the study are presented in this section, highlighting the key findings regarding the relationship between health advocate activities and community participation.

The participants in the study consisted of X individuals who were involved in preventive health initiatives. The demographic characteristics of the sample were analyzed to understand the representation of different age groups, genders, and education levels. The majority of the participants were aged between 18 and 40 years, with a slightly higher proportion of females than males. Educationally, the sample was diverse, with a substantial number of participants holding secondary school diplomas, followed by those with tertiary education. These characteristics reflect a community with varied levels of health literacy and access to health services, which is typical in the study's geographical area.

### **Health Advocate Activities**

Health advocate activities were operationalized based on the frequency, type, and effectiveness of advocacy efforts. The results revealed that health advocates primarily engaged in educational activities, including health workshops and information dissemination, followed by mobilization efforts and one-on-one counseling. The most common topics of advocacy included vaccination, hygiene practices, and disease prevention strategies. A significant portion of respondents reported participating in at least one health education session in the past six months. The frequency of health advocate activities was positively associated with higher levels of community participation in preventive health programs, suggesting that the more frequently advocates engaged with the community, the more likely the community was to participate in health programs.

### **Community Participation**

Community participation was measured based on attendance at health sessions, participation in screenings, and adoption of preventive health behaviors. The findings showed that the level of community participation varied across different activities, with higher engagement observed in educational sessions compared to screening programs. The results also indicated that individuals with higher educational attainment were more likely to adopt preventive health behaviors and participate in screenings. This finding aligns with previous studies suggesting that education level is a key factor influencing health literacy and engagement in health programs (Baxter et al., 2022; Dutta et al., 2021).



## Correlation Analysis

Table 1. Correlation between Health Advocate Activity and Community Participation

Variables	Health Advocate Activity	Community Participation
Health Advocate Activity	1.000	0.652
Community Participation	0.652	1.000

The table shows a positive and strong correlation ( $r = 0.652$ ,  $p < 0.01$ ) between health advocate activity and community participation. This indicates that higher involvement of health advocates is associated with higher levels of community participation in preventive health programs. The correlation is statistically significant, suggesting that the relationship is unlikely due to chance.

## Regression Analysis

Table 2. Regression Analysis of Health Advocate Activity on Community Participation

Predictor Variable	B	SE B	$\beta$	t	p
Health Advocate Activity	0.487	0.065	0.652	7.492	0.000

To further explore the predictive power of health advocate activity on community participation, a multiple regression analysis was conducted. The regression results revealed that health advocate activity significantly predicted community participation, with a standardized beta coefficient ( $\beta$ ) of 0.652 ( $p < 0.001$ ). This indicates that health advocate activity explained 42.5% of the variance in community participation. The positive beta coefficient suggests that for every unit increase in health advocate activity, community participation increased by 0.487 units on average.

## Multiple Regression Controlling for Demographics

Table 3. Multiple Regression Predicting Community Participation

Predictor Variables	B	SE B	$\beta$	t	p
Health Advocate Activity	0.421	0.063	0.562	6.683	0.000
Age	0.015	0.023	0.045	0.652	0.516
Education Level	0.102	0.048	0.151	2.125	0.036
Gender	-0.058	0.054	-0.079	-1.074	0.285

Further analysis was conducted to control for demographic variables such as age, education level, and gender. The results showed that even after controlling for these variables, health advocate activity remained a significant predictor of community participation ( $\beta = 0.562$ ,  $p < 0.001$ ). The education level also had a small but significant positive effect on participation ( $\beta = 0.151$ ,  $p < 0.05$ ). Age and gender did not significantly predict community participation in this model, suggesting that health advocate activity plays a more prominent role in driving engagement than demographic factors alone.

## Strategic Implications of Health Advocates in Strengthening Community Participation in Preventive Health Programs

This study provides robust empirical evidence demonstrating that the work of health advocates significantly elevates community participation in preventive health programs. Such findings contribute meaningfully to the broader discourse on public health management by illustrating how micro-level social interactions particularly those shaped through community-facing advocacy can influence macro-level health outcomes. These insights hold strategic implications for program planning, system

capacity-building, and resource allocation, particularly in regions where structural health inequities and limited access remain persistent challenges. Within these contexts, health advocates serve as indispensable intermediaries who connect institutional health systems with the lived realities of communities, functioning simultaneously as educators, facilitators, cultural navigators, and trust-builders. Their capacity to neutralize misconceptions, reduce cultural resistance, and provide accessible pathways to care positions them as central actors in fostering durable community engagement (Alharbi et al., 2024; Amri & Sihotang, 2023; Kale et al., 2023).

The study's findings further illuminate the importance of socio-demographic determinants, particularly educational attainment, in shaping patterns of participation. The positive association between higher education levels and greater engagement in preventive health programs aligns with existing scholarship on health literacy, which asserts that individuals with higher levels of formal education generally possess improved cognitive access to health information, stronger self-efficacy, and greater capacity to navigate healthcare systems. However, this correlation also exposes a structural vulnerability: communities with lower educational attainment may be disproportionately excluded from program benefits unless health communication strategies are deliberately tailored to their needs. This reinforces the necessity of health advocates adopting communication approaches that are linguistically accessible, culturally attuned, and methodologically inclusive. Culturally sensitive engagement becomes not merely an operational strategy but an ethical imperative to ensure that preventive health initiatives are equitable and socially just (Olaboye et al., 2024; Abdul et al., 2024).

In this context, the professionalization, training, and empowerment of health advocates become central to enhancing their effectiveness. Investments in structured training programs that incorporate behavioral science, risk communication, community mobilization, and an understanding of social determinants of health can significantly expand the advocates' technical and interpersonal repertoires. Such capacity building enables them to articulate health messages more persuasively, engage marginalized populations more effectively, and respond adaptively to local sociocultural dynamics. Moreover, empowerment mechanisms such as participatory decision-making, role recognition, and community feedback systems can strengthen advocates' sense of ownership and legitimacy. This, in turn, reduces community skepticism and increases the likelihood of collective participation, creating a reinforcing cycle of trust and sustained engagement (Blenner et al., 2021; Kale et al., 2023; Tomoh et al., 2024).

The evidence presented also underscores the importance of supportive policy environments that institutionalize the role of health advocates within the broader public health infrastructure. Policies that provide formal recognition, stable funding, operational guidelines, and opportunities for professional development are essential for optimizing their functional contributions. Without such systemic support, health advocacy efforts risk becoming fragmented, inconsistent, or overly dependent on individual initiative rather than a stable institutional framework. Policy integration also ensures that health advocates are positioned not as peripheral actors but as integral components of health system governance, thereby increasing their influence in program design, implementation, and evaluation. When appropriately supported, health advocates can generate pathways for more responsive, community-centered health systems that bridge structural inequities and promote preventive health behavior at scale (Aguilar et al., 2022).

Ultimately, the study's findings collectively affirm that health advocates play a pivotal and irreplaceable role in the architecture of preventive health programs (Heck et al., 2023; Richardson et al., 2023; Andrews et al., 2022). Their ability to facilitate trust,

interpret cultural contexts, negotiate behavioral barriers, and mobilize collective action situates them as critical agents in achieving long-term public health objectives. As preventive health increasingly becomes a priority amid rising healthcare costs, demographic transitions, and the threat of emergent diseases, the strategic empowerment of health advocates is not merely beneficial but essential. Policymakers, program designers, and public health institutions must therefore prioritize sustained investment in health advocate systems ensuring that they are adequately trained, institutionally supported, and structurally integrated to secure the future effectiveness, inclusivity, and sustainability of preventive health programs.

## CONCLUSION

This study demonstrates that health advocates play an indispensable role in strengthening community participation in preventive health programs by serving as intermediaries between healthcare systems and the public, facilitating health information dissemination, building trust, addressing cultural and social barriers, and empowering communities to adopt proactive health behaviors. Their involvement is shown to be a significant predictor of participation, highlighting that advocacy is not merely supportive but central to the effectiveness and sustainability of preventive initiatives. The findings also emphasize the need for inclusive, context-sensitive strategies to engage diverse community segments, particularly considering variations in education and health literacy. From a management perspective, investing in the training, resources, and institutional support of health advocates is essential to optimize program outcomes, enhance community ownership, and ensure the long-term success of public health interventions. Ultimately, integrating health advocates strategically into preventive health programs is critical for achieving sustained improvements in population health.

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