



Centre for Local  
Economic Strategies

# local work



## Community Health Champions: One of the keys to unlocking the health inequalities challenge?

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### Introduction

"...there is evidence based on multi-level research designs that empowering initiatives can lead to health outcomes and that empowerment is a viable public health strategy."<sup>1</sup>

Health inequalities refer to the unfair and unjust nature of health differences between social groups, as generated by social conditions. Health and well-being is inextricably linked to other quality of life factors both as an outcome and a causal factor. Inequalities linked to poverty and poor levels of social capital has a significant impact on the health of both individuals and communities. For example, poor housing conditions can increase the incidence of respiratory problems, whilst poor diet and higher stress levels caused by living in poverty can also contribute to poor physical and mental health. There are significant human, social and economic costs of impaired health and well-being. For instance, health has an important impact on individuals' working life. In recent years this has been reflected in a 'joining up' of the Government's health and welfare agendas<sup>2</sup>.

This Local Work highlights a practical approach to reducing health inequalities through community empowerment where national, regional and local partners are working together to develop an approach to community empowerment in health and well-being which is systematic and integrated into the core business of reducing health inequalities.

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<sup>1</sup> 'What is the evidence on effectiveness of empowerment to improve health?', WHO Europe, February 2006

<sup>2</sup> See for example, Dame Carol Black's review, 'Working for a Healthier Tomorrow', March 2008, accessed at: <http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>

The approach offered by the Altogether Better Programme is aptly named 'Community Health Champions'. This approach is both values and outcomes driven. It requires commitment, challenge and a genuine change in the power dynamic across communities and public services. With this challenging effort and cultural change comes a huge potential win for all stakeholders; the reduction of health inequalities and an increase in civic participation. Interested? Read on.....

## **The Background Policy Context**

Tackling health inequalities has long been one of our most difficult and stubborn quality of life challenges. Despite many years of comprehensive reviews and a multitude of research and initiatives, in February 2009, the Health Select Committee has concluded that we have not yet met the health inequalities challenge.

"...over the last ten years health inequalities between the social classes have widened – the gap has increased by 4% amongst men and by 11% amongst women ... Health Inequalities are not only apparent between people of different socio-economic groups – they also exist between different genders, different ethnic groups, the elderly and people suffering from mental health problems or learning disabilities also have worse health than the rest of the population"<sup>3</sup>

In 'Closing the Gap in a Generation'<sup>4</sup> Sir Michael Marmot points us in the direction of the social determinants of health. This review is important to the health community of the UK, as Sir Michael Marmot is currently using it as a basis to review our approach to reducing health inequalities and advising the Government on future health inequalities targets, policies and practice.<sup>5</sup>

The National Support Team for Health Inequalities applies this approach at a practical level in its work to support improvements in areas with challenging health inequalities and consider community engagement as a key element of a local strategic framework to reduce health inequalities.

The Altogether Better Programme wholeheartedly supports these conclusions, working on the premise that we cannot sustainably tackle health inequalities without considering the root cause social determinants, in particular, without empowering communities to improve their own health and well-being.

Our work also has the potential to contribute to wider empowerment outcomes. There is a whole wealth of policies and activities both generic and health specific directed at mobilising our communities to engage, participate and of course, take part in the democratic system, including the Community Empowerment White Paper, NHS Constitution, Local Government and Public Health Act 2007, Strengthened Duty to Involve Patients, Briefing on Section 242 of NHS Act 2006.

Set in this policy context, we believe that a tangible and vital element of any future framework for reducing health inequalities must recognise the value and impact of community empowerment in health and well-being and we are proposing that this could be delivered using a flexible Community Health Champion model.

## **The Story of the Altogether Better Programme**

'in order to be motivated to improve their own health people need to have faith in what society has to offer and also feel that they have something worthwhile to offer in return, and Community Health Champions have the potential to play a very important role in achieving this'<sup>6</sup>

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<sup>3</sup> Health Inequalities, Third Report of Session, 2008-09, House of Commons Health Committee, 26 February 2009

<sup>4</sup> Closing the gap in a generation, Health equity through action on the social determinants of health, WHO Commission on Social Determinants of Health, 2008

<sup>5</sup> Strategic Review of Health Inequalities in England Post 2010 (Marmot Review)

<sup>6</sup> Mark Gamsu, Programme Director Health Inequality and Local Improvement, Department of Health

## Health Challenges and Community Empowerment in the region

Yorkshire and Humber has acute health inequalities in the most vulnerable, deprived and hard to reach communities. Life expectancy in parts of the region is amongst the lowest in the country. There are 1,800 more deaths, under the age of 75, each year compared to the national average. The gap between the highest and lowest life expectancy by district is around 4-5 years. The gap within districts is even more marked.

This is also a region with a great deal of community empowerment history much to be owed to its heritage and geography. The region has responded well to the evolving policy and practice developments relating to health inequalities, partnership working and community empowerment, features in many of the key programmes and policy development initiatives (WHO Healthy Cities, Communities for Health, Spearhead PCTs, Beacon Status, Health Action Zones, Health Trainers, Regional Empowerment Partnership etc).

From this mix has emerged a common regional level consensus around the value of community empowerment in health and well-being, and the need to respond to health inequalities in the region. For some time the region has been working on ways of collaboratively working together to build our capacity and approaches to tackling health inequalities. Following a significant award by the BIG Lottery Well-being Fund, the regional collaborative partnership; the Altogether Better Programme was initiated in January 2008.

## An Evolving Empowerment Model

The Altogether Better Programme's broad ambition is to build the region's capacity to empower communities to improve their own health and well-being and reduce health inequalities. Our model of empowerment is three pronged: building capacity (awareness, knowledge and awareness); building confidence (self esteem and social capital); and collectively supporting a systematic change of culture in policy and practices. This model is illustrated in the figure below.

Figure 1: Empowerment Model



## Regional Collaboration, Local Delivery

The Altogether Better Programme is a multi-sectoral regional collaborative partnership hosted by NHS Yorkshire and Humber (the Regional NHS Strategic Health Authority) on behalf of the localities across our region. We have a Learning Network, a Regional Strategic Partners Advisory Forum and 16 locally delivered flagship projects, all funded for £7 million over five years through the BIG Lottery Fund. With this funding we aim to connect with over 13,500 individuals, employees and employers who we estimate will reach a further 90,000 individuals and employees.

### The Learning Network

- Facilitated by the Yorkshire and Humber Public Health Observatory, the Learning Network, is essential to our regional collaborative approach and will accompany the programme over the next five years. It supports project and programme evaluation enabling us to capture and share our experiences and achievements. The Learning Network was established in recognition of the common programme themes and as a means of sharing the existing skills and experience across the 16 projects and aims to establish a regional network of shared intelligence, experience and learning on wellbeing.

### The Regional Advisory Forum

- The Regional Advisory Forum provides a mechanism to involve influential and strategic stakeholders in our region in achieving our ambition. It helps us to create a common understanding of the models and impact of community empowerment, develop capacity and promote spread of best practice, build stakeholder support, ownership and contribution and share and embed the learning into policy and practice through evidence based challenge. Members include the lead for the National Support Team for Health Inequalities, Government Office for Yorkshire and Humber, Yorkshire Forward (Regional Development Agency), Regional Forum (Third Sector umbrella body), NHS Yorkshire and the Humber, the Regional Empowerment Partnership, the Regional Health Trainer Hub and other academics and regional strategic partners.

### The Altogether Better Projects

- Our programme supports Community Health Champions in a range of settings, businesses, communities, schools etc and all are targeting communities where health is currently poorest. The BIG Lottery funded activities are specifically focused on mental health, physical activity and healthy eating outcomes. However, this model has been applied to a range of other specific areas and can be applied to improve health and well-being generically or at any type of priority outcome, e.g. increasing breast feeding, increasing cancer screening uptake and primary care services and reducing smoking prevalence.



- The projects represent a wide range of models of delivering 'Community Health Champions'. In broad terms, individuals or employees from target communities or businesses are engaged, trained and supported to volunteer their understanding and position of influence to help themselves, their friends, families and work colleagues. Training is varied and developed according to local needs and aspirations, ranging from 2 hour information sessions to 15 week Open College Network courses accredited at level 1, 2 and 3.

- Support to carry out voluntary activities is also very different across the projects. In Hull, for example support is provided for 26 weeks after completing the course. In this time the Community Health Champions have one to one meetings with their support officers every two weeks to discuss and record their achievements and issues. There are also course group meetings to provide a forum for discussing experiences and keep individuals motivated and engaged.
- A crucial but not yet fully achieved aspect of these projects is the local strategic 'buy-in' to community empowerment in health and well-being. All of our projects have a strategic contract lead and are working on integrating these activities into local plans and influencing key decision makers. Embedding this approach into the commissioning agenda is a key challenge for the programme and for contract leads. Success in this area will both ensure sustainability of the projects and enable the locality to gain maximum benefit from the valuable community assets which Community Health Champions are becoming.
- The Altogether Better Sheffield Community Health Champions Network Project shows the results of partnership working across sectors and shared values around empowerment in a community setting, and is detailed in the box below.

**PROJECT CASE STUDY: Sheffield Community Health Champions Network**

Sheffield is already a nationally acclaimed leader in the development and delivery of the Introduction to Community Development and Health (ICDH) training programme.

During the last ten years in Sheffield, this course has been delivered to over 800 individuals from communities where health is poorest. Not only has there been a direct impact on the health and well-being of these individuals but also there has been an unmet demand from participants who with new levels of confidence, motivation and knowledge are inspired to challenge and improve not only their own health and well-being but also the health and well being of their communities.

Sheffield has used the Altogether Better opportunity to create a 'Community Health Champions Network' which is delivered by a network of existing community organisations. Volunteers can sign up by one of two routes: either directly or through the ICDH courses. A personal development plan is then worked out and they undergo four weeks' training before taking their skills into the community. They can choose to work in the community either on a group or one-to-one basis. Any further training needs are then identified. For example, if someone wants to put on a healthy eating event or set up a local physical activity group funding is available to pay for the training and support they need to do that. The task of delivering the network was won in a competitive tendering process by Sheffield Wellbeing Consortium (a consortium of over 40 voluntary sector agencies).



- Altogether Better is also testing out empowerment activities in a business setting. In Rotherham, the Mind Your Own Business Project is targeting large and small businesses to improve mental health awareness and outcomes by developing business health champions. Further information can be found below.

#### **PROJECT CASE STUDY: Rotherham Mind Your Own Business**

It is estimated that work related stress affects about 1 in 5 workers and that work related mental ill health accounts for more days off than any other cause of work related illness. Mind Your Own Business aims to improve the mental well being of people and communities through targeted work with employers. This work will equip employers with the knowledge and skills to promote the mental wellbeing of their workforce; protect staff who might be showing signs of stress or mental ill health and support staff who may develop or have pre-existing mental health conditions. The project will also promote positive attitudes amongst employers towards employing people who may have been out of work due to mental ill health.

In Rotherham there is a need for training and support for local employers to enable them to develop their skills, knowledge and understanding around mental health. In providing this support, Mind Your Own Business can help ensure that individuals returning to work are moving into mentally healthy environments and are adequately supported. By encouraging employers to promote good mental health and providing advice on how they can support staff who may be showing signs of poor mental health the project can help to reduce the number of people falling out of employment due to mental ill health.

This approach fits in with Rotherham's Community Strategy. This states that to sustain local economic growth it is important to engage people from specific under represented groups (such as those with mental health problems) in the economy. The programme also supports the delivery of targets within the Rotherham Public Health Strategy and the Local Area Agreements.



#### **Emerging Learning from the Altogether Better Programme**

Since beginning in January 2008 we have recognised that there are a whole range of approaches and activities beyond our programme which fit with the 'Community Health Champions' principles. There are people and projects with many different titles – community health educators, activators, activists, networkers and more. There are also many different drivers – communities, third sector, local authorities, NHS organisations, demonstrating a range of different levels of training as well as different outputs and outcomes. For example some health champions may be making a difference in improving mental health, others reducing social isolation or better self-managed diabetes. The possibilities are endless. The common thread is individuals are empowered to carry out voluntary activities in their communities which serve to improve the health and well-being of that community. It may be within their relationships, their family, their social group, their workplace or the wider community. In building this approach it is essential



to recognise the commonalities in order to share learning, best practice and resources whilst ensuring that a flexible approach is developed and driven by local community contexts, needs and aspirations.

In our first year we have set up 16 flagship projects (for complete list, see page 4), developed a comprehensive programme management system including quarterly monitoring reporting system, an evaluation framework, effective governance mechanisms and communication activities. All of our projects either had to sub contract or recruit which takes considerable time and effort. All our projects are now up and running and in one year we have so far connected with over 1000 individuals, employees and employers who we estimate have the potential to reach over 28,000 people. Projects are already starting to tell inspiring stories, for example the Community Health Champion Sam in Leeds and the company Fulcrum in Rotherham which are detailed in the boxes below.

**COMMUNITY HEALTH CHAMPION CASE STUDY: Leeds Older and Active – Sam’s Story**

Through an Open College Network accredited training course, Sam trained as a Community Health Champion for Leeds Older and Active and began to develop healthy eating sessions with a group of older Chinese people at the Feel Good Factor office. Using her existing knowledge of the Chinese community’s needs and her new skills her confidence and ability to deliver healthy eating messages has grown. By working initially with a group she felt comfortable with, Sam has grown in confidence and she has now begun to work with a wider range of older people. Other Community Health Educators (Community Health Champions) have noticed the difference in Sam, who had previously lacked confidence, remarking that she is now much more self-assured and vocal at meetings. Sam’s rapport with the Chinese women’s group has also meant that the Older and Active project has been able to work alongside members from this or seldom heard group. Many do not have English as a first language, but project staff have been able to build up a positive relationship, once again with the help of Sam’s interpretation skills. As a result of Sam’s positive work with the group, two members have now joined the weekly walking group and begun meeting other older people from varied backgrounds in the area.

**BUSINESS HEALTH CHAMPION CASE STUDY: Rotherham Mind Your Own Business – Fulcrum**

Rotherham company Fulcrum enlisted Mind Your Own Business to help employees cope with a long period of upheaval. This leading gas infrastructure provider has gone through two years of massive changes because of outside impositions, including the effect of new legislation on its processes. The company’s existing wellbeing group decided to put a stronger focus on mental health because of the possible effect of the changes on employees. Mind Your Own Business delivered two mental health first aid courses for managers, and with input from another provider trained 50 mental health first-aiders within the company. Paul Dickinson, human resources manager, said: “We are very mindful that change will impact on individuals in different ways. Our managers are more aware and now have the tools needed to pre-empt and respond to mental health issues. Following this work, Fulcrum has won a national chairman’s award for their mental health first aid programme.

**Next Steps**

**Altogether Better Programme**

What has become increasingly clear is that regionally, nationally and internationally, there is a wealth of related expertise and activity taking place. One of the key challenges we have is the lack of systematic integration of this approach into the mainstream of how we tackle health inequalities. We are attempting to address this challenge through:

- Testing out different locally delivered models;
- Developing a robust evaluation framework to measure the impact of our activities and add to the evidence base;
- Collating and articulating wider evidence of the impact of empowerment of health and well-being;
- Connecting and making linkages with key regional and national policy and practice led activities and partnerships e.g. regional public health workforce advisory group, regional empowerment partnership, communities for health, national health trainer programme, national training providers and regional mental health and employment partnership.

We hope this work will enable us to firstly identify a range of delivery models and the impact of this type of activity on improving health and wellbeing outcomes and reducing health inequalities and secondly communicate this to key local, regional and national decision makers in an accessible and relative format.

### **Connecting to Health Trainers**

It is important at this stage to clarify the difference and the commonality between Community Health Champions and health trainers. Both are fundamentally community focused, reaching out and engaging and empowering people in communities who are 'seldom heard' and suffer the worst health experience. Each model seeks to address health inequalities by engaging and empowering people from local communities to develop the knowledge, skills and awareness to improve their own health and well being as well as to influence the health and well being of others within their community. There is often commonality in the type of training Community Health Champions and health trainers receive to enable them to work in communities.

The recruitment and training models which are emerging lend themselves to an escalator public health workforce model that people may or may not wish to climb or can get on at different points. Although the two approaches have much in common, the models differ in that the Health Trainer Programme is based on an NHS workforce model. The training and accreditation of Health Trainers is based upon a competency framework which enables health trainers to work on a one to one basis in a paid capacity with a specific role and remit. In contrast Community Health Champions are not required to meet any specific competencies or to work within the constraints of a job description. The influence the Community Health Champion brings can be broad and varied depending on their interests and the nature of the drivers. Outcomes range from a local parent setting up a self help group for dads to older people setting up guided walks for people in their local area or people selling affordable food from a local community centre. Our aim is to work with regional and national Health Trainer Programme partners to maximise the potential of these two complementary approaches to reduce health inequalities.

### **National Learning Partnership**

The Altogether Better Programme is now seeking to connect up with other 'Community Health Champion' activities across the country to build the evidence base, share learning across the activities and influence key decision makers at a local, regional and national level to begin to industrialise the role of Community Health Champions. We are working with the Department of Health, Communities for Health Programme and the IDeA to begin to develop a national learning partnership with the aim of industrializing Community Health Champions. This will begin with a Communities of Practice blog and culminate with a national event towards the end of the year.

We are going to kick off with a month long discussion forum on the Healthy Communities Communities of Practice website. We hope this will give people and organisations involved in this type of work from across the country (and beyond) the opportunity to showcase their models, to articulate the impact and potential of this approach and to share the challenges and barriers experienced locally. The Community Health Champions discussion forum will start on Monday 15 June and continue to 15 July. This work will all feed into a National Development Event taking place in November to which all contributors to the forum will be invited.

Join the Communities of Practice by visiting <a href="http://www.communities.idea.gov.uk">www.communities.idea.gov.uk</a> , click on 'register' and enter your details as requested. Once registered search for 'healthy communities' and apply to join the Healthy Communities CoP. The Community Health Champions discussion will take place on the forum page from 15 June 2009.
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And finally, if you are interested in this approach, some top tips...

### **Top Ten Tips for Strategic Leads and Commissioners from the Altogether Better Bradford Project and Regional Programme Team**

1. Get your key documents, frameworks and top level plans lined up to feature high level commitments to tackling health inequalities. Never be afraid of repeating this message and the focus at each and every opportunity – internally and externally. Organise your approach to the attainment of higher levels of world class commissioning or efficiency competence through the lens of tackling inequalities.
2. Find your senior sponsors and allies and build leadership support across key partners. Get your relationships with health intelligence sources/health informatics and public health colleagues sorted at an early stage. Directors of Public Health need to buy in and sponsor the approach.
3. Make the focus of staff support and training, the development of a deeper understanding of how everybody in the organisation contributes to tackling health inequalities and the value of Community Health Champions in reducing health inequalities.
4. Ensure adequate resources are invested in co-ordinating, engaging, training and supporting Community Health Champions. Join up with wider PCT and Local Authority Citizen engagement strategies and mechanisms.
5. Build a culture of empowerment into planning, commissioning and delivery. Genuinely engage Community Health Champions and benefit from their 'expertise' in terms of outcomes, efficiencies and more appropriate development and delivery of services.
6. Find out what is already happening locally – it is critical to making the most of what is already there, creating synergies and reducing duplication, bringing people along with you will pay dividends in terms of credibility, ownership and sustainability.
7. Sort out your outcomes framework and your performance reporting requirements to provide a clear focus on building evidence of impact and delivering outcomes. (The incidental benefit is that it builds third sector partners confidence and ability to compete for future business).
8. It's OK to start small – don't panic about getting a total district level solution. As long as the early work is targeted with the most disadvantaged, use this as a platform for future expansion.
9. Highlight and celebrate good and emerging practice and outcomes internally and externally – don't be shy about reinforcing the message through multiple channels. E.g. staff weekly bulletins, local press and radio, regular reports to the Board and the Performance sub-committees.
10. Don't reinvent the wheel and make the most of existing best practice, share learning within the locality and beyond. Balance this with the need to ensure your approach is bottom up and appropriate to the target community. Fit with the local context and motivations is a key determinant of success.

## Top Ten Tips for Managers Delivery Community Health Champion Activities From the Altogether Better Leeds Project

### 1. Plan >Do >Review



### 2. Experience the Work

- Accompany troops as many times as they need it until confidence grows
- Nothing of note was ever learnt about community work in an office or meeting
- Do not manage remotely
- Experiential means exactly that, you can't manage what you can't measure, what you don't experience

### 3. Get a Mentor

- You could use a steering committee and/or an experienced community worker.
- Find someone that doesn't like you and put them on the committee, they will tell you things (about supporting your troops) that you don't want to hear.
- A disparate (or desperate) eclectic mix of people would be an enlightened choice. You then have multiple avenues of support for your troops

### 4. Run it like the Mafia, i.e. be extremely organised

- You must have every little, tiny thing organised for the training sessions. This is a positive support mechanism that your troops can replicate in practice
- Know what you are doing - Job Cards, maps, action points, run it like a factory
- You will be punished (metaphorically speaking) by community members through non-engagement and by your troops through disinterest if every last single detail is not taken care of

### 5. They won't if you don't

- If you are not enthusiastic about your job, don't expect your recruits to be
- Be confident (arrogance without just cause is a beautiful state of mind)
- Lead by value and never, ever, ever lead by process
- What are your values? Social justice? Participation? Self Determination? Working and Learning together?

### 6. Use humour and informality to engage

- Sense of humour (make sure you have one). It will be a good friend in times of need.
- Humour will strengthen, renew and protect the project and your mental health. Po-faced support mechanisms never work.
- Informality leaps and bounds across all barriers and unites a diverse work force

### 7. Keep it simple and red tape free

### 8. Celebrate

- Being appreciated is a rare feeling for volunteers
- Social events, informal office chats, presents and thank you cards, awards ceremonies

### 9. Replicate, replicate, replicate

- Experienced Community Health Champion foot soldiers can support new Community Health Champion students as they come off the production line
- Industrialise support!

### 10. Supervision

- What is your model? One to one, Group, Peer, Sort stuff on a daily basis
- Strict boundaries to support with plenty of freedom within those boundaries

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**CLES Consulting**

CLES Consulting are currently working in partnership with the new economics foundation (nef) for the BIG Lottery Fund on a national evaluation of their Well-being and Changing Spaces programmes. This programme was launched in April 2006, and will be investing £160 million of funding into projects focusing on the following three outcomes:

- People and communities having improved mental well-being;
- People being more physically active; and
- Children, parents and the wider community eating more healthily.

Funding was awarded to 17 lead organisations and 2 Changing Spaces award partners, all of whom co-ordinate and manage a portfolio of projects. One of the Well-being portfolios is 'Altogether Better', with whom CLES Consulting is currently working with on evaluating the impact of two of their projects.

The national evaluation is designed to capture behaviour change for those who engage with services funded by the Well-being programme, and other funded activities that will contribute to the Well-being programme outcomes. The overall impact of services on beneficiary mental health, physical activity, healthy eating and well-being will be measured using a bespoke set of data collection tools. In addition, the national evaluation will investigate the circumstances in which interventions are more or less effective in enhancing well-being.