

HARNESSING PEOPLE POWER IN HEALTH PROMOTION

Jane South and Pinki Sahota look at how members of the public can be involved in promoting health and changing people's behaviours

Summary

This article examines how and why members of the public should become involved in promoting health in the community. It draws on findings from *People in Public Health* (South *et al* 2010), which investigated approaches to developing and supporting lay people in public health roles. In practice, there are different approaches and health projects that can involve people in this way. Two case studies from the UK are used to illustrate different roles: one in which older people volunteered to spread health messages in their communities and another in which lay health workers delivered a community-based obesity management intervention for young people. The justifications for lay engagement in delivering health promotion are discussed, based on the findings from expert hearings on UK practice that were conducted as part of the study. There are many types of health project that can involve people in this way.

Keywords

Volunteers, community involvement, health promotion

IF WE are to tackle the major public health challenges in the UK, such as rising levels of obesity, all sectors of society have to play a part (Acheson 1998, Wanless 2004). Primary care nurses and other health professionals have a key role in promoting the health of individuals and families, but what about patients and the wider public – do they also have a role?

Over the past decade, there has been renewed interest in how members of the public can be involved in promoting health in their communities. This has been stimulated by policies that have endorsed community engagement as a means of addressing public health priorities, and reforms to deliver more patient-centred services (Department of Health (DH) 2003, 2005, Campbell *et al* 2008).

The potential contribution of active citizens has been given fresh emphasis with the

concept of the 'Big Society' in which greater citizen involvement in neighbourhood activities is sought (Conservative Party 2010).

Involving lay people – individuals without clinical experience or professional training – in running health promotion activities or in providing community services offers a radically different way of thinking about health service delivery. But it is not without its challenges.

In some areas of practice, such as breastfeeding and parenting programmes, peer support approaches are relatively well established (Oakley *et al* 1998, Dykes 2005). Baroness Julia Neuberger's (2008) report on volunteering in health and social care highlighted the benefits of volunteering, such as services being better informed about local needs and improving the quality of service provision. She advocated an expansion in volunteering but cautioned that, 'much of this expansion cannot be unlocked without a change of culture within the public sector, particularly in the level of understanding of volunteering'.

The question of how health services can best support people carrying out public health work has been the focus of a major research study, *People in Public Health* (South *et al* 2010). In this article, we look at the potential role of lay people in promoting health in the community and highlight how primary care professionals can become involved.

People in public health

Patient and public involvement in health and health care covers a range of activities, from lay representation on strategic boards through to involvement in individual patient-clinician encounters (Anderson *et al* 2002). The 'People in Public Health'

Strong partnerships can develop between health professionals and lay workers, based on mutual respect and learning

study looked at how members of the public can contribute to health improvement by taking part in the delivery of health services and other health improvement activities (South *et al* 2010).

The study looked at approaches involving lay people in relation to the 'Choosing Health' priorities (DH 2004):

- Reducing the number of people who smoke.
- Reducing obesity and improving diet and nutrition.
- Increasing exercise.
- Encouraging sensible drinking.
- Improving sexual health.
- Improving mental health.

Evidence was drawn from published literature, current practice and grassroots projects. The role of lay engagement in care, treatment or rehabilitation, and interventions involving children and young people were outside the scope of the study, although there are clear parallels.

An important element was learning about current practice in England. Practitioners were invited to register details through the study

website of projects that involved a lay or volunteer workforce. In 2008, three national expert hearings were held where people with relevant expertise gave evidence about the best ways to support members of the public in promoting health.

Expert witnesses included national programme leads and academics, as well as community activists and people with extensive experience of how these approaches work in practice (South *et al* 2009).

Why involve lay people?

Community health workers, who are community members trained to undertake simple preventive and treatment tasks, are routinely used in developing countries to support the work of primary care professionals. This helps increase the coverage of primary health care, because there are often insufficient health professionals to meet the required demand (Abbatt 2005).

Similarly, in North America, lay health advisers are used as a means of promoting health with population groups that experience barriers to health and health care. For example, the Save our Sisters programme was a large-scale public health programme that successfully involved African-American women in promoting uptake of breast screening within their communities in North Carolina (Earp *et al* 1997).

So why involve members of the public in delivering health promotion in the UK when we have a comprehensive health service and a multidisciplinary primary care workforce?

At the People in Public Health expert hearings, a range of reasons was put forward (Box 1). Involving members of the public can help health professionals find out more about what local people want and how to tailor health messages.

People have valuable life experience that can help reach those who are not engaged with services or who face additional barriers to changing their health behaviours.

Additionally, a better understanding of local issues and barriers is helpful in offering more relevant and specific support. Some of it is about the 'comfort factor' – support and advice from peers in relaxed and familiar environments is often more accepted.

One of the expert witnesses explained: 'It enables us to reach more people with good public health messages... Some residents are less fearful of approaching a face they know than a professional worker.'

There can be drawbacks. Care needs to be taken to make sure that people have appropriate training in, for example, relevant

Box 1 Ten reasons for involving lay people – expert hearings

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| ■ People are committed to their communities and want to give something back. | ■ People can get a lot from taking part, including greater confidence and self-esteem. |
| ■ People are known and trusted by their communities – they know what life is like for people in the area. | ■ It can be rewarding and enjoyable to play a part in creating positive change in communities. |
| ■ Lay people have the potential to reach some communities that professionals cannot. They can present information and offer support appropriately because they know about local cultures and facilities. | ■ There are opportunities to learn new skills and get training. It may lead to job opportunities. |
| ■ Involving lay people in promoting public health is a good way to make sure programmes reach the right people. People may feel more confident to approach a lay person than a professional worker. | ■ Involving lay people can lead to better health in the long term, through people adopting healthier lifestyles, accessing better social networks and having better chances of employment. |
| ■ Professionals can learn from working with lay people. | ■ It can make good financial sense to use the skills and resources in communities, but it is not a cheap option because services must support their volunteers. |

(South *et al* 2009)

health topics, communication skills, record keeping and accountability. They also need to receive adequate supervision.

These aspects are likely to be factors in achieving positive outcomes (Casiday *et al* 2008). It is also important to ensure that there are clear role boundaries between professional and lay workers, and that issues such as client confidentiality are managed (Curtis *et al* 2007).

There may be concerns about replacing professionals with untrained workers to save money, but, as the expert hearings highlighted, these approaches are primarily about adding value to services by having volunteers or lay workers complementing the work of professionals. For example, volunteers might give out simple health messages on a stall at a community event or promote a stop-smoking service in their neighbourhood.

Given that existing services have finite resources and are often over-stretched, lay involvement can enhance the range and quality of services as layworkers can provide the regular, frequent contact required for supporting and sustaining behavioural changes.

The themes on the benefits of lay engagement are supported by a growing evidence base on the effectiveness of lay health workers in delivering health promotion interventions.

A number of systematic reviews identify improvements in uptake of services and adoption of health behaviours, particularly when working with disadvantaged or minority ethnic communities (Perez-Escamilla *et al* 2008, Fleury *et al* 2009, Lewin *et al* 2010). There is, however, a need for more evidence of the long-term impact of lay engagement and better understanding about what works best with different communities.

The recent National Institute for Health and Clinical Excellence (NICE) (2008) review of community engagement highlights the gap between theory and empirical evidence and recommends community involvement in the planning and design of evaluations. The guidance also points out that there needs to be some investment in resources to support community engagement, such as training for practitioners.

Roles in practice

People in Public Health (South *et al* 2010) found many examples of community health projects and services across the country successfully harnessing the skills and support of members of the public. There are also national programmes like the Expert Patient programme, where lay tutors run self-care

Case study 1 – Watch It

Watch It is a community-based, childhood obesity programme led by health trainers in Leeds. It was set up in 2003 by NHS community paediatric staff for children and families following consultation with professionals, parents and young people. The aims were to provide an accessible, approachable service to help manage weight and improve the quality of life.

Key areas identified were local access (but away from school or health settings), frequent contact and a flexible approach. Given the limitations of existing services and the lack of appropriate personnel in the NHS to deliver such services, there was a need to ascertain whether effective care could be delivered by individuals with good interpersonal skills but no professional qualifications.

Watch It is intended to encourage lifestyle change by enhancing motivation and providing opportunities for physical activity (Rudolf *et al* 2006). There are currently eight Watch It trainers who work with obese children aged eight to 16 years and their families. Trainers see families weekly or fortnightly in the first three months and have monthly appointments thereafter. Trainers are selected for their personal qualities and provided with minimum training on the principles of dietary change and running physical activity sessions. They are also offered training in motivation.

A team leader with relevant skills is responsible for the management of the trainers and service delivery. Training and ongoing support and supervision are provided by a dietician, a psychologist and a paediatrician. These health professionals are accessible when a complex issue arises. For example, emotional and psychological problems, such as the impact of bullying, can be identified by the trainers who are then given support to deal with them.

Evaluation of the programme has shown it to be effective at reducing weight and increasing the quality of life (Rudolf *et al* 2006). Interviews and focus groups highlighted a significant appreciation of the service, with participants reporting greater self-confidence and more friendships, and parents reporting that children harmed themselves less. Watch It shows that effective care can be delivered by individuals who have no health professional qualifications. Comments by the children about the trainers include: 'They listen to you and ask you what you want to know', 'You can tell them anything' and 'They don't tell you what to eat but how to eat it.'

Watch It demonstrates a readily generalisable, effective intervention that capitalises on and extends community resources, while placing little pressure on existing NHS services. It is on the approved providers list for PCT commissioners and has the potential to be adopted at low cost throughout the country.

courses for people with long-term conditions (DH 2001), and Health Trainers, which recruits from local communities to offer personalised support in changing lifestyle behaviour (DH 2004). Walking for Health, the national programme of volunteer-led health walks, is another large scale example of a health programme delivered by lay people (Heron and Bradshaw 2010).

People in Public Health (South *et al* 2010) revealed a diversity of practice in England. Members of the public are involved in delivering

Case study 2 – Seniors Show the Way

Seniors Show the Way, a health promotion initiative in Bradford, is one of the 16 projects that form Altogether Better, a Big Lottery-funded programme in the Yorkshire and Humber region. All 16 projects are trying to recruit and train local 'health champions' to promote health and wellbeing in their communities and in workplaces. The original idea for Seniors Show the Way came from older people themselves through the local older people's alliance.

By recruiting older people to become 'community health champions' and giving them up to three short training sessions, the programme is able to get these champions to pass on messages about healthy eating, physical activity and better mental health to their family, friends or neighbours. Some go on to organise activities to help keep people healthy, such as health walks or relaxation sessions.

The project has an ambitious target to recruit 1,400 individuals aged over 50. By the end of the first year, 368 community health champions had been trained. There has already been some success at involving groups who often face barriers to taking part: 38 training sessions have been delivered in community languages including Urdu, Punjabi, Polish and Italian and around one quarter of the champions are men. When people have taken part in the training, they are encouraged to pass on the messages to at least five other people.

The team co-ordinator describes how Seniors Show the Way harnesses natural social processes: 'It's human nature – if we learn something good, we naturally tell people about it.' This approach can help community health services – community health champions distributed a booklet about keeping warm and well in the winter months to friends and neighbours.

Seniors Show the Way is delivered by NHS Bradford & Airedale Community Health Services. A small team delivers the training, supports individuals who want to set up activities and runs a community health champions network to keep people in touch.

The team works closely with other organisations and staff who work with older people. As well as collecting data on training sessions and course participants, the project evaluation will follow up the community health champions to determine their effect on eating, physical activity and mental wellbeing.

health promotion across a range of health issues, including obesity and nutrition, physical activity, mental health promotion and addressing health inequalities.

There is good evidence for the versatility of these approaches. We found projects working with children and young people, parents, older people, those with long-term conditions, black and minority ethnic people, vulnerable groups such as prisoners, and the gypsy and travelling community. This lay workforce can be engaged in a variety of tasks with roles including:

- Giving simple health information and advice.
- Providing peer support.
- Raising awareness of health issues.
- Improving skills.

- Disseminating information and directing people to services.
- Helping groups with other community members.
- Supporting professionals.
- Leading community activities, such as walks or exercise sessions.

There are differences in the ways that projects are organised and run. Some are situated in the NHS, while others are run by community or voluntary organisations, or local authorities. There are also differences in how closely lay people work directly with health professionals and whether they are volunteers or employed as part of the workforce.

The case studies illustrate two very different projects but both draw on lay skills and support to promote health. The projects have been chosen to reflect different service models and are at different stages of implementation.

The first case study (page 19) describes an obesity programme that is integrated into child health services and has been the subject of a vigorous evaluation process, while the second describes a community project that operates through community networks and is at an early stage of implementation.

What can health professionals do?

In the expert hearings, evidence was presented on the challenges of getting these type of projects off the ground and sustaining them. The way that health services work is seen as a major barrier: even with all the moves to increase patient and public involvement, there can still be a culture of professional and managerial control.

There can be resistance to change because this represents a new way of working. Some health professionals feel threatened and do not understand what members of the public can offer, or have concerns about the quality of service provided by lay workers. Watch It shows that such issues can be dealt with by having appropriate support systems, such as supervision and feedback sessions, in place at the outset.

There is evidence from the expert hearings that strong partnerships can develop between health professionals and lay workers, based on mutual respect and learning, and this can ultimately benefit service users.

So what can health professionals do to support members of the public who are involved in promoting health? Specialised health promotion or community development practitioners may be involved in establishing and supporting projects but primary care professionals also have an important role

to play. A number of pointers for good practice based on the study findings are:

- People tend to get involved gradually and welcome personal contact. A friendly face and having access to support matters.
- Training can help prepare people but it needs to be flexible to cope with different learning needs. Some people may want to access other types of training to help with personal development and employment.
- People may lack confidence initially but it is important to recognise the valuable life experience and local knowledge people bring. Professionals can help people build on their existing skills and networks – training should not be about producing quasi-professionals.
- Red tape can put people off, especially if there are literacy barriers, and should be minimised.
- Professionals can find out about local community projects and spread the word. Community nurses are in a good position to disseminate information about health promotion activities like breastfeeding support groups, health walks, and community events as they are a trusted source of information.
- Robust referral and signposting systems need to be developed. Lay workers and volunteers can play a valuable role in directing people in need of health services but they need to know

about what those services offer, who should be directed and how services can be contacted.

Conclusion

The NICE (2008) guidance on community engagement suggests that greater community input into services will make them more sustainable and accountable and will ultimately lead to wider health benefits.

This vision needs to be translated into practical approaches that work for primary care professionals and community members. We have tried to give an overview of the potential benefits of building a community or lay workforce for public health and to highlight how different approaches can be used. Improving public health and reducing health inequalities cannot be done by health services alone.

Primary care nurses working in the heart of communities have an important role to play in building local partnerships that are based on good communication and mutual respect and, that enable people to make a contribution to the health of the community.

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