EMPOWERMENT AND HEALTH & WELL-BEING

altogetherbetter

EVIDENCE REVIEW

James Woodall
Gary Raine
Jane South
Louise Warwick-Booth

Centre for Health Promotion Research,
Leeds Metropolitan University

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This evidence review was commissioned as part of the evaluation of the Altogether Better programme, which is funded through the BIG Lottery and aims to empower people across the Yorkshire & Humber region to lead healthier lives. A shorter evidence summary is available to accompany this report.

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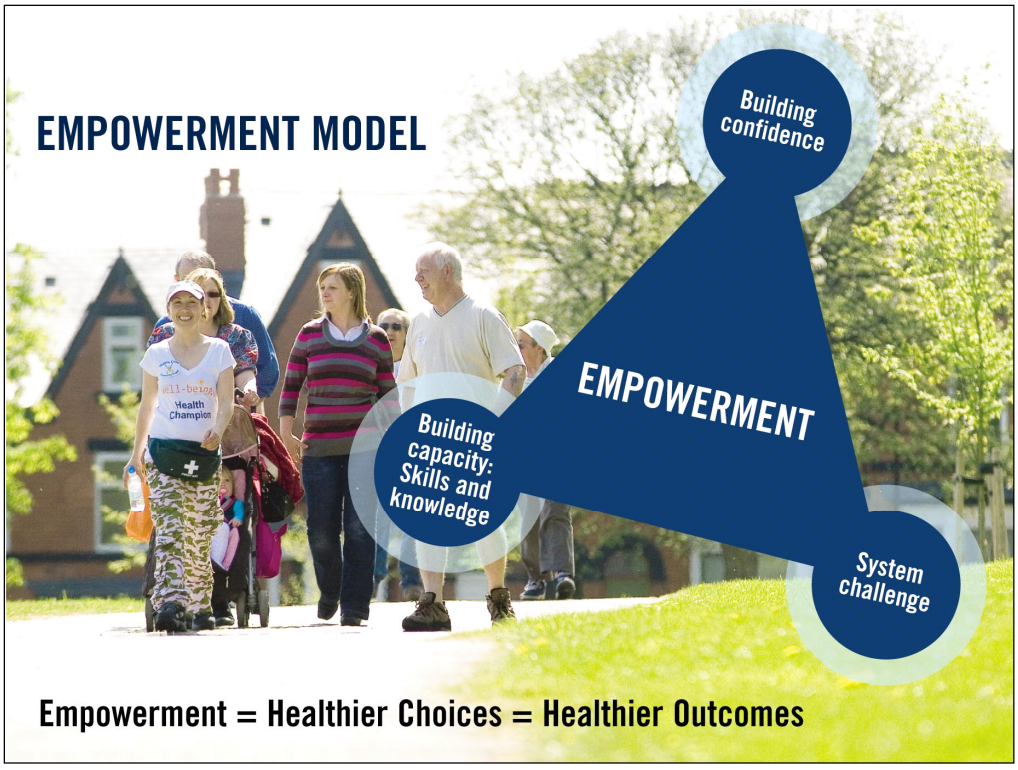
1. Introduction

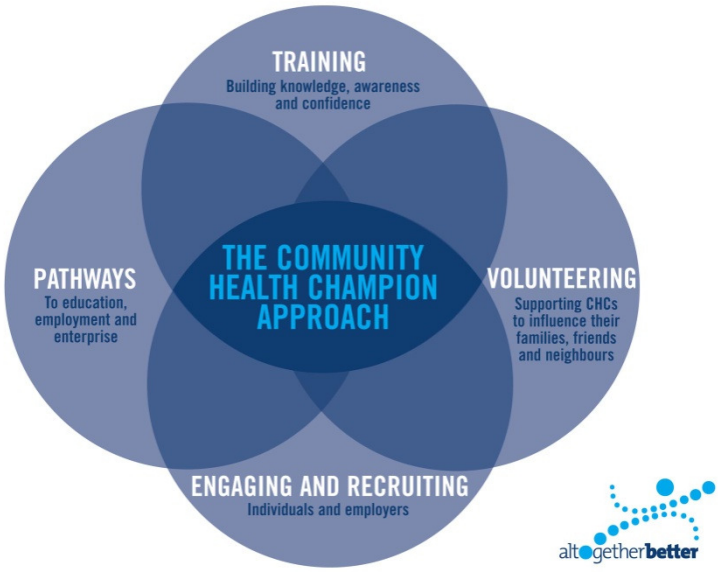
This evidence review looks at the evidence base for empowerment and health & well-being. It was commissioned as part of the evaluation of the Altogether Better programme, a five-year initiative funded through the BIG Lottery that aims to empower people across the Yorkshire and Humber region to lead healthier lives. The regional programme is made up of a learning network and 16 community and workplace projects, which are working to increase physical activity, improve healthy eating and promote better mental health & well-being. Altogether Better is based on a programme empowerment model. This model is based on three elements: building confidence, building capacity and system challenge (Figure 1).

Figure 1: The Altogether Better empowerment model



At the heart of this model is the concept that people can be equipped with the knowledge, confidence and skills to make a difference in their communities. Altogether Better is recruiting people from a range of different communities and target groups to become community health champions, who then receive training and support from the projects to enable them to carry out voluntary activities in workplaces and neighbourhoods (1). It is envisaged that community health champions will gain personal benefits from involvement which will ultimately lead to them inspiring others (1).

Figure 2: Altogether Better Community Health Champion approach



Altogether Better, in its attempt to empower people in communities that are seldom heard or experience high levels of ill–health, draws on a long tradition of community engagement in health (2-4). Involving members of the public in supporting other people to make positive changes in their lives is based on sound understanding of the value of life experience and the support systems that can exist within neighbourhoods (5, 6).

In 2009, the Centre for Health Promotion Research, Leeds Metropolitan University, was commissioned to evaluate the Altogether Better programme. One of the primary aims of the evaluation was to develop understanding of the community health champion role linking to the existing evidence base on empowerment. This evidence review on empowerment and health & well-being links with a thematic evaluation on empowerment in practice and two further evidence reviews on:

- The role of Community Health Champions.
- Mental health and employment interventions.

The main purpose of this evidence review is to provide an overview of relevant evidence on empowerment and health & well-being. It has been written to help inform those commissioning, managing and supporting community health champions. It is hoped that the Altogether Better evaluation will help build a strong body of evidence for 21st century UK public health practice.

The findings presented in this summary report are based on a rapid review of evidence on:

- Definitions of empowerment
- The impact that empowerment makes on the health & well-being of individuals
- The impact that empowerment makes on the health & well-being of communities
- How communities are empowered to improve health & well-being.

The evidence review includes a brief description of the methods used in the review and also highlights some of the issues for applying the evidence in practice. A shorter evidence summary is available to accompany this report.

2. Review methods

This evidence review is based on a rapid review of evidence on empowerment and health & well-being. This section briefly describes the approach adopted and the review methods that were used. The key objectives of this evidence review were to:

- undertake a review of existing evidence, both published academic work and grey literature;
- provide an accessible synthesis of relevant evidence on definitions of empowerment and the impact that empowerment makes on the health & well-being of individuals and communities.

It was important that evidence from different sources was selected and reviewed in a systematic way so that the results can be used as a basis for developing practice. It was not possible to undertake a full systematic review process in the time available. The evidence review needed to synthesise evidence and be directly relevant and accessible for practitioners and strategic leads. Appendix 1 gives a glossary of key terms.

How was the review done?

A common approach and method were used for all three evidence reviews (community health champions, empowerment and mental health & workplace interventions). This involved a series of stages from searching to review (see Box 1). A hierarchy of evidence was used to make sure that the strongest and most relevant evidence was reviewed. Only evidence published between 2000-2010 was included. Expert reviewers also highlighted key papers and reports which were considered during the review process. The search strategy and inclusion/exclusion criteria are found in Appendices 2 and 3.

In total 13 publications were reviewed. To make sure that the rapid review process was as rigorous as possible, a common analysis framework was developed across the three reviews. Findings from each selected publication were summarised using a data extraction framework (Appendix 4) and at this point some papers were rejected due to lack of evidence. The remaining results were then brought together and written up for this evidence review. A final stage involved the draft report being sent for peer review to academic and other experts.

Box 1: Stages of the rapid review process

1. Search strategy developed. This involved identifying key terms and synonyms, inclusion and exclusion criteria and agreeing relevant databases and web sites.

2. Searches conducted using major databases, including: MEDLINE, CINAHL, ASSIA, PsycLIT, The Cochrane Library and relevant websites such as Department of Health, NICE, King's Fund etc.

3. Screening to identify the most relevant papers and reports based on hierarchy of evidence and relevance to ATB programme.

4. Gaps in evidence identified and additional web searches conducted.

5. Development of data extraction forms and framework for synthesis of results.

6. Review of major papers, reports and other significant texts. Information extracted on key fields using a common data extraction framework.

7. Synthesis of findings in relation to roles, processes, outcomes at individual and community level.

8. Peer review of draft report and evidence based statements.

Limitations of review

After completing stages 1-3 of the rapid review process (see Box 1), it was apparent that, in contrast to the other reviews, there was a lack of systematic review evidence related to empowerment and health & well-being. Nevertheless, the evidence review was able to bring together a number of research publications related to empowerment and health outcomes, including an evidence synthesis commissioned by the World Health Organization and other literature reviews by prominent authors. The focus of the evidence review was widened to include research based evidence, expert reviews, evidence synthesis and evidence from single programmes, where these had relevance to Altogether Better. This enabled some evidence-based statements about the impact of empowerment programmes to be made. A summary of the 13 publications included in the review can be found in Appendix 5.

3. What does empowerment mean?

There is much confusion about what empowerment is and what it means. Despite the term's popularity, practitioners and academics have often used 'empowerment' very casually and it appears that it is used by different people to mean very different things. Empowerment remains, however, a central principle for health promotion and to the World Health Organization as it concerns individuals and communities increasing control over their lives and their health.

In its widest and most radical sense, empowerment concerns combating oppression and injustice and is a process by which people work together to increase the control they have over events that influence their lives and health (8, 9).

> Empowerment is "a process by which people, organizations and communities gain mastery over their affairs." (7)

Most definitions accept that empowerment is a complex process and it can occur at an individual, organisational or community level. This implies that empowerment is not only about people changing, but also about environmental, organisational and system change. This is in tune with the Altogether Better model of empowerment, which incorporates individual change as well as challenging systems which inhibit health choices from being made (see Figure 1). Nonetheless, in reviewing the available definitions, it is clear that the health literature has mainly focussed on measuring the individual aspect of empowerment with individual concepts like self-efficacy (i.e. people's belief about performing a given activity) and self-esteem featuring prominently (10). While distinctions are made between individual and community empowerment both concepts are heavily interlinked because community empowerment builds from individual action.

Individual empowerment

Individual empowerment, also referred to as psychological empowerment, relates to a number of attributes which are needed for people's personal capacity to be realised. This may include building people's confidence or self-worth, boosting their self-esteem, developing their coping mechanisms or enhancing their personal skills in order for them to make health related choices. Individual empowerment basically means people feeling and actually having a sense of control over their lives. Research tells us that this 'sense of control' is particularly important, as it has a direct effect on improving an individual's mental and physical health (11-13).

Whilst individual empowerment is fundamental to people gaining increased control over their lives, it is limited because it does not consider the wider environmental influences on people's health, such as poverty and employment. Empowerment, therefore, in its broadest meaning not only concerns individuals gaining skills for themselves, but it is also about communities overcoming structural barriers and creating change through partnerships, participation and collective action (14).

Community empowerment

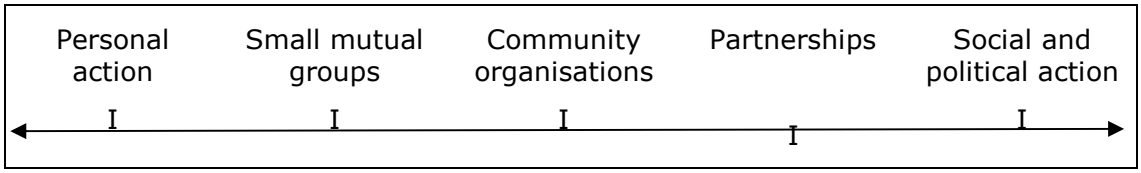
> Community empowerment "…a social-action process that promotes the participation of people, organizations and communities towards the goals of increased individual and community control, political efficacy, improved quality of life and social justice." (11, p.198)

Community empowerment has similarities with, but is still different from, other terms like community capacity and social capital. In summary, community empowerment concerns power relations and intervention strategies which ultimately focus on challenging social injustice through political and social processes (14). The overall aim is to allow people to take control of the decisions that influence their lives and health.

Community empowerment: a process or outcome?

Community empowerment has been described as both a process and an outcome; it is, however, most consistently seen as a process in the form of a continuum (15). As a process, community empowerment can be regarded as a series of actions which progressively contribute to more organised community and social action (16). Starting with an individual's concerns about a given issue, the process of community empowerment begins with the development of small mutual groups, then community organisations, partnerships and ultimately to groups of people taking political and social action to create social change through the redistribution of resources and power (8, 10). Each point along the continuum represents a progression towards the goal of community empowerment. Whilst this is how it is represented in Figure 3, it is important to realise that this process is often far from being straightforward or linear.

Figure 3: Community empowerment as a continuum



(16, p.48)

Participation is an important feature of community empowerment. Individuals have a better chance of achieving their health goals if they can share these matters with other people who are faced with similar problems. Through participation, individuals are likely to experience some degree of control as they are better able to define and analyse their concerns and together they are capable of finding joint solutions to act on their issues (17). However, while participation forms *"the backbone of empowering strategies"* (14, p.9) participation alone does not guarantee empowerment as it can often be manipulative and passive, rather than truly engaging and empowering.

Empowerment outcomes, on the other hand, refer to the results of the process. An empowerment outcome could, for instance, be the redistribution of resources to redress health inequalities or a change of policy in favour of community groups that have come together to create change. Importantly, empowerment cannot be given to people but

comes from individuals and communities empowering themselves. Health practitioners and professionals may create a situation where empowerment may be more likely, through facilitation and support, but only when groups of people gain their own momentum, acquire skills and advocate for their own change will community empowerment have been fully realised (14).

4. What difference does empowerment make to the health & well-being of individuals?

Although the term empowerment is frequently used, the availability of high-quality research which demonstrates its success for improving individual health & well-being is fairly minimal. There is, however, some evidence that shows that empowerment programmes can lead to improved health outcomes for people. For example, in a large literature review examining the effectiveness of interventions using an empowerment approach (14) the evidence indicated that empowerment strategies were 'promising' in their ability to produce improved health impacts. Within this review, good evidence was presented which showed improved health outcomes in programmes targeting particular community groups, including women, younger and older people, the poor and people at risk of HIV/AIDS.

Based on the available literature this review suggests that there are five key areas where empowerment strategies or interventions had improved individual health related outcomes. These areas have been identified as:

- Improved self-efficacy and self-esteem
- Greater sense of control
- Increased knowledge and awareness
- Behaviour change
- A greater sense of community, broadened social networks and social support

Improved self-efficacy and self-esteem

There is good evidence, from literature reviews and single studies, showing that empowerment interventions increase participants' psychological well-being, including self-efficacy, confidence and self-esteem (8, 9, 14, 18-21). Two comprehensive reviews, for example, both showed how participation in various groups and programmes had led to increases in these particular health related outcomes (8, 14).

A synthesis of various youth empowerment strategies were related to various benefits for the young people, including strengthened self and collective efficacy (14). One literature review (8) also highlighted how participation in a women's reproductive health and development programme led to an improvement in reported levels of self-esteem and confidence in the women. This has been described in Box 2.

Box 2: Yuannan women's reproductive health and development programme (8).

Participation in the Yuannan women's reproductive health and development programme involved women documenting their life conditions using 'photovoice', a participatory strategy that uses photographs for creating discussion between people. The women were given cameras to capture their lives as they saw them. The images collected were then used to promote dialogue, critical thinking and to identify causes of powerlessness. The images allowed the women to better advocate for change and resulted in an improvement in the reported levels of self esteem and confidence.

Photos produced as part of the programme led to the establishment of day-care centres, midwifery programmes and scholarships for rural girls.

Further evidence, based on single research and evaluation studies, showed associations between empowerment approaches and individual health outcomes. A study, based in the US, examined the relationship between older adults participating in a programme to develop employability skills and the impact this had on their levels of empowerment and health. The majority of participants on the programme believed their mental health had improved as a result of attending the course and participants reported more positive attitudes about themselves (21). There were also suggestions in the literature that programmes were often able to encourage a process of self-reflection and consequently increase participants' self-image and confidence (19, 21). For example, the Armistead project in the North West of England aimed to provide gay men with the information and opportunities to develop the skills required to live healthier lifestyles. An evaluation of the service showed some evidence that the programme was able to empower the men through enhancing their own perception of self-worth.

There was a small amount of evidence that indicated that these particular health outcomes were not confined to the programme participants, but also the health of those delivering the intervention had also improved. A small scale study which examined the outcomes of *Poder es Salud* (Power for Health), a community based project to improve health through Community Health Workers (CHW), found that as a result of the intervention the CHW felt an increased sense of personal potential and increased desire to advocate for their communities (22).

Greater sense of control

Evidence from one literature review suggests that participating in groups that share common interests can help individuals increase their sense of personal control in their lives (see Box 3) (8). This has also been reported in other studies where participants have reported feeling more empowered and in control of their lives as a result of self-help group membership (23).

Box 3: Participatory learning exercises in a poor rural population in Nepal

Participatory learning exercises in women's group in a rural population in Nepal resulted in a reduction in neonatal and maternal mortality. Through participation in groups, the women became more able to define, analyze, and then, through the support of others, articulate and act on their concerns regarding childbirth. The participation aided the development and strengthening of social networks and improved social support between women.

There are strong indications in the patient empowerment literature that empowerment approaches can enable individuals to take greater control of their conditions, especially in the case of patients with diabetes (14). A review of the evidence in relation to community engagement showed that when patients are enabled to take a greater part and control in managing their own conditions they place fewer demands on NHS services (24). In addition, evidence from a chronic disease self-management programme showed that participation improved health behaviours, improved health status and decreased the number of days that participants spent in hospital (24).

Increased knowledge and awareness

There was some research evidence which demonstrated the link between empowerment and increases in knowledge and awareness. A synthesis of evidence presented by NICE suggested that community engagement initiatives are able to develop the skills and knowledge of participants, particularly in terms of equipping them for regeneration activities (25). In addition, an intervention which aimed to empower gay men reported that a considerable number of the clients had benefited in terms of improved health awareness and knowledge (19).

Behaviour change

Empowerment strategies focussing on high risk groups (sex workers, injecting drug users, men having sex with men who are not homosexually identified) have often adopted empowerment strategies (14, 19) and there is some evidence that these approaches can lead to behaviour change, including greater condom use which leads to reductions in HIV infection rates (14). Evidence also suggests that engaging young people in structured activities that link them to each other and to institutions reduces rates of substance abuse (14).

A sense of community, broadened social networks and support

Whilst few studies have measured the health benefits of community participation, a literature review by Glenn Laverack (8) makes the point that individuals do have a better chance of achieving their health goals if they can participate with other people who are affected by the same or

"Social support is generally accepted as an important determinant of and as having a beneficial effect on health, both at home or in the community; for example, people can better cope with stressful events by sharing problems and this can lead to empowerment." (8, p.115)

similar circumstances to build inter-personal trust and trust in public institutions (see Box 4).

Only a few published studies were able to report any association between community participation and actual benefits in health (14). However, a child nutrition programme in Vietnam, which aimed to empower women to share information and learn problem-solving and child care skills in supportive environments, improved children's food intake (14). There is also evidence which shows that a sense of community can improve individuals' immune systems, lower blood pressure and guard against premature ageing (24). Furthermore, living in a supportive community environment can reduce the chances of individuals suffering from depression related illness and consequently engaging in unhealthy behaviour, such as overeating and drink and drug abuse (24).

Box 4: Resource Sisters/Compañeras programme (8).

One project in inner-city Florida used an approach of critical thinking to develop the skills of women from the community to facilitate peer-support groups and to address the health issues of its members. Support groups or 'mothers' circles' were created so that the concerns of the women could be discussed and shared. Alongside the facilitators, the women identified the root causes of their poverty and the morbidity and mortality of their children.

Group attendance was good and was felt to improve community cohesion. At first, the participants focused on their immediate problems and found it difficult to comprehend how broader contextual issues affected their sense of powerlessness. Over time, the participants started to understand that social determinants, such as under-resourced health and education systems in their neighbourhoods, were linked to their experiences of poverty and poor health.

Only one research report suggested that empowerment strategies may have negative impacts on community health & well-being through raising false hopes or expectations, although research evidence was not collected to test this idea. The author suggested that being involved in a group can result in expectations that there will be changes in health & well-being. They noted that if such changes do not happen feelings of frustration over unmet expectations may occur (18).

5. What difference does empowerment make to the health & well-being of communities?

Measuring the impact of empowerment on a community level is very difficult. Our review generally found fewer instances where empowerment approaches had made a difference to the actual health & well-being of communities, although there was good evidence showing that community engagement is beneficial for social cohesion, social capital and strengthening relationships and trust among participants (25).

> "Very few studies could measure the health benefits of community participation." (8, p.115)

In general the evidence in this area was weak in terms of showing tangible health gains, although one review showed that community action had created sustained changes in the social and organisational environment which had led to improvements in health (8). It showed that community-action initiatives on alcohol regulation had led to the training of bar staff, reduced hours of operation of licensed premises, increased age-verification checks and highly visible drink-driving enforcement. The review suggested that these interventions had resulted in reductions in injuries and in drink-driving by those aged 18-19 years (8).

A further literature review, based on evidence after analysing 40 women's empowerment projects, demonstrated a range quality of life improvements as a result of the projects, including increases in women's advocacy demands, enhanced services and government change, however, no direct health impacts were reported (14). Similarly, evidence produced from evaluations of youth empowerment interventions have revealed increased participation in social action and actual policy changes. This participation was linked to improved health and educational outcomes (14).

Based on international research, interventions have used community mobilisation approaches to improve equity of services, reduce institutional barriers of government, enhance participation in local government, strengthen civil society associations and create healthy public policies which themselves lead to improved health (14). Finally, research based evidence from a single large scale programme (Communities First programme in Wales), which intended to increase opportunities for community empowerment and influence over service providers, showed that communities were making a political impact. The programme demonstrated that opportunities for community 'voices' to be heard had been increased and this had raised community capacity to vocalise their needs and create change (26).

6. How are communities empowered to improve health & well-being?

Enabling factors

There were a number of enabling factors that were identified within the literature which contributed to community empowerment and improved health & well-being:

- Empowerment strategies are more likely to be successful if incorporated within wider macro-economic and policy strategies aimed at creating greater equity (14).

- Any effort to promote community empowerment and local engagement needs to consider co-ordination with existing community forums or organisations through which local voices are already heard (26).

- Participation is more likely to occur when funding, support mechanisms and development opportunities are in place (26).

- It is imperative that the relationship between the professional and the community is equal in order to facilitate empowerment based approaches (20).

Inhibiting factors

Lessons learned from the Communities First programme in Wales suggest that whilst community members were able to contribute to decision making at the local level, statutory agencies did not respond fully to the community's agenda. For example, there was little evidence of community influence over budgets, service delivery or prioritisation of issues (26). One literature review suggested that it was important that the community feels some 'ownership' of the programme or intervention (8). Similarly, the National Institute of Health and Clinical Excellence (NICE) (25), in their review of community engagement to improve health, reported 14 studies where the (mis)use of power by officials had been a constraint on the process and outcome of community engagement programmes.

> "…community empowerment is not readily achievable in all areas and greater levels of preparatory capacity building will be required in areas with little tradition of active community and areas with low levels of social capital. Consequently, the achievement of community empowerment will have an uneven front and major divergence of levels of local participation will be evident in the short to medium term." (26, p.39)

The Communities First programme reflected on the challenges of community empowerment in different neighbourhoods and noted how greater levels of community development were often required in certain geographical areas where community activities and involvement had traditionally not existed. It also suggested a need for training and support for civil service, local authority and public sector staff to allow more participative types of working to flourish (26). This was also identified by NICE (25).

"Participation can be constrained by development experts' unwillingness to challenge internal power relations, lack of knowledge about empowerment, or unwillingness to extend beyond engaging key informants in order to genuinely facilitate community decision-making" (14, p. 8-9)

Cultural and structural barriers were also felt to inhibit empowerment programmes from flourishing (14, 18). One review suggested that uneven power dynamics makes collective action difficult for marginalised groups like young people, women or injecting drug users. Other issues concerned the barriers to participation and the limitations of only engaging community members as no more than informants (14).

7. What are the research gaps?

> "More research is needed to establish the evidence for links between empowerment and improvements in the health status of individuals, groups, and communities." (8, p.118)

Empowerment is a term that is used repeatedly in health policy and practice. Nonetheless, there is a gap between the 'theory' of empowerment and the evidence which suggests that it is beneficial for health & well-being. Some recent UK reports have made links between empowerment and health (27-29), but this literature was often excluded from the search because the focus was not directly related to health outcomes *per se*. For example, a report written for the Department for Communities and Local Government (27) showed evidence of communities that had been empowered and had taken action to create systems change. However, sufficient data were not available to make firm evidence based statements on this. Additional research is, therefore, needed to make clearer connections between empowerment and improvements in health status either at an individual, group or community level (8, 24), as the current evidence base is vastly underdeveloped.

A similar picture, in terms of limited evidence, emerges in regards to the benefits of community engagement and links to health outcomes (25). Where evidence on empowerment is available, it predominantly comes from outside of the UK and is based mainly in developing countries. This can raise some issues in relation to transferring knowledge and learning from specific international contexts and programmes.

> "While understanding the role of empowerment interventions in reducing social exclusion and health disparities is a laudable goal, empowerment projects at the neighbourhood, village, municipal or national levels are difficult to evaluate." (14, p.20)

There is a need to develop appropriate approaches so that any benefits of empowerment are captured. Many programme evaluations have used weak methodologies, based on small sample sizes for example, to try and demonstrate effectiveness. The evidence suggests that programmes often find it challenging to quantify the actual differences they make to the health of individuals and communities.

It can also be difficult to determine the effect that a programme can have on individual and/or community health outcomes because the cause of any change may not be solely down to the empowering approach. This makes the task of determining any health outcomes a challenge from a methodological standpoint. Guidance from the World Health Organization suggested that evaluations should attempt to examine both processes and outcomes and that evaluations are given adequate resources so that a mix of methodologies and designs can be incorporated (14).

8. What does this mean for practice?

There is some evidence that suggests that empowerment approaches can improve health outcomes for individual and community health, although this evidence is far from strong or robust. This review has found that empowerment can have a positive impact on participants' self-efficacy, self-esteem, sense of community and sense of control and, in some cases, empowerment can increase individuals' knowledge and awareness and lead to behaviour change. These findings were particularly apparent in literature reviews focussing on youth empowerment approaches and those programmes concerning women and people with chronic conditions. There was less evidence that could prove a clear link between empowerment and community health & well-being, but this may be because of the measurement challenges. In fact, our review found few instances where empowerment approaches or strategies had really made a difference to the wider health & well-being of communities. Where links had been demonstrated, this was often based on studies outside of the UK and in some instances in developing countries. While this does make the transferability of evidence difficult in terms of relating it to the Altogether Better programme and their model of empowerment, a number of pointers for practice can be made.

Pointers for practice:

1. Individual and community empowerment are interlinked concepts. As people become empowered, they can work together to create positive changes and to challenge the system.
2. Empowerment approaches have a beneficial impact for individuals' health & well-being. Self-efficacy, self-esteem, sense of community, sense of control and increases in individuals' knowledge and awareness are all proven outcomes.
3. The difference that empowerment makes to the health & well-being of communities is less clear. However, by involving people and communities in various aspects of decision-making, including the planning, implementation and evaluation of interventions, it is assumed that levels of empowerment are greatly increased and positive health outcomes are more likely.
4. Practitioners can help to create situations where empowerment is likely through helping people build confidence or by facilitating groups. Efforts need to be made to promote equal relationships between professionals and communities.
5. In order to assess the value of empowerment approaches and contribute to the evidence base, practitioners and community members should be supported and encouraged to develop evaluation skills so that they themselves can begin to measure the effectiveness of their work.
6. The inconsistency in the use of the term 'empowerment' can cause a number of problems for practice. A more transparent and mutually agreed definition is needed that explains the relationship between empowerment as an individually oriented approach and a community based approach. Altogether Better may want to consider a clear and explicit definition of 'empowerment' so that programme leads and community health champions across the 16 projects are working toward a similar overall goal.

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Appendix 1. Glossary of key terms

Community	A community is defined as a group of people who have common characteristics. Communities can be a group of people living in the same area or can be defined by having shared interest or identity[1].
Community engagement	Community engagement is the process of getting communities involved in decisions that affect them. This includes the planning, development and management of services, as well as activities which aim to improve health or reduce health inequalities[1].
Community health champion	Individuals who are engaged, trained and supported to volunteer and use their understanding and position of influence to help their friends, families and work colleagues lead healthier lives[2].
Community health worker	Community health workers are individuals who are recruited from local communities and carry out a public health function. Community health workers receive training and/or are supported to deliver the intervention(s) but do not have professional training[3]. Community health workers are sometimes called lay health workers or lay health advisors.
Empowerment	Empowerment concerns individuals and communities increasing control over their lives and their health. Individual empowerment is about people having a sense of control over their lives through building people's confidence, boosting their self-esteem, developing their coping mechanisms or enhancing their personal skills. Community empowerment is about allowing people to take control of the decisions that influence their lives and health[4].
Hierarchy of evidence	A hierarchy of evidence is where sources of evidence are graded in order to make statements on the strength of the evidence. Criteria reflect the extent to which evidence is based on strong research design and methods, or has relevance to practice.
Social capital	Social capital is the degree of social cohesion in communities. It refers to the interactions between people that lead to social networks, trust, coordination and cooperation for mutual benefit[1].
Systematic review	Systematic reviews aim to comprehensively locate and synthesise research that bears on a particular research question using organised, transparent and replicable procedures at each step of the process. Good systematic reviews take precautions to minimise error and bias[5].

[1] National Institute for Healthy and Clinical Effectiveness. 2008. Community engagement to improve health. *NICE public health guidance 9.* NICE, London

[2] Altogether Better (2010) Altogether Better Programme: Phase 1 Development Altogether Better, Big Lottery Fund.

[3] Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, Van Wyk B et al. Lay health workers in primary and community health care. *Cochrane database of systematic reviews* CD004015. Epub: 2005 Jan 25.

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Appendix 2: Empowerment literature search strategy

Research questions:

- Q1 -To identify what empowerment means in the context of health and well-being (addressed via independent variable search)
- Q2 - To identify what difference empowerment makes to the health and well-being of communities and individuals (addressed via the outcomes search)
- Q3 – To identify how particular groups and communities are empowered to improve their health and well-being, via examining what mechanisms and conditions are necessary (addressed via dependent variable and mechanisms search)

		Specific searches to address Altogether Better research questions				
Databases to search	**Target population**	**Independent variable:** **What does empowerment mean?**	**Outcomes:** **Consequences of empowerment**	**Dependent variable: Enabling Factors**	**Mechanisms**	**Document/Type of study/evidence**
Through CSA: • **ASSIA**: Applied Social Sciences Index and Abstracts • **MEDLINE** Social Services Abstracts	Key words: • Community OR Member OR Participant OR Lay OR Champion Key areas: • Individuals • Communities	Key words: • Empowerment • Participants OR Capacity OR Mastery OR Social action OR Engagement OR Involves OR Negotiate OR	Key words: *1. Health:* Improves OR Benefits OR Health literacy OR Health behaviour OR Depress *2. Well-being:*	Key words: • Leaders OR Political will OR Support OR Values OR Representation Or View OR Beliefs OR Expectation$ OR Time OR	Key words: • Model$ Or Intervention$ OR Strategies OR Mechanisms OR Process* OR Evidence OR Causal patterns Key areas: • Process	• Book reviews • Literature reviews • Peer reviews • Review articles • Systematic reviews • Evaluation reports • Official publications • Policy

Specific searches to address Altogether Better research questions						
Databases to search	**Target population**	**Independent variable:** **What does empowerment mean?**	**Outcomes:** **Consequences of empowerment**	**Dependent variable: Enabling Factors**	**Mechanisms**	**Document/Type of study/evidence**
• **Social Services Abstract** • **Sociological Abstracts** • **Worldwide Political Science Abstracts** Through (EBSCO): • **PSYCInfo** • **CINHAL** • **(IBSS)** International Bibliography of the Social	• Organisations • Community members • Residents • Community health champions • Participants • Lay • Health setting	Influence OR Controls OR Hold accountable *Additional key words:* • Power OR Making choice OR Decision making Key areas: • Participation • Capacity building • Strategies for decision making • Health promotion • Community action • Skills development • Creation of a sense of community	Quality of life OR Connectedness OR Networks OR Trusts OR Social Capital *Additional key words:* • Attitudes Key areas: *Community level*: • Improved Community engagement • Improved participation • Involvement in community activities • Improved community	Pro-active OR Knowledge$ • Improves OR Benefits OR Health literacy OR Health behaviour OR Depress *Additional key words:* • Factor* OR condition* OR sustainability OR support OR process* Key areas: *Conditions to nurture*	evaluation • Empowerment intervention • Qualitative evaluation • Models of empowerment • Models of implementation of empowerment • Empowerment strategies • Models of empowerment for health • Application of empowerment • Evidence based empowerment • Case studies	documents • Grey literature • Case studies

Databases to search	Target population	Specific searches to address Altogether Better research questions Independent variable: What does empowerment mean?	Outcomes: Consequences of empowerment	Dependent variable: Enabling Factors	Mechanisms	Document/Type of study/evidence
Sciences <u>Ad hoc databases:</u> • World Health Organisation • Department of Health • Community development federation • DARE • DoPHER • Cochrane Collaboration			connectedness • Increased social networks • Increased social trust • Increased social capital • Improved capacity *Individual and psychological level*: • Mastery • Self-esteem • Self-confidence • Increased knowledge • Self-efficacy • Skills development • Improved abilities • Improved	*empowerment*: • Involvement • Participation • Local leader involvement • Political will • Support • Effective leadership • Perceptions of value (positive) • Community control • Community representation • Adequate time • Balanced power relations • Sustainability • Capacity building *Barriers:*		

Databases to search	Target population	Specific searches to address Altogether Better research questions Independent variable: What does empowerment mean?	Outcomes: Consequences of empowerment	Dependent variable: Enabling Factors	Mechanisms	Document/Type of study/evidence
			relationships • Improved capacity *Health related (individual level)*: • Health improvements • Health benefits • Increased well-being (emotional, subjective, spiritual) • Promotion of health behaviours • Improved health literacy • Improved health related skills • Valuing health • Better self-	• Costs • Perceptions of value (negative) • Structural barriers • Unequal power dynamics/hidden power relations • Marginalized communities/individuals • Institutional barriers (politics, bureaucracy) • Lack of representation • Lack of time • History of distrust • Lack of management • Lack of resources • Lack of support • lack of		

Databases to search	Target population	Specific searches to address Altogether Better research questions: Independent variable: What does empowerment mean?	Outcomes: Consequences of empowerment	Dependent variable: Enabling Factors	Mechanisms	Document/Type of study/evidence
			reported health • Better mental health • Better use of health services • Improved quality of life NB: will be direct and indirect outcomes	knowledge (professionals and participants) • Passivity		

Appendix 3 Inclusion and exclusion criteria

	Included	**Excluded**
Type of evidence	Systematic review Literature review Expert evidence review (e.g. World Bank) Practice based review Other evidence review Evaluation of single programmes/projects	Commentary No evidence of review process (description of projects only)
Setting	Community setting	Workplace setting Not community or workplace setting Hospitals and care settings
Target population	All adults Children	
Intervention	Empowerment approaches (explicit)	No discussion of intervention

Criteria for strength of evidence

Is publication based on a review of evidence?

High-level evidence

Research based evidence (systematic review)
Research based evidence (non-systematic review)
Expert evidence (review)
Practice based evidence (from review of programmes)
Synthesis of evidence from different sources

Lower-level evidence

Practice-based evidence (from more general review of practice)
Research based evidence (single large scale or LT programme)
Research based evidence (single programme – high relevance to Altogether Better)

Criteria for of evidence to Altogether Better

High relevance

UK context
Related to promoting health around healthy eating, physical activity, mental health, addressing health inequalities.

Lower relevance

Non-UK
Developing countries

Other health issues

Appendix 4: Evidence summary framework data extraction form

Publication:	
Type of study/evidence:	
Target community & settings	
Definition of empowerment (summary)	
Roles & activities	
Implementation	
Individual outcomes for programme participants	
Community level outcomes (social capital; community capacity etc.)	
Costs/economic matters	
Key process issues - Influences on outcomes (enablers, constraints)	
Comment on strength of evidence. Evidence quality/hierarchy	
Evaluation issues – any research gaps	
Relevance of evidence to Altogether Better	
Summary statement of evidence (2-3 lines max)	

Appendix 5. Summary of data extraction of included reviews

Publication	Type of review	No of studies included	Target population & settings	Outcomes - individuals	Outcomes - community	Cost-benefits	Summary statement of evidence	Comments on relevance of evidence for Altogether Better.
Adamson & Bromiley (2008) Community empowerment in practice.	Research based evidence (from single large scale programme)	-	This study examines the Communities First (CF) programme in Wales	×	✓	×	Evidence from the Community First programme indicates that community members are willing & able to influence local decision making. However, traditional modes of operation in the public services do not readily respond to the enthusiasm and capacity present within the community.	UK based, but limited conceptualisation of community empowerment in this research – essentially term used to refer to localisation of decision making in which community members are directly involved.
Aday & Kehoe (2008) Working in Old Age: Benefits of Participation in the Senior Community Service Employment Program. Journal of Workplace Behavioural Health, 23(1/2), 125-145.	Research based evidence	-	Older workers	✓	×	×	Participation in this empowerment based programme led to increases in self-esteem, self-efficacy, and a concurrent greater sense of satisfaction with their personal and work lives.	The study focused on ways to encourage older people to return to employment. Results showed increased empowerment and self-esteem therefore the study has some relevance to Altogether Better and their empowerment model.
Crossley (2001) The 'Armistead' Project: An Exploration of Gay Men, Sexual Practices, Community Health Promotion and Issues of Empowerment. Journal of Community & Applied Social Psychology, 11, 111-123.	Research based evidence	-	Gay men and men who have sex with men in Liverpool and Sefton areas in the north-west of England.	✓	×	×	The paper demonstrates a good example of an attempt to generate social networks and a supportive environment among gay men in the pursuit of improved self-esteem and emotional heath. Some data is provided to suggest that the project was successful in increasing the self-esteem of their clients but a more in-depth focus on the implementation of the project	The study is UK based and focuses on issues related to sexual health practices and issues of empowerment.

							would be useful for the purpose of the empowerment review.	
Fisher & Gosselink (2008) Enhancing the efficacy and empowerment of older adults through group formation. Journal of Gerontological Social Work, 51 (1/2), 2-18.	Research based evidence	-	Older adults	✓	✓	×	One conclusion to be drawn from this research is that connections exist among efficacy, empowerment, social engagement, and well-being in later life.	The findings confirm the link between successful group action and increased efficacy and empowerment among the elderly. Not directly related to Altogether Better.
Gibbon (2000) The Health Analysis and Action Cycle: An Empowering Approach to Women's Health. Sociological Research Online, 4.	Research based evidence	-	Women in rural Nepal	✓	✓	×	The Health Analysis & Action Cycle approach was seen to produce positive outcomes in relation to individual & group empowerment.	Not UK focussed, but does present some health outcomes from the empowerment programme.
Hatzidimitriadou (2002) Political Ideology, Helping Mechanisms and Empowerment of Mental Health Self-Help/Mutual Aid Groups. Journal of Community & Applied Social Psychology, 12, 271-285.	Research based evidence	-	People in self-help/mutual aid groups in England	✓	×	×	Empowerment approaches can influence and shape the identity of a self-help group member.	A small scale study focusing on participants with mental health issues. Focus on group helping mechanisms and individual benefits from group participation.
Jacobs (2006) Imagining the flowers, but working the rich and heavy clay: participation and empowerment in action research for health. Educational Action Research, 14, 4, 569-581.	Research based evidence, including international literature review	-	Health living projects in Denmark	✓	×	×	The paper looks at participation as an outcome of empowerment and discusses the different approaches to empowerment 'bottom-up' and 'top-down'. The paper focuses on professionals and researchers who run the projects; it does provide some discussion around the relationship between participation empowerment and health. Further detailed	Some transferable findings that can be applied to a UK context.

							information about project implementation, process issues and target group would have been useful.	
Laverack (2006) Improving Health Outcomes through Community Empowerment: A Review of the Literature. Journal of Health, Population and Nutrition. 24(1),113-120.	Literature review	-	International review	✓	✓	×	The search conducted for this review was comprehensive, and should have identified most of the relevant literature.	Most of the evidence in this review does not come from UK based projects, only two UK examples are reported.
NICE (2008) Community engagement to improve health.	Synthesis of evidence from a range of different sources	-	Not stated	✓	✓	×	Provides some evidence of positive individual & community level outcomes resulting from community engagement.	Some transferable evidence, although not all the initiatives from which the evidence was generated for this guidance were directly related to health.
Rogers & Robinson (2004) The benefits of community engagement. A review of the evidence.	Synthesis of evidence from a range of different sources	-	Not stated	✓	✓	×	There is some evidence that community engagement can empower citizens and promote positive outcomes in relation to health & well-being.	Community engagement is seen as a means of empowering citizens, and the review does present evidence of benefits for health & well-being.
Shrestha (2003) A conceptual Model for Empowerment of the Female Community Health Volunteers in Nepal. Education for Health, 16 (3), 318-327.	Discussion paper	-	Female community health volunteers in Nepal	✓	✓	×	A discussion paper based on a model of empowerment to train volunteers.	Provides an empowerment model to train volunteers, this could possibly be adapted for some of the Altogether Better projects.
Wallerstein (2006) What is the Evidence on Effectiveness of Empowerment to Improve Health? Report for the Health Evidence Network (HEN).	Literature synthesis	500 reviewed in-depth.	International review	✓	✓	×	Empowerment strategies are promising in their ability to produce health impacts. The literature shows a consistency of empowerment strategies and outcomes, at the psychological, organizational and community levels, and across populations, though	Few UK based studies, but the evidence clearly has implications for Altogether Better's programme.

							specific outcomes vary by issue and social context.	
Wiggins et al (2009) Using popular education for community empowerment: perspectives of Community Health Workers in the Poder es Salud/ Power for Health program. Critical Public Health, 19 (1), 11-22.	Research based evidence	-	African American and Latino communities in Multnomah County, Oregon	✓	✓	×	Reports findings from Community Health Workers from the project. CHWs reported increased involvement in and desire to advocate their communities and an increased sense of personal potential.	The study is not UK based and is a small scale study, but there are transferable findings to the Altogether Better project.

www.altogetherbetter.org.uk

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