

# COMMUNITY HEALTH CHAMPIONS AND OLDER PEOPLE: A REVIEW OF THE EVIDENCE



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# SUMMARY AND KEY FINDINGS

The aim of this evidence review is to capture the impact that community health champion work, and that of those in similar roles, has for older people. This includes older people who become community health champions and older people in communities (programme beneficiaries) who are supported by community health champions.

The evidence for older people working in lay public health roles presented in this report is derived from three primary sources:

- A rapid review of the evidence in relation to older people and lay public health roles;
- A summary of key themes emerging from the data collected with older people during a thematic evaluation of community health champions in Yorkshire and Humberside produced for Altogether Better;
- Analysis and synthesis of monitoring and evaluation data produced by Altogether Better's older people's projects.

## Key findings

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- The data derived as a result of this work would suggest that older people engaging in lay public health roles are well placed to improve individual and community health and reduce health inequalities.
- The review demonstrates that there is rigorous evidence to suggest that older people carrying out lay public health roles (including the health champion role) gain personal health benefits. These benefits are particularly apparent in relation to mental and social aspects of health.
- There is good quality evidence which demonstrates that health programmes delivered by lay older people can effectively reach community members and provide health and social benefits. This includes reductions in social isolation, reducing blood pressure and increasing physical activity and weight loss.
- There is some evidence that indicates that older people working in lay health roles are advocates for local people and promote wider social and environmental change in their community, but this finding requires further evidence and validation.
- Findings from a thematic evaluation of community health champions included in this review, show that older people engaging in lay public health roles not only improve the health of the community (for example, through decreasing social isolation and improving mental well-being) but also see improvements in their own quality of life.
- Whether older people working in lay public health roles are cost-effective requires more in-depth research and analysis. Evidence would, however, indicate that this is a cost-effective health intervention that offers a positive social return on investment.
- There are a number of key process issues when considering the recruitment, training and support of older people working in lay health roles. For example, recruiting older people via existing older people networks is widely regarded as a successful strategy.
- This evidence review concludes that further research is necessary to examine the longer-term outcomes for participants engaged in programmes delivered by older people in lay public health roles. Moreover, a greater understanding of the support that older people require within lay public health roles is needed.

## 1. Context and background

Recent evaluation of Altogether Better projects (1) demonstrates that community health champions promote health through talking to people informally as part of their daily lives, through providing support to individuals and through organising or leading health groups and activities. This has positive effects both for the champions themselves and for project beneficiaries (2).

The aim of this report is to capture the impact that community health champion work, and that of those in similar lay public health roles, has for older people. This includes both older people as project beneficiaries and older people as community health champions. Politically, the government has outlined their strategic vision for volunteering and have indicated its potential in terms of health and addressing health inequalities(3). More specifically, current policy drivers highlight the particular benefits for older people becoming involved in volunteering and this commitment is clear in current policy:

*“In future years, the increasing proportion of older people in our society will provide both a resource and a source of need in terms of volunteering and wider social action.” (3, p.11)*

In the Government’s strategy for prevention and early intervention for older people, peer health mentoring is provided as a specific example for addressing low-moderate health needs (4). Moreover, this approach is emphasised in the Government’s vision of a health and social care environment (5).

### 1.1 Sources used in this evidence review

The evidence for older people working in lay public health roles is presented in this report and is derived from three primary sources:

- A rapid review of the existing international and national evidence in relation to older people and lay public health roles (see section 2).
- A summary of key themes emerging from the data collected with older people during the thematic evaluation of community health champions conducted by White et al. (1) (see section 3).
- An analysis of routinely collected monitoring and evaluation data produced by Altogether Better’s older people’s projects (see section 4).

## 2. Review of existing international and national evidence

This section provides a review of the existing literature on older people in lay public health roles (e.g. lay health workers, peer supporters, peer mentors etc.). International and national evidence was derived from the People in Public Health database (6) which drew on academic and grey literature and web based resources published from 1992 to November 2007.<sup>1</sup>

A supplementary search, using the same methodology as outlined by South et al.(6), was also conducted to capture any further evidence published since 2007. A total of 19 publications were identified as being relevant and have been included in this evidence review.

### 2.1 Older people in lay public health roles – what impact are they making to individual and community health?

A number of studies demonstrated the positive effect of older people working in lay public health roles. The majority of these studies were based on lay-delivered walking initiatives or physical activity programmes targeting older people in the community (7-10), but further research was identified that focussed on other aspects of health and well-being, for example weight-loss and falls prevention (11-16).

#### Physical activity and walking programmes

Two lay-led walking programmes, one based in the UK (8) and the other in Australia (7), both reported improvements in older participants’ (40-70 years) levels of physical activity after participation in a community-based scheme. Whilst neither study was able to show that changes in physical activity levels were statistically significant, the study by Jones and Owen (7) demonstrated that the lay-led community walking initiative had social benefits for the older participants, including the opportunity to meet other people and to walk ‘safely’ in a group. Similarly a UK programme which trains ‘Senior Peer Activity Motivators’ to increase physical activity amongst people aged 50 years and over, showed that the programme increased participants’ levels of physical activity and reduced social isolation (10). Westhoff and Hopman-Rock (9) also reported that participation in the peer-led ‘Ageing well and healthily’, in the Netherlands, was socially supportive for those involved in the initiative. This may be of particular importance, given that their study reported that half of the participants were widowed.

<sup>1</sup> The following databases were used during to conduct the literature search: MEDLINE/ PubMED, ASSIA, CINAHL, ERIC, LISA, Social Services Abstracts, Sociological Abstracts, Worldwide Political Science Abstracts, PsycLIT, NHS Economic Evaluations database, The Cochrane Library, NICE (HDA/ HealthPromis database), CSA Social Sciences, Web of Science, IDOX.

## Blood-pressure, weight loss and cardiovascular programmes

An evaluation of the Cardiovascular Health Awareness Programme (CHAP) in Canada has shown very promising results in relation to volunteer peer health educators delivering a ten-week blood pressure and cardiovascular risk factor assessment and education programme for community residents aged 65 years and over (12, 14). Based on a robust methodology, it was found that those communities that were randomly chosen to participate in the volunteer-led programme (compared to those communities that did not receive the programme) had fewer hospital admissions for cardiovascular disease and reductions were seen in admissions for acute myocardial infarction. Similarly, Truncali et al. (13) reported that a programme that trained older lay-people to deliver a blood pressure monitoring, tracking and referral advice programme, was effective in reducing the blood pressure of older people, especially those with an initially high systolic blood pressure reading. Peers delivering the programme were seen by other older people as role models and individuals that are able to provide social support.

Furthermore, a randomised control trial by West et al. (16) suggested that a lay delivered weight-loss intervention was promising in its ability to reduce the Body Mass Index of older adults. In comparison to a control group of older adults who did not have the intervention, those randomly allocated to receive the lay-led programme lost a significantly greater amount of weight after 4-months. Whilst not all of the older lay health educators were community volunteers (some were paid staff in the senior centres) and details on the process of the intervention were sparse, it was concluded that trained lay health educators can successfully implement and deliver an effective weight-loss programme for older people.

## Falls prevention programmes

A fall prevention exercise class taught by volunteer peer leaders, showed a 27% decrease in falls over a 12-month period for older adults with increased fall risk (age range 65-94 years). This was in comparison to a professionally delivered group as well as a seated exercise class delivered by a trained instructor (15).

## Reach and engagement

There was some evidence to suggest that older lay health workers were better able to reach and engage individuals who had previously not participated in health-related programmes (17). There were also indications that once older people were engaged they would continue to participate in health-related activities after the peer-led programme had finished (9).

## Creating social and environmental change

Older people working in lay health roles can also be a 'voice' for local people and advocates for wider social and environmental change in their community (18-20). This evidence demonstrates that older lay public health workers often move beyond improving individuals' health to improving community health and environmental conditions. As an example, walking groups have lobbied local councils for improvements in the local environment (20).



## 2.2 Health and social outcomes for older people in lay public health roles

The benefits of peer-led older people programmes often extend beyond programme recipients to the volunteers themselves. A number of studies suggest that older people in lay public health roles gain improved health and function (7, 21), through improvements in knowledge and 'modelling' positive health behaviours (22) and also through applying their newly-acquired skills (gained through training) to adapt their own lifestyle (23). The benefits to their social well-being, through meeting new people (22) and 'getting out of the house' (21), was also a strong theme to emerge within the identified studies. Improved self-efficacy (i.e. the belief that people have in performing a given activity), especially in the case of those trained to deliver walking programmes, was also highlighted in the grey literature (20).

These findings were also reinforced by qualitative data collected with older people during the thematic evaluation of community health champions conducted by White et al. (1). This is reported in section 3.3.

## 2.3 Examining the processes of older people delivering peer-led health interventions – points of learning from the evidence

Box 1 lists the key learning points derived from the review of evidence when considering the recruitment, training and support of older people working in lay health roles.

## 2.4 Cost-effectiveness

The review did not identify many studies that had formally evaluated the cost-effectiveness of older people delivering lay-led programmes. Nevertheless, there was general sense that they offered value for money (7, 8, 10, 13, 23). A New Zealand study (15) had attempted to put a cost on peer led community activities in comparison to professionally delivered programmes. They suggested that a peer-led falls prevention programme offered a very good return on investment, estimating that the programme cost NZD \$150 per person per year and reduced the incidence of falls by 27%. This compared to a home delivered

professional programme which reduced the rate of falls by 30%, but cost NZD \$400 per person per year.

A social return on investment (SROI) analysis of case studies from two projects targeting older people in the Altogether Better programme found a positive SROI of between £8.43 - £112.42 for every pound invested. SROI values provide an indication of the return on investment based on a number of estimates and assumptions made. These figures provide a useful indication of the potential levels of return for the community health champion approach for funders (24).

### Box 1. Key processes for recruitment, training and support of older people working in lay health roles.

#### Recruitment of older people as lay public health workers:

- Recruitment approaches vary, but generally newspapers, leaflets and other forms of advertising are effective in attracting interest to lay-delivered public health programmes(7, 10, 18, 22). Encouraging recruitment through existing older people networks has proved successful (12-14, 22, 25).
- Where mentioned, the skills required to be an effective lay public health worker seemed universal and included: good communication and interpersonal skills, warmth and trust.

#### Training:

- The training provided to older people in lay health roles varies greatly. The evidence is unclear in relation to the mode, frequency and delivery of training for older people becoming lay public health workers.
- Training should not be too long as this can be physically tiring (23) but it should not be too short either (11).
- The process of training older people can be beneficial in terms of providing people with social benefits (23).
- Issues in relation to the cost of training were rarely reported, although some evidence indicated that training can be expensive to deliver (9).

#### On-going support:

- There was no evidence in relation to the specific support requirements for older people working in this role.

- Some studies suggested that the feedback that older lay health workers received from programme recipients provided support and maintained internal motivation (21).

#### Retention:

- Retention of older people working as lay public health workers is an issue (9, 10, 12). One study (9) identified sickness, death and loss of interest as reasons for this.



## 2.5 Gaps in the current evidence base

Based on the current evidence base, there is a clear need for further research into programmes that involve older people in lay health roles. The following are areas for future consideration:

- More rigorous data needs to be collected on the longer-term outcomes for participants engaged in programmes delivered by older people in lay public health roles.
- A greater understanding of the peer-to-peer relationship in this population is required. Frequently age and/or the experience of a certain condition is the common bond in many peer-to-peer programmes (10, 12, 14, 18, 25), but in some

cases the difference in age between the volunteer and programme recipient maybe different (9, 22). Similarly, the health status of peers is frequently better than programme recipients (9, 22). Whether these issues make a difference to the delivery or outcomes of the programme, however, is generally unknown.

- A cost-effectiveness study is required to determine the true value of programmes which involve older people in lay public health roles.
- A better understanding of the support that older people require within lay public health roles is needed.



### 3. A summary of key themes emerging from older people working as community health champions in Yorkshire and Humber

#### 3.1 How were people's views gathered?

A qualitative approach was taken in order to fully understand the context, roles and outcomes of the Altogether Better projects which involve community health champions. This section documents the findings from a participatory workshop which was used to gather the views of community health champions. This workshop was part of the broader thematic evaluation (1) and because the community health champions were mainly from projects working with older people (Seniors Show the Way, Bradford and Older and Active, Leeds – see Box 2) we were able to draw on the data for this review. In the Bradford project, most of the community health champions were from older age groups, but in the Leeds project (Older and Active) this was not always the case. A total of 17 community health champions took part in this workshop.<sup>2</sup>

#### Box 2. Overview of Altogether Better projects

##### Bradford Seniors Show the Way

The project works with older people across the Bradford District in order to improve their health and to encourage them to 'pass on' these health messages to their friends and family.

##### Older and Active in Leeds

Older and Active in Leeds aims to empower members of the city's older generation to live healthier, more active lives through recruiting, training and supporting Community Health Educators to work with older people.

Within the workshops, the champions generally spoke about the benefits that their activities and programmes had made on the local community, but also the impact that participation had made to their own lives. These findings have been summarised below.



#### 3.2 The benefits for older people in the community

##### The variety of activities being delivered

The champions described a range of health-related activities that they delivered within the community for older people. These activities included: walking groups; chair-based exercise classes; art walks; presentations and discussion groups on issues such as depression and diabetes; salsa classes and gardening groups. Many champions discussed how the programmes being delivered to older people in the community were creative and innovative and often delivered at marginal cost. This was explained by one workshop participant:

*"...there's the opportunity to be innovative in terms of the work we do. For instance people doing exercise using the [Nintendo] Wii, I've done some work with walking and being creative around walking- taking photographs and stuff like that and I'm sure other people are doing other things. I know that wasn't being done by anybody in my community before and it didn't cost a great deal of money to initiate that programme."*

##### Decreasing social isolation and improving mental well-being

One of the recurring themes in the data was the impact that community health champions had in reducing social isolation, especially for older people in the community. One champion believed that this was the greatest contribution his project was making to older people's lives:

*"We work with like over 50s and we're maybe working with people who haven't been out of the house for a long time or if they have it's just to the local shop or they don't have that social interaction with people so we bring that sort of aspect to it as well."*

Some champions claimed that by reducing social isolation through organised walks their programme was reducing levels of depression and potentially saving the Government money (see box on the following page).

<sup>2</sup> Three community health champions working in Sheffield also attended the workshop.

## **Walking for health: ‘the wonder drug’**

*“I think it could be marketed at the wonder drug because it costs next to nothing does walking and the benefits that they’re finding from it are everyday focusing on a different aspect of it. You mentioned depression aspect, we mentioned the community aspect-getting people out of the house getting them socialising, getting them feeling better about themselves and getting them feeling that the community and the places where they walk belong to them. So it seems to do some good on so many different levels and yet costs next to nothing and it keeps them away from the GP.”*

Other champions involved in dance and reminiscence work also suggested that they made a small contribution to improving older people’s mental health:

*“When I’ve done dancing and reminiscence sessions and when I’ve put the music on I’ve noticed that people relax and they cheer up, their mood is lifted. All I do, it’s only simple, but they like it.”*

## **Improving mobility**

Whilst the champions claimed that their projects were improving people’s mental and social well-being, they also argued that they were making a difference to people’s physical health. Some champions, for example, had received positive feedback in relation to how their activities had improved participants’ mobility and movement:

*“Also the family members do see a difference in their parents or mothers or aunties-you know their mobility has improved and they’re more cheerful and they’ve changed. We too we can see it.”*

## **Support, reassurance and credibility**

The community health champions had a wealth of life experience that they were often able to share with other people in the community. This life experience was frequently used to provide reassurance to others:

*“When you speak to people, particularly if you’re speaking from your own experience, when you say to people I know how you feel they can believe that because you’ve been through the same thing that they’re going through at that moment. I think that’s a very important thing to get across to people that they’re not alone, there is support there and there is help and there are people who have been through exactly the same thing and they’ve dealt with it and they can help you deal with it.”*

One champion, for example, suggested that his knowledge and experience of managing diabetes was often well-received by others facing a similar situation. It was the credibility of his message that he felt was beneficial to people:

*“...[the community] also know that we know what we’re talking about. You know, because, you know, diabetes because you’ve had it or somebody in your family has, so they know that we know what we’re talking about, it’s not theory with us and we’ve actually got some experience that backs up our knowledge.”*

## **3.3 The benefits for the community health champions**

The enthusiasm of champions for their work came across very strongly and many were clearly passionate about it. The champions themselves gained several benefits from volunteering their time, as one champion put it: “by doing this we’re not only helping other people, you’re helping yourself.” These benefits are reported below.

### **Enhancing quality of life**

There was a sense that becoming a community health champion had been an enriching experience that had increased people’s confidence and self-esteem. The champions’ confidence levels were often boosted not only through attending formal training courses, but also through the experience of managing and organising community activities.

Many champions were delivering activities that they already enjoyed (like photography, art, dance and walking) and sharing this enthusiasm with other people was considered a pleasurable experience:

*“Well I’ve always liked walking. I started when I was thirteen from school I went to the Lake District and I got hooked on it from there so when I saw this advert for Walking for Health I joined and I’ve been doing it nearly 6 years now and I can’t imagine not doing it. It’s just really good, like you say, it’s good for you and it’s good for other people.”*

Many champions talked about improvements to their own quality of life as a result of involvement in the programme; one champion discussed the sense of community cohesion he felt:

*“It’s certainly enhanced my quality of life especially when I see how much others can give to us and we have to give to others as well in turn. We all need each other in this life really and we don’t gain anything by living in isolation.”*

## **Being a role model**

The responsibility of being a community health champion was taken seriously by all of the older people within the workshop and several regarded themselves as role models within the community:

*“Being positive around the people as well, to try and be that role model, that influence on them.”*

Being a role model often meant ‘practicing what you preach’ in terms of diet, exercise etc. One champion, for instance, commented on the improvements she had seen in her motivation to exercise as a result of her role:

*“If I can go out and deliver gentle exercise to the elderly, it’s motivation for me and it gets me exercising. As long as we all enjoy it and have a little laugh about it, it’s super!”*

## **Just doing something “really rewarding”**

Being involved in the programme had given many older people a sense of purpose. All the champions believed that what they were doing was worthwhile, both in terms of improving individuals’ health and also improving community life. For some, the sense of ‘giving something back’ to the community was important:

*“...it makes you feel like you’ve done something really worthwhile. When you’re working with individuals and you see what a difference it makes to their lives, it makes it really rewarding.”*

## **3.4 The qualities needed to be a community health champion**

Champions were clear about the attributes they considered were needed to undertake the role successfully. These included:

- Having empathy
- Being approachable and friendly
- Listening and being a good communicator
- Having knowledge of the areas they were talking to people about.

## **3.5 The future for community health champions working with older people**

Whilst there was general concern about the sustainability of programmes targeting older people in the community, many champions believed that any investment would make sound financial sense given that the population as a whole is living longer. It was suggested that this could have implications for reducing health service costs:

*“The triangle is going to be greater at the top than it is at the bottom and they’ll be looking at cutting costs and I would think this would save a lot on the NHS.”*



## 4. An analysis and synthesis of evaluation data produced by Altogether Better's older people's projects

This section synthesises the data produced by two Altogether Better projects focussing on older people (Seniors Show the Way and Older and Active in Leeds). From this data it is clear that the programmes have a tremendous reach and impact positively both on the champions, their family and the wider community. The data presented in Box 3 comes from routinely collected information from these projects.



### Box 3. Altogether Better's older people's projects: a summary of key statistics

#### Programme reach:

- Collectively, the two projects deliver a wide variety of sessions to older people. These include: health walks, 'Active in Age', tai chi, reminiscence writing, 'EXTEND' classes, cook and eat, art walks, diabetes talks, swimming buddies.
- At the time of writing, 1400 community health champions were recruited and trained in the Seniors Show the Way project. In addition, there were 150 'super champions' that are leading projects.
- 41 local people had been trained and work as community health educators in Older and Active Leeds. This is in addition to the 150 local people working as Activators who pass on messages about the health benefits of physical activity.
- The projects have reached 4840 indirect beneficiaries in total. Community health educators in Leeds supported 1856 older people to be physically active and 5200 members of the community have received some contact from community health champions in Bradford.

#### What difference do the projects make to individuals' health:

- 88% of indirect beneficiaries taking part in regular sessions reported feeling healthier after taking part in the Older and Active Project and 65% reported that they started to exercise in addition to class attendance. In addition, 32% reported that they had increased their weekly levels of physical activity since their engagement with the project.

- In both projects there has been an increased knowledge and awareness around healthy choices and lifestyles amongst the target communities. Furthermore, there has been an increased take up of existing mainstream/voluntary sector health related activities by the community.

#### The benefits for Community health champions:

- Community health champions see clear improvements in their levels of health related knowledge. Data from Older and Active, for example, demonstrated that 83% of volunteers had a high level of knowledge about health at the end of the course, compared to 22% who rated their knowledge as high at the start.
- Community health champions also see improvements in aspects of mental well-being, including increases in self-confidence and life satisfaction.
- Champions report the benefits of meeting new people and broadening their social horizons. There is also evidence that champions feel a greater sense of belonging to the community as a result of their participation.
- Other benefits have been reported in relation to lifestyle modifications. This includes increased levels of physical activity and increased fruit and vegetable consumption.
- See Boxes 4 & 5 for individual case stories.



#### Box 4. Ted's story

Ted is a 65 year old retired man who is living with diabetes. Ted had a keen interest in raising awareness of diabetes in the community, especially with the South Asian community. Whilst Ted has a vast amount of knowledge on diabetes, he had not delivered a formal talk to groups before and needed help with this from the Seniors Show the Way programme. With initial support and the approval of the diabetes specialist nurse, Ted now delivers a 20 minute presentation to various community groups. Through Ted's talks he has reached over 300 indirect beneficiaries, but the impact of his work goes beyond this as many of these indirect beneficiaries 'pass on' the message to their friends

and family. Having lived with diabetes for over 10 years Ted's ultimate aim is to raise awareness of the symptoms of diabetes and encourage people to test for the condition.

Ted feels that he is more active in the community and he is kept busy with travelling to different groups. Ted even claims that he is "busier than when I was in full time employment". The added social benefits of his voluntary work mean that although he lives on his own, he is not at risk of isolation. Ted also leads health walks which enable him to incorporate regular physical activity and sustain maintain his weight.

#### Box 5. Mavis's story

Mavis is a retired nurse in her 60's and has been involved in the Older and Active project since July 2009. Before joining any of the Older and Active activities Mavis felt a little nervous of meeting new people. However, since participating in the project, Mavis has taken part in Intergenerational work at a local primary school, creative dance sessions, swimming lessons and EXTEND classes. After taking part in these activities, Mavis was encouraged to become a Community Health Educator and has now almost completed the training course.

Mavis's experience of being an older person joining in the activities really gives her an insight which she

has been able to share with the group. Mavis's confidence has increased tremendously; she recently did a presentation to the group – "I thought before I could never do anything like this, but I got the courage to do it. I'm now looking forward to the bigger presentation... My confidence has increased, I was timid now that's gone out of the window! My self-esteem has also increased."

As a result of the Older and Active programme, Mavis has also learnt about things such as healthy eating which has made her think about the food she eats.

## 5. What does the evidence tell us?

The aim of this evidence review was to capture the impact that community health champion work has for older people. This includes older people who become community health champions and older people in communities (programme beneficiaries) who are supported by community health champions. The evidence presented within the review has been derived from three primary sources: a rapid review of the evidence in relation to older people and lay public health roles; a summary of key themes emerging from the data collected with older people during the thematic evaluation of community health champions in Yorkshire and Humberside; and analysis and synthesis of evaluation data produced by Altogether Better's older people's projects.

The evidence indicates clear health and social benefits for older people working in lay public health roles and for recipients of the interventions.

Key findings from the evidence review are:

1. Older people working in lay public health roles report improvements in their overall health and well-being. This includes physical, mental and social aspects.
2. Programmes delivered by lay older people provide health benefits for wider community members. This includes increased physical functioning, weight-loss, improved mental well-being and reductions in social isolation.

3. Older people working in lay public health roles are effective at reaching and engaging the community.
4. Older people delivering lay-led programmes are a cost effective health intervention.
5. Older people working in lay health roles are advocates for local people and promote wider social and environmental change in their community.

A map of the existing evidence available is presented in Table 1, which shows that there is strong evidence to suggest that older people carrying out lay public health roles gain personal health benefits (e.g. improved cardiovascular health, improved quality of life). We have suggested that this evidence is 'strong' as we found a large volume of published studies to support this finding which was confirmed by the thematic evaluation of community health champions (1).

In addition, there is good evidence that programmes delivered by lay older people provide health benefits for wider community members and that older people working in lay public health roles are effective at reaching and engaging the community. Whilst the evidence was strong in these particular areas, it was less clear in relation to the cost-effectiveness of older people delivering lay-led programmes and in regard to older people being advocates for wider social change.



**Table 1. Older people in lay public health roles: mapping key findings from the current evidence base**

Key finding from the evidence review	Location of evidence	Strength of the evidence
<p>Older people working in lay public health roles report improvements in their overall health and well-being. This includes physical, mental and social aspects.</p>	<ul style="list-style-type: none"> <li>● Rapid review of existing literature.</li> <li>● Key themes derived from thematic evaluation of community health champions in Yorkshire and Humberside.</li> <li>● Analysis and synthesis of evaluation data produced by Altogether Better's older people's projects.</li> </ul>	<p><b>STRONG</b></p> <p>There is a wealth of qualitative evidence supporting this finding complemented by some quantitative evidence in the national/ international literature and from Altogether Better projects.</p>
<p>Programmes delivered by lay older people provide health benefits for wider community members. This includes increased physical functioning, weight-loss, improved mental well-being and reductions in social isolation.</p>	<ul style="list-style-type: none"> <li>● Rapid review of existing literature.</li> <li>● Key themes derived from thematic evaluation of community health champions in Yorkshire and Humberside.</li> <li>● Analysis and synthesis of evaluation data produced by Altogether Better's older people's projects.</li> </ul>	<p><b>STRONG</b></p> <p>Rigorously controlled experimental studies, as well as qualitative data demonstrates positive effects for community participants. Long-term follow-up of participants is however needed.</p>
<p>Older people working in lay public health roles are effective at reaching and engaging the community.</p>	<ul style="list-style-type: none"> <li>● Rapid review of existing literature.</li> <li>● Key themes derived from thematic evaluation of community health champions in Yorkshire and Humberside.</li> <li>● Analysis and synthesis of evaluation data produced by Altogether Better's older people's projects.</li> </ul>	<p><b>STRONG/MODERATE</b></p> <p>Indications apparent from within all three evidence sources.</p>
<p>Older people working in lay health roles are advocates for local people and promote wider social and environmental change in their community.</p>	<ul style="list-style-type: none"> <li>● Rapid review of existing literature.</li> <li>● Key themes derived from thematic evaluation of community health champions in Yorkshire and Humberside.</li> <li>● Analysis and synthesis of evaluation data produced by Altogether Better's older people's projects.</li> </ul>	<p><b>MODERATE</b></p> <p>There are some data available to suggest that this is happening, but this requires further monitoring and investigation to validate this.</p>
<p>Older people delivering lay-led programmes are a cost effective health intervention.</p>	<ul style="list-style-type: none"> <li>● Rapid review of existing literature, including the SROI case study (24)</li> </ul>	<p><b>MODERATE</b></p> <p>Further research is required.</p>

## 6. Conclusions

This evidence review clearly indicates the benefits of older people engaging in lay public health roles. There are a wide range of health related programmes being led and delivered by older people, including art walks, gardening clubs etc. As a result of these types of initiatives there is strong evidence to suggest that improvements in health are not only seen in the wider community (through, for example, reduced blood pressure and Body Mass Index), but for volunteers also. These benefits for volunteers are particularly apparent in relation to mental and social aspects of health. This review, for example, suggests that engaging in the role

improves individuals' self-esteem, increases confidence and is an enriching experience that has the potential to enhance quality of life. The review also identified key process issues when considering the recruitment, training and support of older people working in lay health roles. Recruiting older people via existing older people networks is widely regarded as a successful strategy, but what is less clear is how support is provided for older people engaging in lay public health roles.

The findings of this evidence review would strongly suggest that older people engaging in lay public health roles are well placed to improve individual and community health and reduce health inequalities.

*This evidence summary was commissioned by the Altogether Better Learning Network. For more information about Altogether Better - please visit [www.altogetherbetter.org.uk](http://www.altogetherbetter.org.uk)*

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