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Citation:

Woodward, J and White, J (2014) Engaging with Communities. The Health Trainer Approach. Other. Health Trainers England.

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/2553/>

Document Version:

Monograph (Published Version)

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# Engaging with Communities

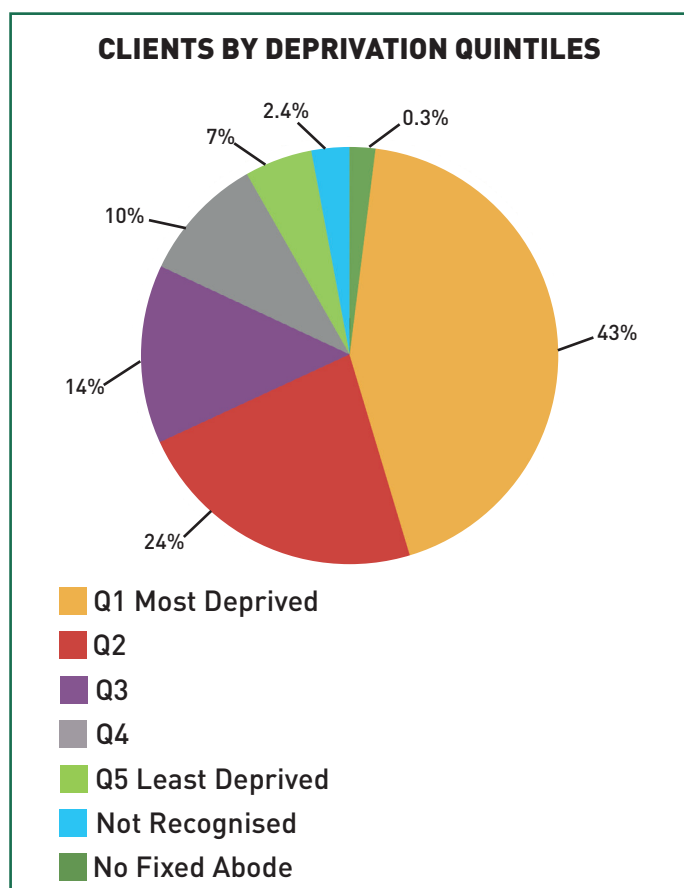
## The Health Trainer Approach

Health trainers support people in making changes to improve their health and wellbeing. They reach people living in England's most deprived communities, who tend to have the poorest health.

This briefing focuses on how health trainers engage with clients from deprived areas. It gives examples of the community engagement approaches Health Trainer Services (HTS) use and how they connect people to others, to activities and to services.

### REACHING THE MOST DEPRIVED COMMUNITIES<sup>1</sup>

More than half a million people have seen a health trainer since the service started<sup>2</sup> – 97,248 in 2013/14<sup>3</sup>. The largest proportion of clients are from the most deprived sectors of the population.<sup>3</sup>



- Two-thirds (66%) of clients define themselves as White British, almost 10% as Asian / Asian British and almost 4% as Black / Black British<sup>3</sup>
- More women (68% of clients) than men see a health trainer<sup>3</sup>
- The most common client age is between 46 and 55 years (21% of clients), or 36-45 years (19%)<sup>3</sup>

#### WHO DO HEALTH TRAINERS WORK WITH?

Most services focus on deprived areas but some concentrate on communities of people with particular needs.

Examples include people:

- with Long Term Conditions such as diabetes
- with mild / moderate mental health problems
- who are lonely or socially isolated
- working in certain occupations e.g. fishermen, taxi drivers
- who have caring responsibilities
- who are out of work

<sup>1</sup> Figures throughout this report are taken from DCRS Reports – these compile data from most, but not all Health Trainer Services in England. See footnotes 2 and 3 for full references. <sup>2</sup>Health Trainers Half Year Review, 1st April to 30th September 2013. Available at [www.rsph.org.uk](http://www.rsph.org.uk) <sup>3</sup>DCRS Health Trainers National Report, 2014. Available at [healthtrainersengland.com](http://healthtrainersengland.com) <sup>4</sup>Number of Q1 clients - 18,982.

# Engaging With Communities....The Health Trainer Approach

## SUPPORTING PEOPLE TO LIVE MORE HEALTHILY

Clients from England's most deprived areas (Quintile 1 / Q1) are making significant lifestyle changes, with the support of a health trainer<sup>2,4</sup>.

Lifestyle Change	Change in Behaviour	Pre-intervention (average)	Post-intervention (average)
Fruit & Vegetable Consumption	Up 57%	3 portions a day	4.8 portions a day
Fried, fatty food & snack consumption	Down 53%	5.6 portions a day	2.6 portions a day
BMI	Down 4.6%	36	34
Alcohol consumption	Down 43%	31 units per week	17 units per week

Health trainers support people to make the changes they want to make, helping build their confidence and self-esteem. Clients' general health, mental health and wellbeing and self-efficacy all improve following health trainer support. Clear improvements for clients in every deprivation group are evident<sup>3</sup> - changes for those living in the most deprived areas (Q1) are<sup>2</sup>:

- Self-efficacy – up 13%
- Self-confidence – up 25%
- General health – up 20%

**80%**<sup>5</sup> of Q1 clients followed up after the intervention had **maintained their behaviour-change**.

<sup>5</sup>3221 Q1 clients took part in a survey after the end of the health trainer intervention. 11% had not maintained their change, 9% of results were not applicable. Source: Health Trainers Half Year Review

## SIX WAYS HEALTH TRAINER SERVICES ENGAGE WITH COMMUNITIES

### 1. Recruiting people clients can relate to

Health trainers were originally intended to provide 'support from next door.' Recent data<sup>3</sup> shows many still come from the populations they work with:

- 32% are from the most deprived areas (Q1)
- 40% live in the same areas as their clients
- Two-thirds (69%) are female, most are aged between 26 and 45 years

Some health trainers have suffered from similar health conditions themselves – this can help clients who “see that this person is a fellow sufferer” (a Kirklees GP) - or they come from the same target communities.

“ There was one health trainer who was, she was part of the community, in fact she used to be a teacher at a local school so when she was targeting men coming out of the mosque and young boys they all knew her and they latched on quite easily.  
(North Lincolnshire Health Trainer Service)



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“

I think it was the way the health trainer came across. She came across friendly, like someone you'd meet like a friend to have a chat with. She was talking to me at my own level and she wasn't talking to me in a clinical way or in a doctor way if you know what I mean and I just found that easier. I found that I had a rapport with her and that I could tell her things and that I wasn't worried about telling her anything and I felt that she were easy to talk to.

(A client from Bradford)

”

Clients like talking to health trainers because they:

- are friendly, approachable and non-judgemental
- have empathy
- understand the issues their clients face
- have cultural understanding
- understand the local area
- speak the same language

## 2. Being in accessible places

Being in community venues (e.g. leisure centres, community centres, schools, faith buildings, pharmacies, libraries, employment bureaux) as well as GP practices means health trainers can reach people who may not be in touch with health services. In Leeds health trainers are based in 5 community venues, 1 work programme provider, 2 hospital and 30 GP practices.

## 3. Actively promoting the service

Health trainers actively seek out people who don't normally engage with health or social care services.

North Lincolnshire health trainers use many different ways to engage with people, resulting in 63% of clients self-referring (2013/14). They:

- regularly have stands at community events to promote the service and healthy living
- visit schools during parents' evenings
- engage with those who are looking to get back into work through local employment agencies
- work with young parents in the local children's centres to develop basic cooking skills

Social media can also play an important role, for example, having a FaceBook page for a group or activity run by health trainers.

## HOW TO CATCH A FISHERMAN... AND TALK TO HIM ABOUT HEALTH!

Fishermen generally have poor health outcomes. They often work long, disruptive hours meaning it is difficult for them to live healthily or visit local health services. In East Riding two health trainers were based at the local Harbour Office in Bridlington where they could interact informally with fishermen and their families and be available when needed.

They offered free NHS health checks and gave out information and advice on a wide range of health issues in the fishermen's huts, warehouses and on the harbour. Events were organised – including a 'fit2fish' competition that aimed to encourage fishermen to become more physically active. Over 35 took part.





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## 4. Working with volunteers/health champions

Health trainers work with volunteers and health champions who:

- Promote health trainers locally – by telling friends or family about them, or running events. Some are based in customer service centres where housing / benefit advice is provided
- Run groups that health trainers can refer to
- Help clients with more practical tasks

In Sheffield health trainers and champions are part of the care plan for patients with diabetes. The health trainer works with them one to one to help them change their behaviour. A volunteer health champion helps the client with more practical aspects e.g. going to the supermarket with them to learn about which food is appropriate, taking them swimming or even helping them with their benefits



Mark<sup>6</sup> is a Barnsley health champion who runs a weekly disability football session. Diagnosed with Cerebral Palsy, dyslexia and ADHD he volunteered to become a health champion after helping others with disabilities attend a Healthy Living course. He has successfully completed his FA Level 1 Football Coaching Qualification and Coaching People with Disabilities Qualification.

## 5. Running group activities

Some health trainers run groups e.g. exercise classes for older people / those with less mobility or food adventure groups for people with learning difficulties. People can be more comfortable attending a group to start with but once they have met the health trainer, they may go onto seeing them one to one.



## 6. Working with partners

Health trainers need to work closely with other local organisations and services. This helps gain the trust of new groups of people and promote their services locally. It also helps build up their knowledge of activities to refer clients on.

<sup>6</sup>All names of clients and health trainers have been changed in this briefing.



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## HEALTH TRAINERS MAKE CONNECTIONS

They link people to local services, groups or activities for extra support.

### Connecting people to local activities or organisations

Health trainers know what local activities or services are available locally that can help clients.

- 22% of clients are referred onto other services for additional support<sup>2</sup>

Services referred to include; smoking cessation, carers' support, courses in managing stress and anxiety, walking or social groups.

“ She gave me all the relevant information for things in the neighborhood and around the area and I could have gone if I wanted to. She didn't push it on me, she just gave me all the relevant information. ”

Health trainers can **accompany** clients on their first visit to a new activity if they lack confidence. In a 9 month period, Bradford Social Prescribing health trainers sign-posted 51% of clients to over 100 different activities, accompanying them on 130 occasions. Activities included literacy courses, volunteering at an allotment, learning how to line dance, Citizen's Advice Bureau and Samaritans.



### Connecting people to others

By referring clients to local organisations or groups, previously isolated people can start getting to know others in their area.

“ I never left the house....She (the health trainer) got me going bowling, she got me into the bowling club. I go up there and I walk up and down that pitch, it's a big pitch. I must walk a few miles every day in the summer. And I talk to other men my age. Now I'm thinking of joining this PALs to get myself some more exercise.’  
(An elderly client with a long term condition) ”

### Connecting people to health or social care services

Seeing a health trainer can prompt clients to address their health-care needs more fully – this may mean they seek additional help from health or social care services.

#### An example from Scarborough:

Barbara was going through a “really bad family time” when she started seeing Linda - a local health trainer. She went for help to lose weight but after her initial consultation she realised that wasn't her main priority and actually she needed someone to talk to and help manage her stress. Linda signposted her onto a stress and anxiety management course that she found “very very useful” and she started exercising more and eating more healthily. Barbara had been on medication for many years, Linda encouraged her to write it all down and visit her GP – she was then referred to a specialist who helped her reduce her intake.



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## WHY DO CONNECTIONS MATTER<sup>7/8</sup>?

Social capital “the social glue that helps people, organisations and communities to work together towards shared goals” results in better outcomes for a multitude of health conditions - including CVD, cancer and suicide. Having good social networks and friendships not only reduces the risk of falling ill but also helps people recover from illness. Community based interventions that increase social capital (such as health trainers) are recommended as a way of improving health for individuals and communities.

### KENNETH AND DIANE'S STORY

from a Scarborough health trainer

Kenneth was referred to me by the physio at the local hospital. He has a chronic condition that limits his mobility. I suggested he attended the Active in Age chair based exercise class on a Thursday morning which he agreed to. This also gave his wife, Diane, the opportunity to go for a swim as she gets very little time to herself, being his main carer. Kenneth has attended every session and has made many new friends, he also says he has more movement in his right leg, which is the one he has the most trouble with, and says he is not falling as much as he was.

Diane is also benefiting from her free time and her fitness is increasing every week enabling her to swim longer distances. At one of the sessions the health trainer for carers, was present and talked with Kenneth and Diane about carer support which they knew nothing about. They are now on a waiting list to be assessed by them. Also at one of these sessions, ... Diane found out that she used to go to school with one of the other ladies who comes on the course, so they kind of were in their element talking about school days and things which from a mental health point of view, you know, it was lovely.



## DID YOU KNOW?

- A 1% increase in informal socialising raises the likelihood of excellent or very good health (self-reported) by 2.3%
- Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely<sup>9</sup>

<sup>7</sup>Uphoff E, Pickett K, Cabieses B, Small N, Wright J. (2013) A systematic review of the relationships between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. *International Journal For Equity In Health* 12(1):54-65.

<sup>8</sup>Hunter, B, Neiger, B, West, J. (2011) The importance of addressing social determinants of health at the local level: the case for social capital. *Health & Social Care in the Community* 19 (5): 522-30.

<sup>9</sup>Marmot (2010) *Fair Society Health Lives, Final Report*

## FURTHER INFORMATION

[healthtrainersengland.com/](http://healthtrainersengland.com/) contains information on health trainers, local service evaluations and the DCRS reports.

A special issue of *Perspectives in Public Health*, July 2013 (Vol 133, No 4) focuses on the Community Health Workforce, including articles on the contribution of health trainers in tackling inequalities.

Other relevant health trainer papers include: Visram, S, Clarke, C, White, M. (2014) **Making and Maintaining Lifestyle Changes with the Support of a Lay Health Advisor: Longitudinal Qualitative Study of Health Trainer Services in Northern England** *PLoS ONE* 9 (5).

Cook, T, Wills, J. (2012) **Engaging with marginalized communities: the experiences of London health trainers.** *Perspectives In Public Health*, 132 (5).

Research into the impact of social capital on health is summarised at [campaigntoendloneliness.org/threat-to-health](http://campaigntoendloneliness.org/threat-to-health)

### Contact Details

Author: Jenny Woodward and Judy White, Centre for Health Promotion Research, Leeds Beckett University

For further information about this briefing or the Health Trainers England website contact Judy White. Email: [J.White@leedsbeckett.ac.uk](mailto:J.White@leedsbeckett.ac.uk)