

Altogether Better Community Health Champions and Empowerment



Thematic evaluation summary

What is this evaluation summary about?

This summary presents the main findings of a thematic evaluation on the community health champion role and empowerment, based on data collected from projects being delivered as part of the Altogether Better programme.

The aim of this thematic evaluation was to understand how the Altogether Better projects involve community health champions to improve health and to provide robust evidence to inform the development of practice. This summary sets out the main findings from the thematic evaluation and concludes with some implications for policy and practice.

The summary has been written for anyone involved in commissioning, planning, delivering and evaluating similar projects. A full evaluation report and evidence reviews on Community Health Champions and Empowerment and Health & Well-being have also been produced¹.

Key messages

- 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.
- Projects can successfully recruit and train individuals to become champions but consideration needs to be given to providing on-going support and further training as people's roles develop.
- Becoming a community health champion has health benefits such as better knowledge and awareness, increased self-esteem and confidence, and improved well-being. For some individuals this will be the start of a journey to other opportunities such as education, volunteering roles or paid employment.
- Greater recognition needs to be given to the range of outcomes that can result from engaging champions. Physical and mental health outcomes are linked because of the capability of champions both to connect people to groups and services and to support their engagement over time. Evaluation needs to capture these wider benefits.
- Initially empowerment can occur through individuals becoming involved in projects and growing in confidence. This can lead in turn to champions organising new activities and building social networks. Eventually champions can help to build healthy and cohesive communities but these changes will happen slowly over time.
- Community health champions are a real resource for public health and projects need to identify what they can offer to local services.

¹ South J., Raine G. and White J. (2010) Community Health Champions: Evidence Review. Centre for Health Promotion Research, Leeds Metropolitan University.

Woodall J., Raine G., South J. and Warwick-Booth L. (2010) Empowerment and Health & Well-being: Evidence Review. Centre for Health Promotion Research, Leeds Metropolitan University.



About Altogether Better

Altogether Better is a five-year programme funded through the BIG Lottery that aims to empower people across the Yorkshire and Humber region to improve their own health and that of their families and their communities. The regional programme is made up of a learning network and sixteen projects with an emphasis on three themes: physical activity, healthy eating and mental health & well-being. Each project (see Box 1) differs in scale, size and approach with twelve projects based in the community and four based in workplaces.

Altogether Better is based on an empowerment approach – equipping members of the public with the knowledge, confidence and skills to make a difference in their communities and workplaces (see figure 1).



Figure 1. Altogether Better Empowerment Model

How was the evidence 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. There were two strands to gathering evidence:

- Interviews conducted with different stakeholder groups including project leads, key partners from community and statutory sectors and community workers.
- Participatory workshops to gather the views of community health champions.

Twenty-nine project staff and partners from six projects were involved in interviews conducted by the evaluation team between March and May 2010. The projects selected enabled the evaluation team to explore fully the champion role and how it works in practice as a mechanism for empowerment.

Two interactive participatory workshops for champions were organised in Leeds (March 2010) and Hull (April 2010). The workshops allowed opportunities for group discussions and chances for people to share experiences. Recruitment for the workshops focussed on five Altogether Better projects, these projects were selected because their models for delivering empowerment approaches varied. In addition, a member of the research team attended a workshop organised by the Sheffield project.

Box 1: Altogether Better projects

Community-based projects

Altogether Better York

Building Neighbourhood Capacity for Health - Kirklees

Calderdale Community Health Champions

Coastal Health Improvement Programme - East Riding

Fresh 'N' Fruity - Leeds

Healthwise Hull

Healthy Coastal Communities - North Yorkshire

Leading the way to Active Lives - North East & North Lincs

Older and Active in Leeds

One Barnsley

Sheffield Community Health Champions Network

Seniors Show the Way - Bradford

Workplace-based projects

Better Workplace Better Mental Health - Doncaster

Health Means Business - Wakefield

Mind Your Own Business - Rotherham

Yorkshire and Humber Regional Mental Health First Aid

What is a community health champion?

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 to enable them to carry out voluntary activities in communities. The evidence review found that this was an effective way of promoting health, particularly where people face barriers to making healthy choices. Altogether Better uses an empowerment approach and community health champions are encouraged and supported to inspire and help their friends, families and neighbours lead healthier lives.

The evaluation found that roles undertaken by champions to promote health were many and varied, but can be summarised under three broad headings:

- Talking to people informally as part of their daily lives
- Providing more intensive support to individuals
- Partaking in or organising/leading activities, groups or events

Community health champions were involved in a huge range of activities including: leading organised health walks, working in allotment and food growing initiatives, setting up social clubs and sports activities, delivering health awareness presentations on chronic conditions, signposting people to local services, establishing fruit 'tuck shops' in local schools and administering healthy heart check questionnaires. The extent to which champions became involved and the intensity of the role depended on individual motivations and circumstances and on the way that projects worked.

Does being involved make a difference to community health champions?

Being involved as a community health champion was broadly a positive experience and made a difference to the lives of the people involved. Key outcomes were:

- Increased confidence
- Improved self-esteem and self-belief
- Self-confidence to present in front of others
- Improvements in health and lifestyle
- Better awareness and knowledge of health issues
- Improved mental health and well-being.

For some individuals this was a transformative experience and becoming a champion had been the start of a journey to other opportunities such as becoming a health trainer, taking up higher or further education, other volunteering roles or paid employment.

It's more of a confidence thing as well because people were saying they don't like to go to the gym because they feel insecure so it's good we get together to push our buggies [on a pram push walk] and it's free.



What impact do community health champions have in communities?

Many projects were still at an early stage of development and project leads talked about the challenges of collecting information on the effects in communities. Champions on the other hand talked confidently about the changes resulting from people (indirect beneficiaries) engaging in activities. In some cases these changes were to do with physical health, such as weight loss or stopping smoking, but there was much more emphasis on the difference group activities were making to people's mental health and well-being. Physical and mental health outcomes were often linked and the findings indicate that impact is likely to be greatest with those who experience mental illness, social isolation or social exclusion. The champion view from the frontline that they are making a difference is supported by the evidence review which found people in this type of community role can be effective at promoting health across a range of health and social outcomes.

Champions recognised the value of connecting people through social networks, group activities, and linking people into services and the impact that had on health and well-being. Project staff and partners also recognised that champions were promoting social cohesiveness and helping to integrate people into their community. The impact of champions on communities and social networks was identified as a research gap in the evidence review around the champion role; this evaluation suggests that champions are making a significant contribution to form and strengthen social networks which in turn benefit health. This increase in social capital can be one of the most important aspects of their role.

Figure 2 shows how changes develop on from one another like a web and reinforce positive outcomes. For example, an individual might be introduced to a group activity by a champion, and then go on to make changes towards a healthier lifestyle, gain in confidence, find a part time job, extend their social networks further, take part in more activities and so on. Thus the impact of changes, triggered by the first contact with a community health champion, may well increase over time rather than dilute.

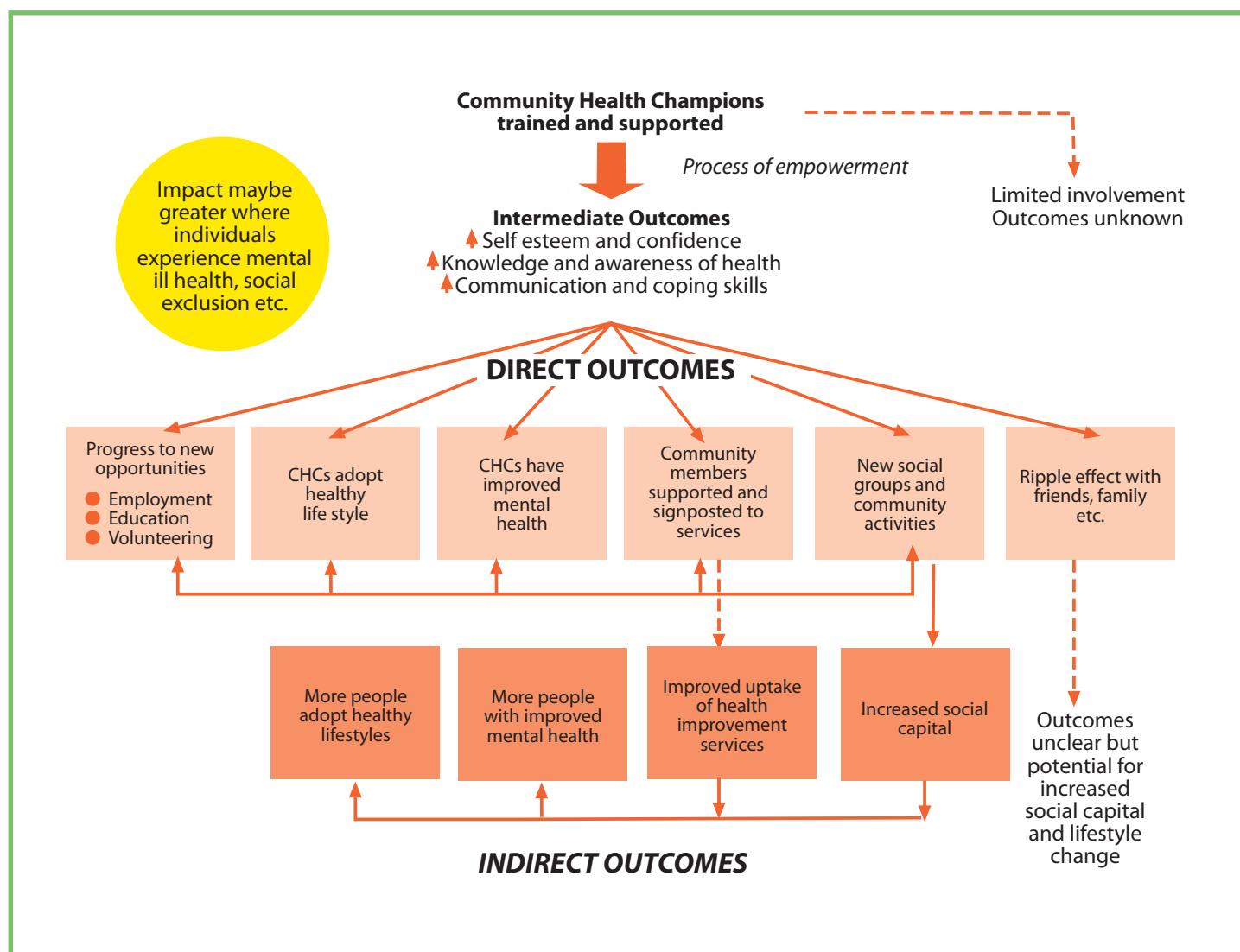


Figure 2.

“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.”



Is there evidence of empowerment?

Individual empowerment involves self confidence, self esteem and people feeling more in control of their lives – all of which directly impact on health. There was evidence from champions about how both their self confidence and that of the people they worked with had improved and about what individuals were doing to take control of and improve their health. Reported outcomes for individuals mostly related to improved mental health and general sense of well-being, which both link to individual empowerment.

Community empowerment involves communities becoming more organised and ultimately taking action to improve their social circumstances. The evaluation found evidence of people doing activities together in groups and the positive effects from this. There were many examples of the influence of champions extending to the wider community of family, friends and neighbours including helping to support people to take part in community life. Champions were passionate about what they were doing and in some cases had set up new activities or taken on additional roles representing their community in forums.

“I think you need to enter a community spirit as well so it’s not just you relating to them, it’s people relating to one another as well. So that everybody then gets [something] from one another, I think that’s important. And to listen to different ideas as well, not just have your ideas about how things should go but to listen to what other ideas they might present forward and be prepared to try.”

What qualities do champions need?

To work effectively with target communities in all three aspects of the champion role (see page 3), there was broad agreement that the critical qualities needed by champions were:

- empathy
- enthusiasm
- good communication skills
- adequate knowledge of health issues (e.g. healthy eating) and of where people could go for further support

There were a variety of views on whether it was important for champions to come from the communities they worked with. In general, project staff and partners talked about champions needing to have a 'sense of community', whereas champions talked more about being 'part of the community' and of having shared experiences, such as having struggled with obesity or mental health issues.

“I think the biggest one is just being able to get on with people, it’s just that communication in a way that engages people without being patronising or preaching. You know, they’re just seen as one of the community, one of them, so you know, can get close to people in a way that many professionals will never be able to.”

“For me I think it’s brought my personal development that far. I feel confident and competent to do a paid working role now as a support worker and it’s enabled me to do that.”

What are the most important processes to support champions?

Community health champions were motivated to take on the role for a variety of reasons:

- Offering a sense of purpose and personal fulfilment
- Gaining new skills
- Learning information to help others
- A social opportunity presenting a chance for new friendships

All participants saw training and support as critical to translating the Altogether Better approach into practice and to enabling champions to do their role. Champions reflected on what they had gained from the training in terms of skills, knowledge and personal development. There were significant variations between projects in terms of the intensity of training, support and supervision, however, the importance of providing support to champions was recognised.

The evidence review of the community health champion role pointed to the importance of a supportive infrastructure if programmes were to be effective at sustaining community engagement. This would include organising effective recruitment, training, supervision and practical support to undertake activities. The review also identified that there has been little process evaluation about the best ways to recruit, train and provide support.



What are the implications for policy and practice?

There is growing evidence to support the involvement of community health champions underpinned by an empowerment approach. A number of key points emerge from this thematic evaluation for policy and practice.

1. **Recognise the wider benefits of engaging champions**

Although the emphasis of the Altogether Better projects is on three key themes (physical activity, healthy eating and mental health & well-being), it was apparent that there are far wider impacts on individuals and communities. Greater recognition needs to be given to the capability of champions to connect individuals with each other which benefits not just the individuals involved but can improve the health of whole communities. Evaluation and monitoring tools need to be more sensitive to capture these wider benefits.

2. **Build opportunities for long-term support and networking**

There is a need for ongoing support if the benefits of projects are to be maintained after the initial training & support period has ended and the potential benefits of the empowerment model is to be realised. In addition, if system challenge is to take place, appropriate support will be needed alongside opportunities for champions to network and share good practice with each other.

3. **Ensure training adequately supports roles**

It would be beneficial for projects to review the training they offer to ensure that what they provide is still fit for purpose. In some projects, for example, it is clear that the champion role has expanded beyond what was originally anticipated. Suitable training opportunities should, therefore, be available for champions to progress and develop additional skills where necessary.

4. **Commit to the long term**

Empowerment approaches may take a long time to lead to sustainable changes in communities but there is evidence that community health champions can become empowered and start to act as agents of change within their communities. More evaluation will be needed to capture this wider impact within communities.

5. **Consider the 'business case' for empowered communities**

Engaging lay people in health is an important strand within public health practice and this message needs to be communicated clearly so that projects can be maintained. It should be possible to identify exactly what each project does best; some projects successfully progress champions into employment or training, whilst others are focused on working directly with people around health, such as promoting physical activity. Motivated, informed and skilled champions are a resource which the public sector as a whole could do more to support and harness as it seeks to explore different ways of delivering services.

Conclusions

This thematic evaluation has focussed on the community health champion role and empowerment. The results reinforce the findings of the evidence reviews and add weight to the conclusion that the community health champion role can be a catalyst for change for both individuals and communities. Indeed community health champions have the potential to be instrumental in creating a cultural shift in communities towards healthier and more integrated living. These findings chime with current discussion around the need to build a society where people take a more active part and engage more with service development and delivery. There is more work to be done to deepen understanding of what processes need to be in place to maximise the potential of community health champions and to capture the full impact of their activities, but it is the clear conclusion of this evaluation that engaging lay people in health needs to be an important strand of practice in the challenging times ahead.





How was this evidence summary produced?

This thematic evaluation summary was produced by the Centre for Health Promotion Research, Leeds Metropolitan University. A full report is available which presents detailed findings from the evaluation.

A further thematic evaluation on mental health and employment was undertaken as part of the Altogether Better programme evaluation. All evidence reviews and thematic evaluations can be downloaded from www.altogetherbetter.org.uk

Further information

For information on this evaluation please contact:

Centre for Health Promotion Research
0800 7311170
frsu@leedsmet.ac.uk

For information on Altogether Better, please contact:
altogetherbetter@yorksandhumber.nhs.uk
0113 295 2134.

Follow Altogether Better on twitter:
<http://twitter.com/altogetherbeter>

View our Community Health Champions film:
<http://bit.ly/AltogetherBetterFilm>

Acknowledgements

This thematic evaluation summary was commissioned as part of the evaluation of Altogether Better, the BIG Lottery well-being programme for Yorkshire & Humber.

When referencing this document please use the following citation:

South J., White J. and Woodall J. (2010) Altogether Better Community Health Champions and Empowerment. Thematic evaluation summary. Leeds, Centre for Health Promotion Research, Leeds Metropolitan University

November 2010

