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PEOPLE IN PUBLIC HEALTH



"It's about people being involved and taking a place in shaping what happens for themselves, for their families and their communities."

An Expert Hearing Participant

Research Summary



People in Public Health Research Study

Members of the public are becoming increasingly important in the delivery of public health programmes.

The work they do varies. They might give out information about a health issue or tell people about a local service. They might help someone who is going to a health improvement activity for the first time or organise a group that encourages healthy living. Some are paid, others are volunteers.

The People in Public Health research study wanted to find out more about these lay health workers. It wanted to discover what type of things they do in public health programmes, how they are recruited, trained and supported and what is needed to make these approaches work well.

What is a lay health worker?

A lay person is a term used to describe anybody who is not working as a professional. Sometimes the term just means people who volunteer, but it also describes people without professional qualifications or clinical training. Lay health workers tend to use their own social networks (e.g. friends, neighbours, colleagues) in their role.

Lay health workers can also be called lay workers, lay health advisors, peer educators, community health workers, peer supporters, peer educators or community health advisors.

Why is this important now?

Many public health issues urgently need tackling to help prevent people from getting ill in later life. For example, more people are now obese whilst many still smoke or drink too much. People living in poor areas tend to have worse health than those in richer areas – sometimes people don't get the service or information they need.

It is hoped that involving members of the public in delivering health improvement will help address these issues. They may be better at reaching people who do not live very healthily or have much contact with health services.

The government wants people to have more of a say in how health services are run - involving members of the public in health improvement could be one way to do this.

What is a public health programme?

Public health programmes try to improve people's health and wellbeing and prevent them becoming ill in the future. They tend to work with groups of people rather than individuals.

Sometimes public health is called health improvement. The People in Public Health study looked at programmes that were trying to tackle the Department of Health's priorities (Choosing Health, 2004). These were to tackle health inequalities and:

- Reduce the number of people who smoke
- Reduce obesity and improve diet and nutrition
- Increase exercise
- Encourage sensible drinking
- Improve sexual health
- Improve mental health

What do lay people do?

Members of the public perform many different roles, as shown in the table below. They often act as a 'bridge' helping connect people in the community with health services. They can help people who are not in touch with health services get better access to resources.

Lay health workers act as peer educators (giving information to people in their community) or peer supporters. Some help set up and run community groups or events. They may perform the role of a Popular Opinion Leader helping change attitudes about a health issue.

The community they work in varies. It could be their local neighbourhood, school or work place. Or it could relate to their stage of life (e.g. becoming a parent), ethnicity or sexual orientation.

What are the benefits?

Lay health workers have unique experiences and skills, often from living and working in communities. They can:

- Communicate especially well with people in their own community.
- Support people taking part in health improving activities.
- Reach people that are not in touch with services or who are socially isolated. Lay workers can help reduce any barriers that may be stopping them using health resources.
- Feed information from communities and social networks to those planning or organising health services.
- Help services reach more people by working with professionals. Members of the public are a good way of making the best use of health resources.

Lay health workers also benefit. Becoming involved in health improvement activities can make them more knowledgeable about health, more confident and more skilled. It can also improve their future job prospects.



Examples of roles for lay health workers

Roles	Examples of activities
Providing health information and simple advice	Talking to people in clubs and bars about the importance of sexual health screening and suggesting how they can get tested
Raising awareness of health issues	Giving information to older neighbours on keeping warm in winter
Improving skills	Running cook and eat sessions with parents and grandparents
Providing peer support	Befriending new recruits to a green gym
Promoting access to services or signposting	Using cultural and language skills to help women from minority ethnic groups get the right help in pregnancy and childbirth
Facilitating community groups	Running a breastfeeding support group
Supporting professional services	Welcoming and supporting people coming to a stop smoking clinic
Organising and leading community-based activities	Leading health walks and exercise sessions

What do lay health workers need?

Lay health workers want to 'make a difference'. They are very committed to the communities and people they work with. However, systems are needed to recruit, train and support people who are interested in becoming lay health workers.

People can be put off getting involved because they might not have been in the education system for a while or they may be worried about their reading and writing skills. They may be concerned that volunteering will affect their benefits. They need to have someone to talk to about these issues and help them to build confidence about their role.

What do organisations need to do?

Organisations involving members of the public need to respect them and value their unique skills. They need to give them the right sort of training and relaxed, informal support - this makes them feel valued, more confident and problems can be discussed straight away.

They need to reduce red-tape and minimise short-term funding as both of these can stop people getting involved. Whilst some lay health workers are volunteers others get paid per session. This helps people on a low income but can cause problems if they claim benefits.

Public health programmes that use members of the public can be held back because of a lack of support from other areas of the health system. Cultural differences exist too – the NHS tends to work in a business-like way with set targets, time-scales etc. This can clash with how communities work in reality. Organisations wishing to involve members of the public need to address these issues to ensure the programmes are a success.

What did people using the public health programmes think?

People using the programmes valued their relationships with lay health workers. They said they had encouraged and supported them taking part in health improvement activities and they understood that lay health workers have a different role to health professionals. They felt members of the public could make a real difference if they are supported by the health system.

Background information

How was the research done?

Over 220 publications about lay people working in public health were reviewed by the research team. Three 'expert hearings' took place where specialists and the public discussed the benefits of involving lay people in public health programmes, the best way to do it and any potential issues.

Five public health programmes using lay workers were studied in detail. These were a breastfeeding peer support programme, a sexual health outreach programme, community health educators, Walking for Health and a neighbourhood health project. 136 people who ran or used these services were interviewed.

Who did the research?

The People in Public Health study was done at Leeds Metropolitan University by the Centre for Health Promotion Research. They worked closely with NHS Bradford & Airedale and the Regional Public Health Group, Yorkshire and Humber. Members of the public also got involved. It was funded through the National Institute for Health Research Service Delivery and Organisation Programme.

For more information on the People in Public Health research project visit www.leedsmet.ac.uk/piph or contact Dr Jane South at: Centre for Health Promotion Research, Leeds Metropolitan University, Queen Square House, Leeds, LS2 8NU Tel: 0113 8121957



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