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Improvement science meets community development: approaching health inequalities through community engagement

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Abstract

The Improvement Foundation's Healthy Communities Collaborative (HCC) model combines community development and quality improvement, lay knowledge and professional support in an innovative community-led approach which is specifically aimed at reducing health inequalities. This paper describes the key characteristics of the model and uses an outcomes framework to discuss indicative results from an HCC initiative to promote the earlier identification of people at risk of cardiovascular disease implemented in nine spearhead local authorities.

Approaching health inequalities through community engagement

Health inequalities have social roots. This has been acknowledged as part of policy discourse in the UK since the election of the Labour government in 1997. A series of reports and policy documents, beginning with the 1998 Acheson report into inequalities in health, and including the 2000 *NHS Plan* (which first identified health inequalities as an legitimate issue for performance targets in its own right), have given serious attention to measuring, understanding and addressing the causes of observed health inequalities in the UK.

Ten years on, the House of Commons Health Select Committee announced an inquiry into health inequalities, this time focusing on the extent to which the NHS can help achieve a reduction in health inequalities. The inquiry started taking evidence in November 2007, and in April 2008 published the report (House of Commons Health Committee, 2008). It described the degree of progress towards the Public Service Agreement (PSA) target of reducing inequalities in health outcomes by 10% as measured by life expectancy and infant

mortality by 2010. The broad conclusion of this report is that although life expectancy is continuing to improve and infant mortality rates are at an all-time low, the health inequalities gap is wider than at baseline. However, the report also concludes that there has been progress in understanding how to tackle health inequalities and in sharpening the focus for action.

Joined up partnerships of action across public services and voluntary agencies have for many years been recognised as an important part of the solution. However, the insight from, and partnership with, community members themselves, has somewhat lagged behind. This may be changing. In particular, the 2008 public health policy paper *Health Challenge England: next steps for choosing health* sets out how the government has developed a new approach to public health over the past two years which includes a 'new understanding' of the need to listen to people and understand how they want to live their lives, in order to develop interventions that people will feel inclined to take on board.

Partnership with the community is what the Improvement Foundation's Healthy Communities Collaborative (HCC) approach has been doing for the past six years. HCC approach was born as an experiment to combine quality improvement with community development to assess, in particular, whether beneficial effects in social capital or in health inequalities could be observed and promoted. Since that time the award-winning initiative has grown from an original three sites in 2002 to more than 50 in 2008. The range of partner organisations represented in HCC teams has also grown and the topics covered have included preventing falls, improving access to a healthy diet, and promoting the early presentation of cancer and of cardiovascular disease (CVD).

Basics of the HCC approach

HCCs have a number of key characteristics, which together make up the 'who, why, what, when, where and how' of the approach.

1. HCC teams are a partnership of professionals and community members, led by community members

Teams include both local people and professionals, but are driven by community members who live and work in the localities in which they are making an improvement. The aim is to make public health practitioners out of local residents and the professional agencies and voluntary agencies act as a resource to the community members.

Case study: extending the reach of cardiac nurses in Blackpool

Prior to the HCC work, two cardiac nurses were providing full CVD risk assessments in the GPs' practices. By joining up with HCC community members and other team members, the nurses were able to identify ways of taking their service directly into community settings. Many more members of the community were now being reached, including those patients who would not have responded to an invitation to attend the surgery.

Since the start of the initiative, there have now been a total in excess of 20,000 detailed risk assessments carried out in Blackpool. The GP surgeries would not have had the capacity to achieve this without the outreach work done by the HCC community volunteers and extending the range of places where cardiac nurses routinely undertake the detailed risk assessments.

2. Focused on a topic

Each HCC programme addresses a common topic, but each team is focused on finding out the needs of their own community in relation to that topic and then tailoring their team action to fit. This is a route to creating confidence amongst residents about achieving change. It seeks to transfer skills in creating improvement that can be used for other topics. The success gained in one topic will create confidence and desire to tackle another area.

3. Creating the need to change

Rather than relying on top-down knowledge dissemination, the HCC aims to create an awareness of the need for change, and supporting communities to imagine a better future. Communities are presented with information about the level of their own health inequality and emphasis is placed on their existing situations, the alternatives they would like to see, and improvement targets are made explicit.

4. Training for all

All team members are taught improvement skills and the basics of gap analysis, process mapping, social marketing, rapid change cycles and measurement for improvement. Using the HCC change package, communities are supported to combine local knowledge with the evidence base to plan interventions and then to test these out using improvement methods.

5. Social marketing

Social marketing is an approach that works with peoples own motivation to make change (and life) fun. As the teams of community members live and work within the localities where they are making improvements, they bring their own local knowledge and experiences to the task. When community members are encouraged to contribute and feel valued, their

contributions to solving problems are imaginative and innovative, and often very simple. They have a way of looking at solutions from the receiving end. Community members are fully part of the planning, delivery, and testing of interventions. Their goal is not simply to raise awareness, it is to enable and support individual behavioural change and wider improvements in neighbourhoods, communities and the organisations and industries that service them.

6. Measurement for improvement

Data is collected monthly to measure the impact and improvement that the HCC is making.

7. Common objectives of all HCC teams

Finally, underpinning the HCC approach is a set of common objectives that all participating teams share. These are:

- to address health inequalities in areas of socio-economic disadvantage
- to act as a catalyst enabling communities to work together for common goals
- to harness the skills and knowledge in communities to reduce inequalities

The Improvement Foundation's Healthy Communities Collaborative puts the people living in the areas targeted for change in the driving seat, orientating the professionals from a variety of agencies around them to provide local support. Everyone is treated as an equal partner, with equal weight and importance, and all are taught improvement techniques. The subsequent results are outstanding and, for some members, life-changing.

The experts have not yet worked out how to tackle health inequalities, but they are getting close to recognising what are promising and sustainable approaches. HCC is one of those as it recognises lay people as experts in their own right, who can drive forward change armed with the right tools and influence over how local services are delivered.