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‘Learning to live with COVID-19’: The empowerment model of society and health

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Abstract

Learning to live with COVID-19 will depend on maintaining low community transmission and on protecting the vulnerable in society. Living with COVID-19 will mean learning to maintain social responsibility over the long-term alongside other measures such as localised population controls. Gaining the trust of citizens to work with their governments will be critical to the success of living with COVID-19. The purpose of this paper is to explain how ‘the empowerment model of society and health’, which is based on earlier models and theories and systems of thinking, can be applied to preventing the spread of COVID-19. The model shows how different levels of empowerment (individual, families, interest groups,

community-based organisations and social movements) provide opportunities to better protect ourselves, and others, against COVID-19. In particular, community-based organisations have a pivotal role in establishing trust and providing a bridge between government policy and civil society. In the future, a new paradigm for public health responses to disease outbreaks is necessary, one that places more emphasis on empowerment rather than on top-down approaches.

Key points of 'learning to live with COVID-19'

1. The politicisation of the pandemic has affected the ability of people to make choices.
2. Learning to live with COVID-19 depends on maintaining low community transmission.
3. Learning to live with COVID-19 depends on establishing trust within the population.
4. Learning to live with COVID-19 depends on shielding and supporting the vulnerable.
5. Learning to live with COVID-19 depends on maintaining high social responsibility.

Introduction

People must work together to protect themselves and others against COVID-19 by gaining more control over the circumstances that can cause the spread of the virus. Empowerment is key because it enables people, including the vulnerable, to take more control of their lives and to act on their own behalf. Empowerment functions at the individual, the family, organisational and collective levels. Individual empowerment increases feelings of value and proactive control such as an increased self-confidence, knowledge and skills [1]. Collective empowerment involves the individual, family and the community to increase their ability to be better organised towards gaining social and political influence. Importantly, empowerment can be facilitated by government and non-government organisations to enable individuals and communities to assist in the management of a disease outbreak [2].

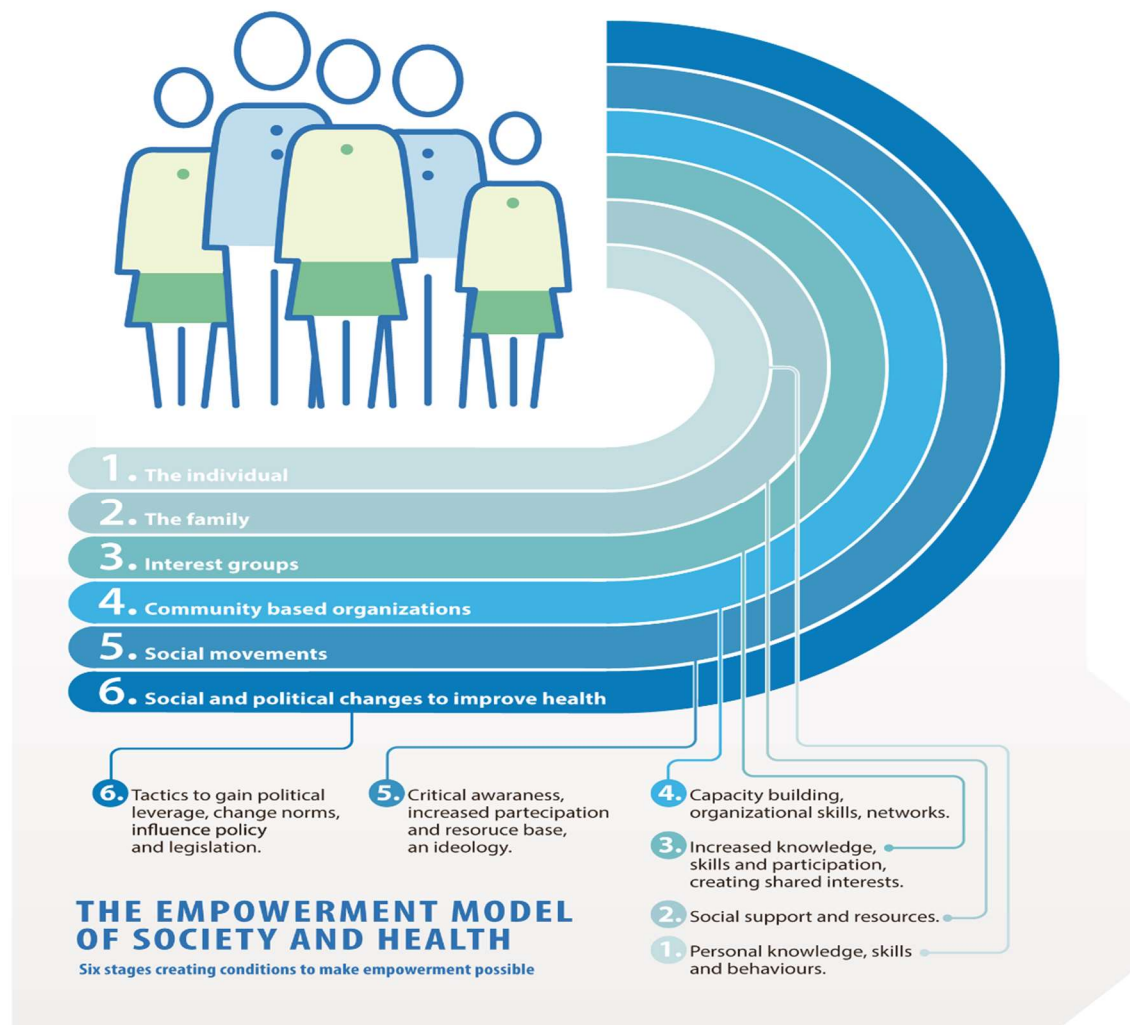
The politicisation of the pandemic has affected people's ability to make the right choices to prevent the spread of COVID-19. For example, in India the national lockdown had a severe economic and social impact on millions of low-income workers. Many fled to their villages away from the cities and potentially spread the virus even further. Conversely, employment

retention schemes in Europe has enabled people to remain at home with pay during lockdowns. The political, economic, historical and socio-cultural contexts can have a direct effect on people's lives and an influence on how empowerment may, or may not, develop [3]. The context creates conditions that can either decrease or increase the risk of being infected with COVID-19. Within countries, the lower an individual's socio-economic status, for example, the worse is their health and consequently the greater the risk of being infected by COVID-19. Living in slum housing also creates favourable conditions for the spread of the virus and the inhabitants can be more adversely affected because of the lack of social distancing and poor hygiene [4].

The empowerment model of society and health and COVID-19

The empowerment model of society and health (the empowerment model) builds on the earlier work of the socio-ecological models, the continuum of community empowerment and the theory of the capability approach and systems of thinking. Although the empowerment model is grounded in the westernised literature it can be adapted and applied in different contexts [5]. The purpose of this paper is to explain how the empowerment model can be used to prevent the spread of COVID-19 and figure 1 provides the different levels: 1. The individual; 2. The family; 3. Interest groups; 4. Community-based organisations; 5. Social movements; 6. Social and political changes to improve health.

Figure 1. The empowerment model of society and health



People can be helped to become empowered to protect themselves and others against COVID-19 and to assist during a disease outbreak. This includes helping individuals to identify problems, such as how to maintain social distancing, and take action to resolve them. Family values can be influenced to support individual decisions and interest groups can be supported to increase participation, for the members to become critically aware and to support others during an outbreak such as distributing essential items. Community-based organisations are pivotal because they help to build trust and can provide a link between government policy and the communities through an extensive network of contacts. Social movements can help to politicise an issue, provide a sustained effort and apply tactics that can influence social and political changes to protect everyone from COVID-19.

Organisations can support people at all levels, or focus on specific levels, of the empowerment model to protect themselves and others against COVID-19. Governments around the world must recognize the value of working with CBOs and to strengthen their capacity to help empower individuals, families and interest groups. Learning to live with COVID-19, with or without an effective and safe vaccine, will depend on maintaining low community transmission and on maintaining high social responsibility. Empowering others in society is the most sustainable and effective way of ensuring that we can continue to live relatively normal lives alongside COVID-19 in the future.

Table 1. Key action points to empower others against COVID-19.

	Key action points to empower others
The individual	Establishing a trusted source(s) of information is important during a disease outbreak. Two-way communication is important to develop a dialogue to clarify key issues using person to person, peer education and health coaching. Public health programs can be tailored to reach vulnerable or non compliant groups.
The family	Individuals often make decisions about behaviour change within the context of the family. Positive beliefs and practices can be reinforced through the family. Moral suasion can be used in the family context to make a pledge to change behaviour.
Interest groups	Focus inwards on the needs of the group members and to identify solutions at a local level. Provide an opportunity to share opinions and increase knowledge and skills. An opportunity to enable people to become collectively more critically aware.
Community-based organisations	Can quickly establish trust in the community through a network of existing contacts. Can provide a bridge between government policy and communities. Require government investment to increase skills and resource base.
Social movements	Have greater access to political leverage and resources. Politicize health issues. Can apply tactics to achieve social and political changes to protect health.
Social and political change	Influencing both social and political changes are necessary to protect health. Can have an Influence longer term by indirect tactics such as voting. Can have an Influence short term by direct tactics such as mass protests and legal action.

The different levels in the empowerment model and COVID-19

1. The individual

A personal action can begin when an individual feels motivated to improve their situation, ideally through a simple solution, and sometimes in response to an experience in their lives such as the illness of a relative. Developing a dialogue helps the person to better understand the underlying causes that have contributed to their situation and they may then be motivated to reduce the risks from becoming infected.

Establishing a trusted source(s) of information is important during a disease outbreak to maintain a sense of social responsibility to comply with preventive measures. Person to person communication provides a two-way channel that is especially important to develop a dialogue to clarify the key issues. Rather than health workers educating members of the public, it is sometimes better for the communication to come from a familiar person, or peer, to encourage behaviour changes to each other. Peer education has been successful in preventing HIV prevention and drug use among young people [6]. Health coaching has also been effective in managing disease as well as leading to a marked improvement in medication adherence [7]. It helps to identify a realistic goal, such as social distancing, and engages in a dialogue to help people understand what is needed to achieve the goal at a personal level.

Information about COVID-19 has been delivered through a variety of communication channels including person to person, the mass and social media. However, the abundance of information sources has made it difficult for many governments to control the accuracy and this has led to rumours and misinformation. Digital devices have been used extensively during the pandemic to express emotions, in organising local activities and to report people who have broken the rules of a lock-down. In Ethiopia, for example, WhatsApp and telegram groups for local leaders and outreach volunteers helped to disseminate information among refugee communities. In the Democratic Republic of Congo, extra credit and mobile phone SIM cards given to health centres and community focal points helped to ensure that communities were able to report suspected COVID-19 cases.

There will always be individuals and groups within society who do not, or cannot, comply with the measures to prevent the spread of an infectious disease, for example, in the Ebola Virus

Disease outbreak in West Africa unsafe burial practices promoted by secret societies increased the risk of transmission. It is therefore necessary to use a tailored approach, one which understands the socio-cultural context, and is locally focussed to target and engage with specific individuals and groups [8]. Tailored interventions, for example, have been successful in improving the uptake of immunization programs using door to-door communication, mass media campaigns and peer education [9]. Brownsville is a neighbourhood in New York City with a large black and Latino population and a high number of cases from COVID-19. The Brownsville Multi-Service Family Health Center (BMS) used a localised approach to maintain public relations to run a testing facility during the COVID-19 outbreak. The historical context of the neighbourhood had eroded community trust in the health system and so a tailored approach helped to reduce racial disparities and negative perceptions about health care. The BMS worked at the grassroots level and was able to address questions about the virus and how to access testing and care [10].

Key action points at the individual level

- Establishing a trusted source(s) of information is important during a disease outbreak.
- Two-way communication is important to develop a dialogue to clarify key issues using person to person, peer education and health coaching.
- Public health programs can be tailored to reach vulnerable or non compliant groups.

2. The Family

The family unit can help its individual members and others in the community to gain more control-over COVID-19, for example, in India, families have produced face masks to address both a shortage and the need for income generation. Public health programs often target the individual to change behaviour, however, the evidence about the effectiveness of what works and what does not work is unclear. Individuals often make decisions within the context of the family and not alone [11] and during a disease outbreak the family can share values that are crucial to enable others to make the right decisions to protect themselves. Positive beliefs and practices can be reinforced and work best when social norms share the same values, for example, wearing a face mask in public places. Different opinions within the family can help to stimulate a dialogue about high risk behaviours and to question what has

always been done, for example, not maintaining social distancing [12]. Moral suasion is a versatile and low-cost approach that can be used to influence social norms and high risk behaviours. In particular, using ‘a pledge’ in the presence of other people, family and community members to promise to change a behaviour has had some success, for example, in abstaining from alcohol and not practicing female genital mutilation, because it creates a strong moral pressure to conform [13]. The same principle could be used to make a ‘pledge’ to always wear a face mask or not to attend mass gatherings of people.

Key action points at the family level

- Individuals often make decisions about behaviour change within the context of the family.
- Positive beliefs and practices can be reinforced through the family.
- Moral suasion can be used in the family context to make a pledge to change behaviour.

3. Interest groups

Interest groups focus inwards on member needs so that they can find local solutions, sometimes assisted by government funding. In Tanzania, for example, groups involved in self-reliance activities were provided with sewing machines to produce face masks for themselves and their community. Interest groups also provide an opportunity to share opinions and this is important because people’s perceptions of their own risk of illness can depend on the group of people around them [14]. Community action to control the spread of COVID-19 in Italy led to a range of innovative activities to support others including placing a message on the doors of neighbours to check if they needed help or organising music on balconies in urban neighbourhoods to entertain others.

Interest groups (and community-based organisations) create an opportunity for people to become more critically aware so that they can begin to understand the underlying causes of poor health and infection from COVID-19. ‘FOTOVOZ’ is a practical approach to enable people to start thinking critically through a photographic technique. It was used in Las Delicias, a low socio-economic, multi-cultural and densely populated neighbourhood in Zaragoza, Spain, to help identify community perceptions of the national lock-down. The immediacy of the visual image and the short narrative that goes with it can provide a powerful

record of what really matters in people's lives. In Las Delicias, mobile phones were used so that people could 'act as a camera' to record personal experiences, feelings and needs, both positive and negative, during the period of confinement. These included 'pollution' from discarded masks, loneliness and the need for social support networks and in turn, provided health professionals with a better assessment of how to facilitate local action and services to help prepare for the next phase of the outbreak [15].

Key action points for interest groups

- Focus inwards on the needs of the group members and to identify solutions at a local level.
- Provide an opportunity to share opinions and increase knowledge and skills.
- An opportunity to enable people to become collectively more critically aware.

4. Community-based organisations

Community-based organisations (CBOs) include non-government, voluntary and faith-based organisations and focus outwards on the circumstances that create need in the first place. They are not only larger than interest groups but also have an established structure, more functional leadership and the ability to create social networks. A social network is a structure of relationships, both personal and professional, through which support, resources, services and information can be delivered. Participation in social networks builds cohesiveness between individuals and organisations and are important to mobilise people during a disease outbreak [16]. Youth networks around the world, for example, have been active in disseminating prevention messages, making soap and training on COVID-19, mobilizing peers and distributing essential items [17].

CBOs have a pivotal role in the empowerment model by establishing trust in the community through a network of existing contacts and by providing a bridge between government policy and civil society. CBOs are connected with communities and can support and shield the vulnerable and promote social responsibility to comply with preventive measures. For example, in the Ukraine, CBOs have taken part in coordinating committees led by local authorities to distribute food to the elderly, to operate counselling hotlines and conduct

educational classes for adolescents. Strengthening CBOs involves governments recognising their value in society and investing to increase their competencies and resource base.

Volunteers provide a valuable resource for many CBOs to carry out everyday activities such as disseminating information at the household level. India, for example, has a million Accredited Social Health Activists (ASHAs) who are honorary volunteers, not considered health workers under minimum wage law, that have had a crucial role track and tracing for COVID-19. The ASHAs have supported the health care system, delivering assistance for maternal health, immunization and polio, especially in remote and rural areas [18]. Local leaders have also been important to motivate others, for example, in Bangladesh, imams play a key role in sensitizing their communities, including in mobilizing people to disseminate information on the prevention of COVID-19.

Key action points for community-based organisations

- Can quickly establish trust in the community through a network of existing contacts.
- Can provide a bridge between government policy and communities.
- Require government investment to increase skills and resource base.

5. Social movements

At this stage in the empowerment model, people recognize that they need to have greater access to political leverage and resources by taking a stronger position and applying pressure on government about the risks that affect their lives and health. Politicizing an issue is an important step towards being more critically aware, understanding that health is political and gaining more political influence. Social movements provide a sustained effort, often based on values that go beyond organisational structures such as human rights and health inequalities [19] and an influence that is possible because of a strong participant and resource base.

Key action points for social movements

- Have greater access to political leverage and resources.
- Politicize health issues.
- Can apply tactics to achieve social and political changes to protect health.

6. Social and political changes to improve health

Achieving the social and political changes that can have a direct effect on protecting people from COVID-19 can occur earlier in the empowerment model, but often requires a level of organisation and mobilization that is acquired at a later stage. Social change refers to values, norms and behaviours within society, for example, so that using a face mask becomes an everyday practice. Political change refers to policy and legislation that creates a supportive environment for the social change to happen, making the healthy (lower risk) behaviour an easy choice for people, for example, legislation that enforces the use of face masks in public spaces. The ability to influence both social and political changes to protect health has been successful in different contexts including the use seat belts and banning passive smoking [20].

The use of indirect tactics can, longer term, have an impact through, for example, voting, signing a petition, on-line debates and emails to lobbying key decision-makers. However, individuals can feel compromised by being represented by others or by engaging in activities which have a limited influence. Direct actions are another form of tactics that have a more immediate effect, for example, mass protests that we have seen in Europe in regard to the economic cost of lock-downs and publicity campaigns to raise awareness about the needs of Indigenous peoples that have occurred in South America. Other direct actions include picketing, vigils, strikes and boycotts, however, legal action in combination with media advocacy and protests have had an especially dramatic effective. For example, in South Africa, a legal case that by-passed the courts to the country's Competition Commission and using advocacy and public protests, successfully persuaded authorities that the high prices for antiretroviral drugs for HIV violated regulations against excessive pricing and the guarantee of the 'right to life' [21].

Key action points for social and political changes

- Influencing both social and political changes are necessary to protect health.
- Can have an Influence longer term by indirect tactics such as voting.
- Can have an Influence short term by direct tactics such as mass protests and legal action.

Conclusion

Learning to live with COVID-19 will depend on maintaining low community transmission, on maintaining high social responsibility and on protecting the vulnerable in society. The empowerment model explains how this can be achieved at different levels within society to better protect ourselves and others against COVID-19. Social responsibility can be best maintained over the long-term through collective empowerment alongside localised population controls such as lock-downs and financial incentives.

Living with COVID-19 in the future will require governments to gain the trust of their citizens to work together to maintain low community transmission. The empowerment model shows that CBOs have a pivotal role in establishing trust and in providing a bridge between government policy and services and civil society. It is important that governments recognize the value of CBOs, to strengthen their capacity, to build partnerships with them and to provide more resources for activities to help maintain low community transmission.

Will the lessons of the past be learned or will public health responses continue to be dominated by top-down and epidemiological approaches. Disease outbreak control is an expanding professional field that requires an evolving set of technical competencies based on the experiences of past outbreaks. A new paradigm is necessary for public health responses in the future, one that places an equal emphasis on engagement and empowerment alongside epidemiological approaches. The new paradigm should recognise that the socio-cultural, political, economic and historical context of a country has a direct effect on the success of managing a disease outbreak. The new paradigm must ensure that training is provided in cultural competence for public health professionals including the ability to interpret the social science evidence into program implementation. These are areas of expertise that have been missing in previous outbreak responses as well as a recognition that experience is as equally important as the available 'evidence', in an often rapidly changing public health scenario.

It is hoped that this paper will contribute to our understanding of the importance of an empowerment approach in addressing disease outbreaks and that, in turn, this will lead to a discussion about the need for a new paradigm for public health responses of the future.

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