



**WHEN AND HOW DOES A LOCAL COMMUNITY
BECOME ACTIVE AND INCLUSIVE?**

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HEALTH PROMOTION

'Health promotion is **the process of enabling people to increase control over** the determinants of health and thereby to improve their health' (Bangkok Charter for Health Promotion, 2005).

The main determinants of health include:

Income, Employment and working conditions, Education and literacy, Childhood experiences, Physical environments and spaces.

HEALTH PROMOTION GOES BEYOND COMMUNICATION



Health communication around obesity in adolescents might include school-based awareness programmes or exercise classes.

Health promotion around obesity in adolescents extends further to legislation on food advertising and policy to restrict access to unhealthy products in school shops and to provide healthy choices.

GOVERNMENT HEALTH AGENDAS (TOP-DOWN)



- 
- Obesity (Exercise & Diet)
 - Violence & Injury
 - Dangerous Consumptions (Gambling, Alcohol, Drugs, smoking)
 - Cancers
 - Infectious diseases



The Saskatoon 'In Motion' Programme.

A 3-5 year plan to increase physical activity in Saskatchewan, Canada.

Used public awareness and motivational strategies for individual behaviour change.

- ✓ 57% people surveyed said that they had seen, heard or read about the 'in motion' programme.
- ✓ 18% surveyed said that the 'in motion' messages had led to them to think about physical activity.
- ✓ 30% said they had become more active but 49% had no change in physical activity (SRHA, 2005).

No or very low influence on low socio-economic, adolescents, indigenous people and ethnic minority groups





COMMUNITY AGENDAS (BOTTOM-UP)

- Low pay;
- Poor housing and an increasing number of empty and derelict properties;
- Increasing alcohol abuse by children;
- High crime levels, especially drug related burglaries;
- Poor access to health and social services.



(Kashefi and Mort, 2004)

KEY LESSON: TOP-DOWN AN BOTTOM-UP



We must be prepared to listen to what the community needs.

We may not necessarily like what we hear, but we must be committed to moving forward and building upon these needs in our programmes.



MYTH — PEOPLE DON'T WANT TO BE INVOLVED



1. How many volunteer walk leaders are there in England? **8,300**
2. How many parks friends and user groups are there in the UK? **5900**
3. How many health champions were recruited by 'Altogether Better' in first 4 years? **17,000+**

COMMUNITY HEALTH CHAMPIONS



- Working through primary care or Community Health Centre.
- Roles vary in intensity from talking to people as part of their daily lives through to organising community activities.
- Helped to recruit volunteers www.altogetherbetter.org.uk/

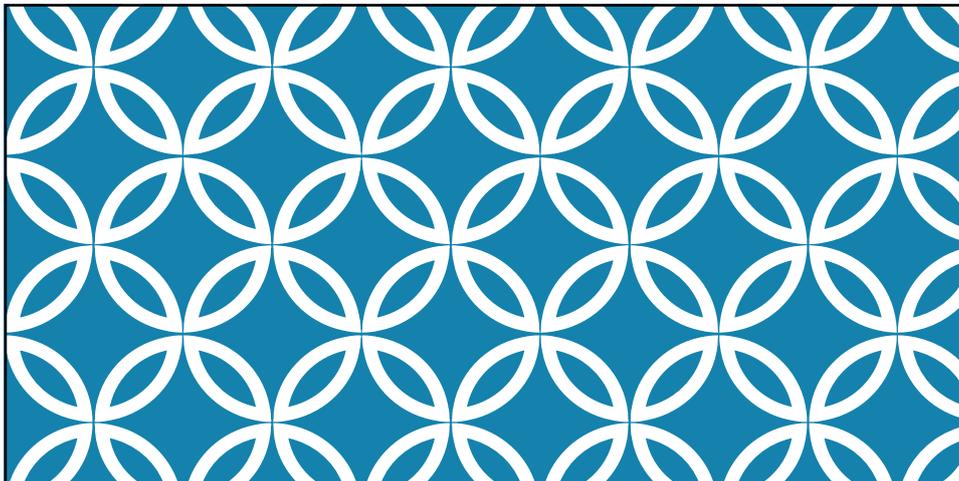


THE COMMUNITY CONTRIBUTION

Community mobilisation is an effective method for promoting participation and empowering communities among a wide range of health and other non-health benefits (Rosato, 2008).

PRACTITIONER SKILLS WHEN WORKING WITH COMMUNITIES

1. Meaningful community engagement
2. Identifying shared needs
3. Building community capacity
4. Support local health champions
5. Support partnerships



**LESSONS OF HOW A COMMUNITY
CAN BE ACTIVE IN ZARAGOZA, SPAIN**



THE CONTEXT



Las Delicias is a poor, multi-cultural and densely populated urban neighbourhood in Zaragoza, Northern Spain.

The residents are Spanish, South American, Romania, Chinese and African as well as having a significant elderly population.

Paper on https://www.dors.it/page.php?idarticolo=3406#par_6

THE METHODOLOGY

'Fotovoz' (photo-voice) is a low-cost method to identify local needs and to improve local circumstances using images taken on mobile phones. 'Fotovoz' gives a better understanding of local concerns and challenges regarding a health issue. 'Fotovoz' can help to better plan activities to help people to access local services and to support the vulnerable.

The 'Fotovoz' intervention was coordinated by the Association of Neighbours of Delicias and the Delicias south Health Centre in collaboration with the Public Health Department of Aragon.

39 residents voluntarily participated, sending 85 photographs that identified the problems they experienced during the COVID "lock-down" 2019-2020.



THE METHODOLOGY: STEP BY STEP (FOR INFORMATION ONLY)

1. Identify people that will represent the community from different ethnic groups, neighbourhoods, gender, age, faith and abilities. Individuals or group representatives are asked to also further identify others that are willing to participate. Their participation should be voluntary and confidential.

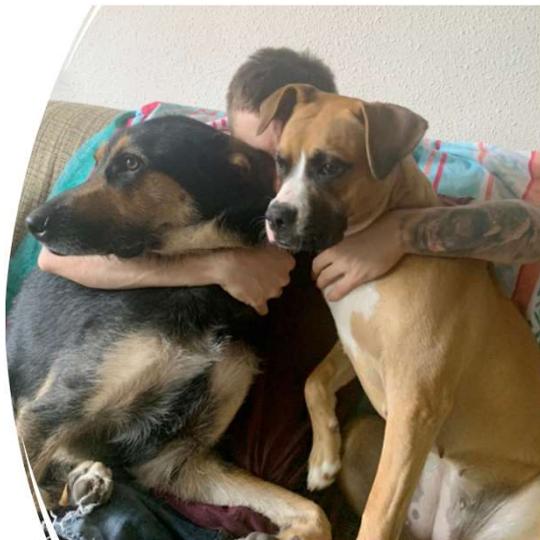
2. An email, WhatsApp or another similar site is used for people to send 2 or 3 pictures with a short narrative to reflect their experiences of the COVID-19 quarantine. It is suggested that this site is private so that initially the images are not shared with anyone other than the organiser. A specific time limit is given to provide the photographs (such as 1 week). The following questions can be used as a guide:

- *Please share a picture using your mobile phone of a scene, an event or location that best reflects how you feel about the COVID quarantine. Give a short (2 sentences) story about the picture.*
- *Please share a picture using your mobile phone of anything you like that expresses your feelings about the COVID19 quarantine, positive or negative, with a 2 sentence story.*
- *Send me a photograph(s) and a short story of anything in your life that is good or bad about the COVID19 quarantine.*

3. The organiser collates the photographs and selects those that are visually clear, non-offensive and confidential and then contacts the sender to request their permission to use the image and narrative for the assessment of community perceptions. All additional images should be permanently deleted.

4. The organiser prepares a short report using sub-headings such as 'confinement', 'exercise', 'food' and 'entertainment', to present the information using a combination of images and text.

The photographs reflected different personal experiences of friendship and values.



The photographs reflected different personal experiences of isolation and anxiety.



The photographs reflected different personal experiences of social support between neighbours and within the community.





The photographs reflected different personal experiences of needs during the "lock-down" such as access to food, alcohol, cigarettes and medicines.

FOLLOW-UP ACTIONS

1. An exhibition of the 'FOTOVOZ' images and narratives from Las Delicias was held in Zaragoza to share the experiences with other communities and with municipal decision makers.
2. Intersectoral meetings at the municipal level to discuss the system implications of reaching the vulnerable in society and a better approach to co-creation.
3. A tailored approach to address the local context and to target and engage with the isolated through community support groups to give access to food, medicines, dog walking, companionship.

ARE “COMMUNITY CENTRES FOR HEALTH PROMOTION” A WAY TO APPLY NEW SKILLS?

A community association (Spain), community (health) centre (UK) or community hub (Australia) is the focal point by which to organise many health promotion activities that can address the determinants of health and specific needs and inequalities at a local level.

Casa della comunita can provide opportunities to: quickly identify community needs, co-create projects, promote government and local actions together, build a bridge between government and community, strengthen community networks and ties, build capacity and skills and to create spaces for community interactions.

GRAZIE MILLE