Title	Community engagement to improve health and reduce inequalities – a summary of current evidence and theories, and the implications for the evaluation of the Healthy Fenland Fund
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1. What is community engagement?

Community engagement can be defined as 'involving communities in decision-making and in the planning, design, governance and delivery of services.'[1]

Wilcox describes five levels of increasing community engagement[2]:

1. Information-giving, in which people are merely told what is planned;
2. Consultation, in which people are offered some options and ideas, and organisers listen to feedback, but do not allow new ideas;
3. Deciding together, in which organisers encourage additional options and ideas, and provide opportunities for joint decision-making;
4. Acting together, not only to decide together on what is best, but also forming a partnership to carry it out;
5. Supporting independent community interests, in which local groups or organisations are offered funds, advice or other support to develop their own agendas within guidelines.

The Healthy Fenland Fund is an example of the fifth level of community engagement.

2. Does community engagement improve health and reduce inequalities?

It is recognised that community engagement can be effective at improving health. The National Institute for Health and Clinical Excellence (NICE) has published guidelines which promote the use of community engagement in improving health and wellbeing and reducing health inequalities[3].

It is widely agreed that community engagement can improve health in the following ways[1]:

- Improved social cohesion;
- Improved social inclusion of marginalised people;
- Improved individual self-esteem and self-efficacy for those involved;
- Improved effectiveness of interventions – those designed by the community are more likely to be appropriate, feasible, accessible and used;
- Increased public accountability and transparency.

A recent systematic review and meta-analysis set out to address a gap in robust synthesis of evidence which supports these concepts[1]. The meta-analysis suggest that public health interventions using community engagement for disadvantaged groups are effective in terms of health behaviours, health consequences, participant self-efficacy and perceived social support outcomes. The review found significant variation in the effectiveness of interventions; although the review identified a number of trends that may be useful in future design and evaluation of interventions, it only identified a small number of statistically significant variables that could explain variation in effectiveness. Very few studies identified by the review examined the cost-effectiveness of the interventions and this is a significant gap the evidence base.

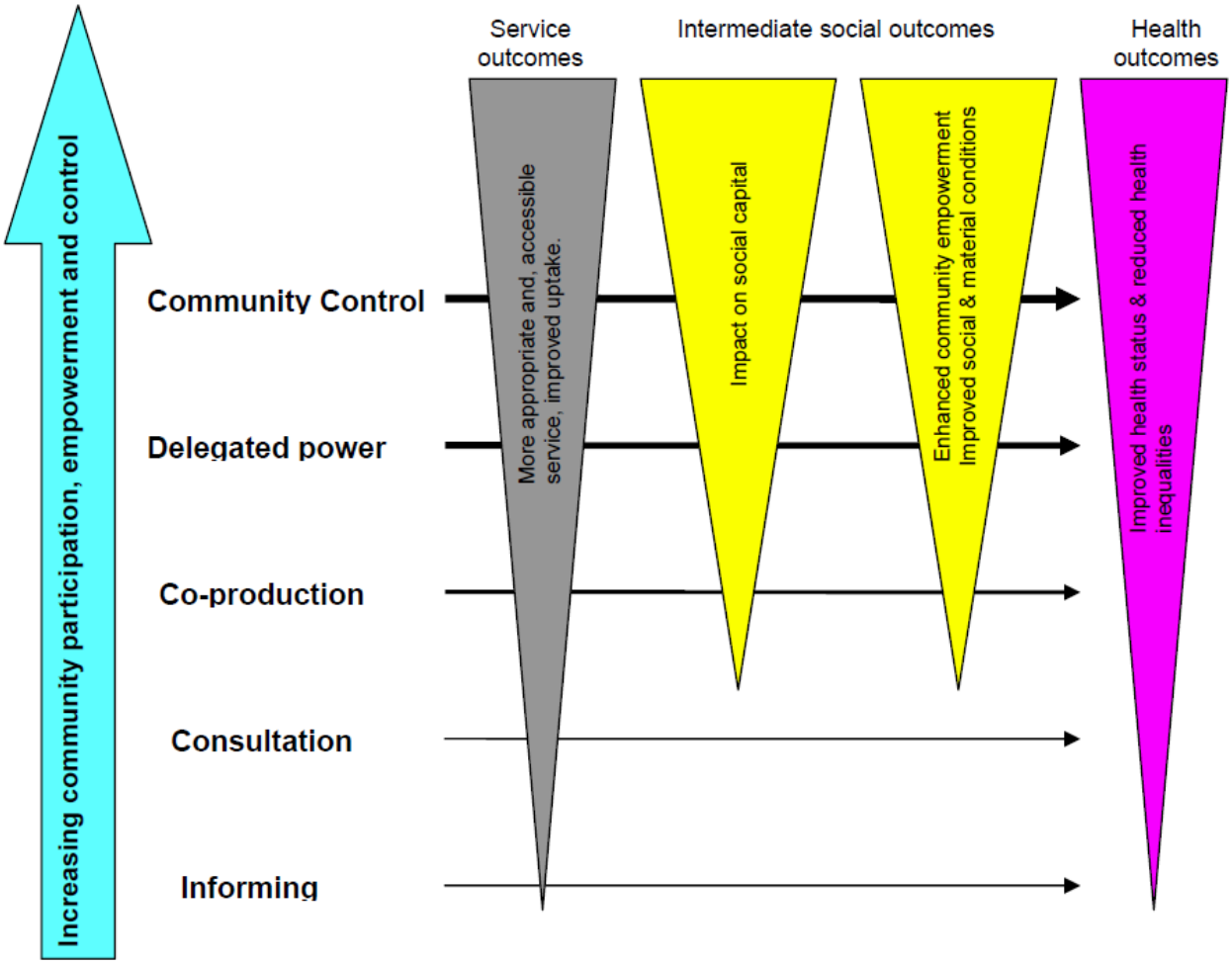
Fair Society, Healthy Lives, the strategic review of health inequalities by Marmot et al published in 2010[4] recommends that action should be taken to 'improve community capital and reduce social isolation across the social gradient'. The review found that understanding of the relationship between social and community capital and health is growing and concluded that social networks and participation can improve mental health inequalities.

3. How does community engagement improve health and reduce inequalities?

The O'Mara-Eves systematic review identified very few studies that included process evaluation and these studies were of low to medium quality. It is therefore not fully understood how community engagement interventions work to improve health and reduce health inequalities.

There are, however, a number of theoretical models which aim to describe community engagement and a smaller number which describe the use of community engagement to improve health and reduce health inequalities. The O'Mara-Eves systematic review identify and critically examine these models, and use these to develop a new conceptual framework.

The framework below (figure 1) was prepared by Popay et al for NICE and usefully describes how different levels of community engagement may impact service, social and health outcomes.



Source: J. Popay, 2006, Community Engagement, community development and health improvement. A Background Paper prepared for NICE.

Figure 1: Pathways from community participation, empowerment and control to health improvement (J. Popay, 2006)[5].

The O'Mara-Eves review classifies theories of community engagement into the following categories:

1. *Theories of change for patient/consumer involvement.* This is engagement with communities or members of communities in strategies for service development, in which empowering individuals enhances their engagement with service professionals to effect sustainable changes in services. The need for ongoing investment will depend on the nature of the changes made; ongoing partnership is not necessary for sustaining changes, but can benefit subsequent changes.

2. *Theories of change for peer-/lay-delivered interventions.* Services engage communities, or individuals, within communities, to deliver interventions. The aim of empowering people by enhancing their skills is to effect sustainable change amongst themselves and their peers. Although the individual behaviour changes sought may be sustainable the interventions needs ongoing investment from services for subsequent generations.

3. *Theories of empowerment to reduce health inequalities.* When people are engaged in a programme of community development, an empowered community is the outcome sought by enhancing their mutual support and their collective action to mobilise resources of their own and from elsewhere to make changes within the community. An empowered community can do much to sustain its own efforts.

The authors went on to develop a new conceptual framework for representing community engagement in interventions (figure 2). This may be a useful way to describe the Healthy Fenland Fund and inform the evaluation.

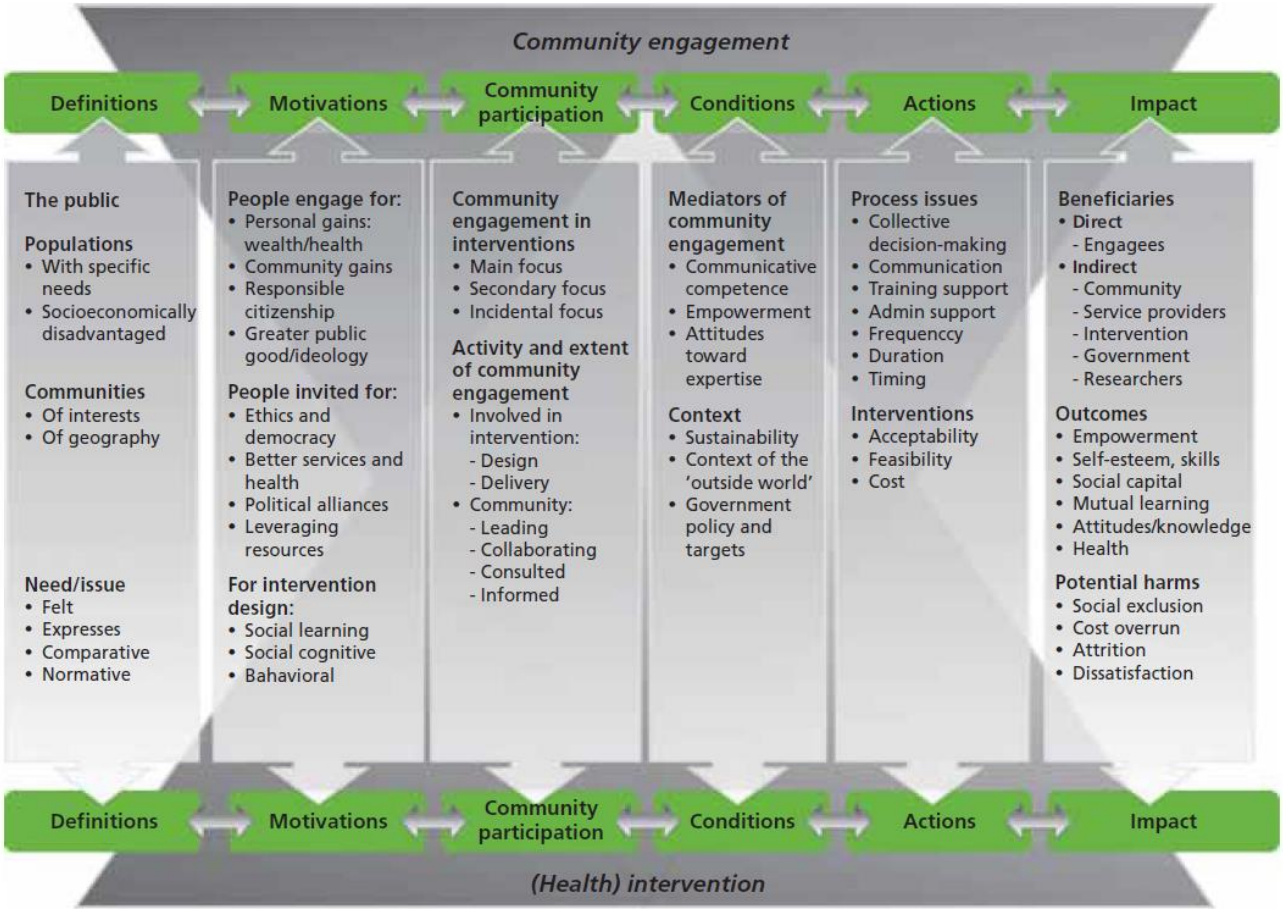


Figure 2: Conceptual framework for representing community engagement in interventions[1]

In addition to the above framework, Public Health England has developed a 'family of community-centred approaches' which represents some of the practical, evidence-based options that can be used to improve community health and wellbeing (see table 1 below). It usefully summarises how each approach works and gives examples of common models. The Healthy Fenland Fund uses some aspects of all four approaches.

Approaches	How do they work?	Common models
Strengthening communities	These approaches build community capacities to take action on health and the social determinants of health. People come together to identify local issues, devise solutions and build sustainable social action.	Community capacity building, community development, asset-based methods, community organising, social network approaches and time banking.
Volunteer and peer roles	These approaches enhance individuals' capabilities to provide advice, information and support or organise activities in their or other communities. Community members use their life experience and social connections to reach out to others.	Peer support, peer education, health trainers, health champions, community navigators, befriending and volunteer schemes such as health walks.
Collaborations and partnerships	These approaches involve communities and local services working together at any stage of planning cycle, from identifying needs and agreeing priorities, through to implementation and evaluation. Involving people leads to more appropriate, equitable and effective services.	Community-based participatory research, area-based initiatives, Healthy Cities, area forums, participatory budgeting and co-production projects.
Access to community resources	These approaches connect individuals and families to community resources, practical help, group activities and volunteering opportunities to meet health needs and increase social participation. The link between primary health care and community organisations is critical.	Social prescribing, green gyms, community hubs in libraries and faith settings, healthy living centres, and community-based commissioning.

Table 1: A family of community-centred approaches for health and wellbeing (Source: Public Health England[6])

4. **Implications for the evaluation of the Healthy Fenland Fund**

The O'Mara-Eves review provides a useful summary of evidence on the effectiveness of using community engagement approaches to improve health and reduce health inequalities. However, it identified that there is significant variation in effectiveness between studies which suggests that a tailor-made approach to designing future interventions will be necessary. Very few of the studies evaluated process and there is therefore a lack of evidence as to *how* community engagement effectively brings about change. If we do not know what elements of community engagement ensure success in different settings, it will be difficult to tailor interventions to increase the likelihood of success in different settings.

It will therefore be important that the evaluation of the Healthy Fenland Fund reviews process (i.e. how it works) as well as outcomes. It may be useful to use some of the theoretical models of change during the design of the evaluation. The Healthy Fenland Fund includes community engagement at various different 'levels'; for example,

using the Public Health England categories (table 1), the Healthy Fenland Fund includes activity from all four approaches including strengthening the capacity of the local community, using peers to deliver interventions, involving the local communities in identifying priorities that are important to them, and making links between different community resources.

The evaluation should also include a cost-effectiveness analysis as this has been identified as an area with limited evidence. Decision makers need to understand the value for money of interventions when planning and commissioning services, and it therefore important that the evidence base of the cost-effectiveness of using community engagement approaches to improving health and wellbeing and reducing health inequalities is strengthened.

5. **References:**

[1] O'Mara-Eves A, Brunton G, McDaid D, Oliver S, Kavanagh J, Jamal F, et al. Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Research.* 2013;1(4)

[2] Wilcox D. Community participation and empowerment: putting theory into practice. RRA Notes 1994;21:78–82

[3] National Institute for Health and Clinical Excellence. Community engagement: improving health and wellbeing and reducing health inequalities. NICE guideline 44. London: NICE, 2016

[4] Marmot Review Team. Fair society, healthy lives: the Marmot review. Strategic review of health inequalities in England post-2010. London: Marmot Review; 2010

[5] Popay J. Community engagement for health improvement: questions of definition, outcomes and evaluation. A background paper prepared for NICE. London: NICE; 2006

[6] South J. A guide to community-centred approaches for health and wellbeing. London: Public Health England, 2015