

Community Empowerment

A pathway to greater health equity?

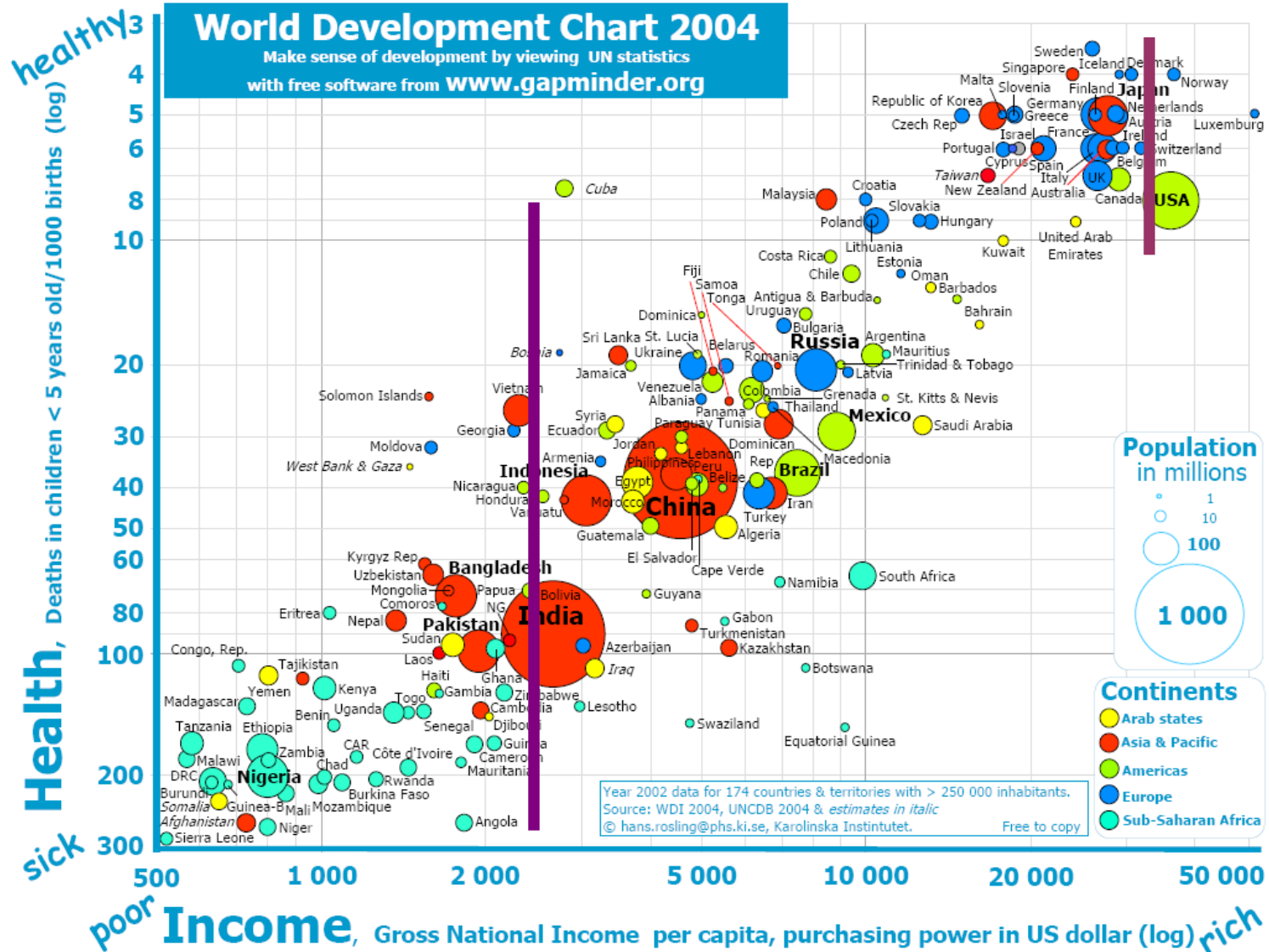
‘The idea of citizen participation is a little like eating spinach: no one is against it in principle because it is good for you’

Professor of Sociology and Public Health
Lancaster University

The argument I'm going to try to make.....

- Health Inequalities can only be reduce by increase social justice
- But what would policies and practice to promote greater social justice look like?
- Community Empowerment can enhance social justice - provides evidence and drives action'
- But do contemporary public health policies enhance social justice?

Health Inequalities – a matter of social justice

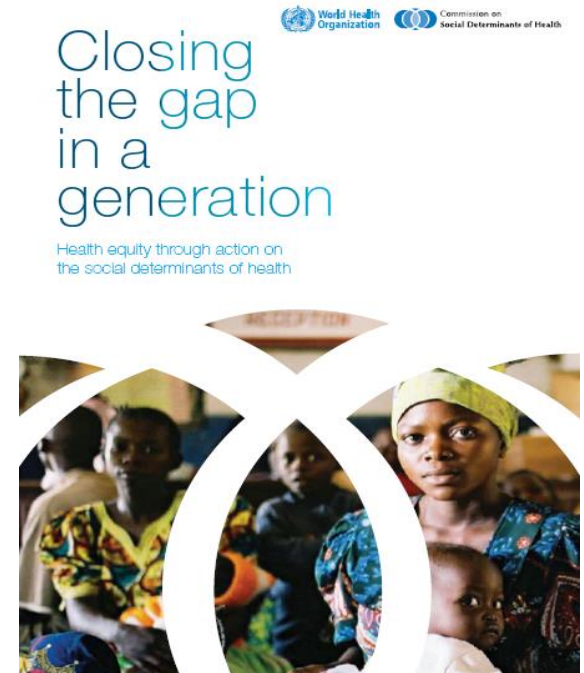


Health Inequalities: a matter of social justice

WHO Commission on the Social Determinants of Health

Putting right these huge and remediable differences in health between and within countries is a matter of *social justice*. Reducing health inequities....is an ethical imperative. Social injustice is killing people on a grand scale. (CSDH)

(Marmot review 2009)



“The challenge is to work out the precise demands of social justice that is....practically useful.

Amartya Sen 2010

- Public health policies and practice aiming to decrease prevalence of disease and using behavioural change as the means don't meet demands of social justice
- Aristotelian framework prioritising human flourishing as the aim & capability development as the means has more potential to enhance social justice
- This requires public health policies and practice that:
 - Remove barriers to people's ability to exercise reasoned agency
 - Support development of individual/collective capabilities (agency)
- Community empowerment initiatives may do this

Releasing capabilities via Community Empowerment

- A struggle over power to enable people bearing the brunt of inequalities to forge shared identities, recognise common interests and use experiential and other knowledge to act collectively for greater social justice
- The historian E. P. Thomson argued that we need to “rescue the *wisdom of experience* from the crushing condescension of history”
- Aristotle called this ‘*practical wisdom*’
“the complex responsiveness of ordinary people to the concrete situations they experience in their everyday lives”

What can experiential knowledge do?

1. Reframe problems e.g.

- child accidents
- Behaviour in context
- Roma and education

2. Reframe solutions e.g. TB

Reframing public health problems: child accidents

Mismatch between ‘official’ and lay perceptions for risks:

Professional: ‘There is a general perception that cars are travelling faster than they are...If you look at the roads... they’re not really that dangerous’

Parent:: ‘There are too many cars... is it dangerous for the children, because they go between the motors to see if another motor is coming’.



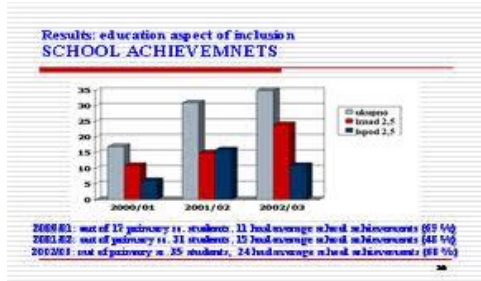
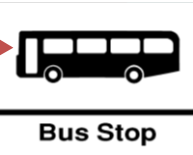
*“Really interesting question about child accidents is that given all the dangers, **how do so many people manage to keep their children safe in unsafe environments?** Only qualitative data can help us unravel this”. (Helen Roberts, 1997)*

Reframing behaviours: coping in difficult places

- *Privatisation of everyday life*: lack of social capital - protects against antisocial behaviour but contributes to loneliness and isolation
- *Social distancing*' protects positive identity but undermines social cohesion and collective action for change
- *Socially valued identities as* pathways to inclusion e.g. teenage motherhood, some antisocial behaviours
- *Health damaging behaviours* ways of coping with difficult places

The doctor put me on Prozac for living here because it's depressing. I started drinking a hell of a lot more since I've been here. I drink every night just to get to sleep. I smoke more as well. There's a lot of things

Reframing problems: Roma children and school attendance



1



3

2



Whilst Roma parents are taught about the value of education

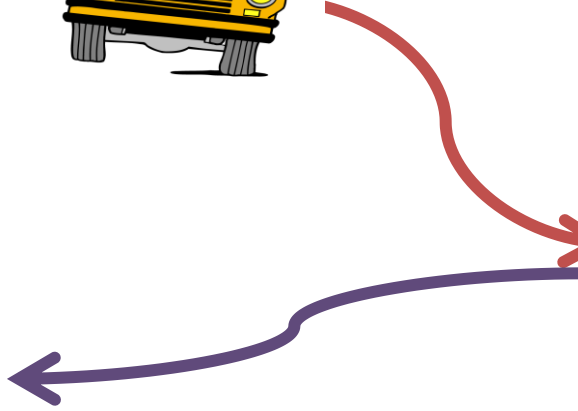


4

Roma children get lessons in personal hygiene



5



Reframing solutions: DOTS for TB

Experiential knowledge challenges the assumption that barriers to help seeking and compliance are cultural and/or that people act irresponsibly



Highlights other barriers:

- material e.g. Low income, transport
- Side effects of the drugs
- Stigma:
 - Within communities
 - within services/from professionals

Reveals resourcefulness:

- people go to great lengths to seek help despite barriers

Suggests ways of improving interventions: e.g.

- more support less inspection
- Training for health professionals

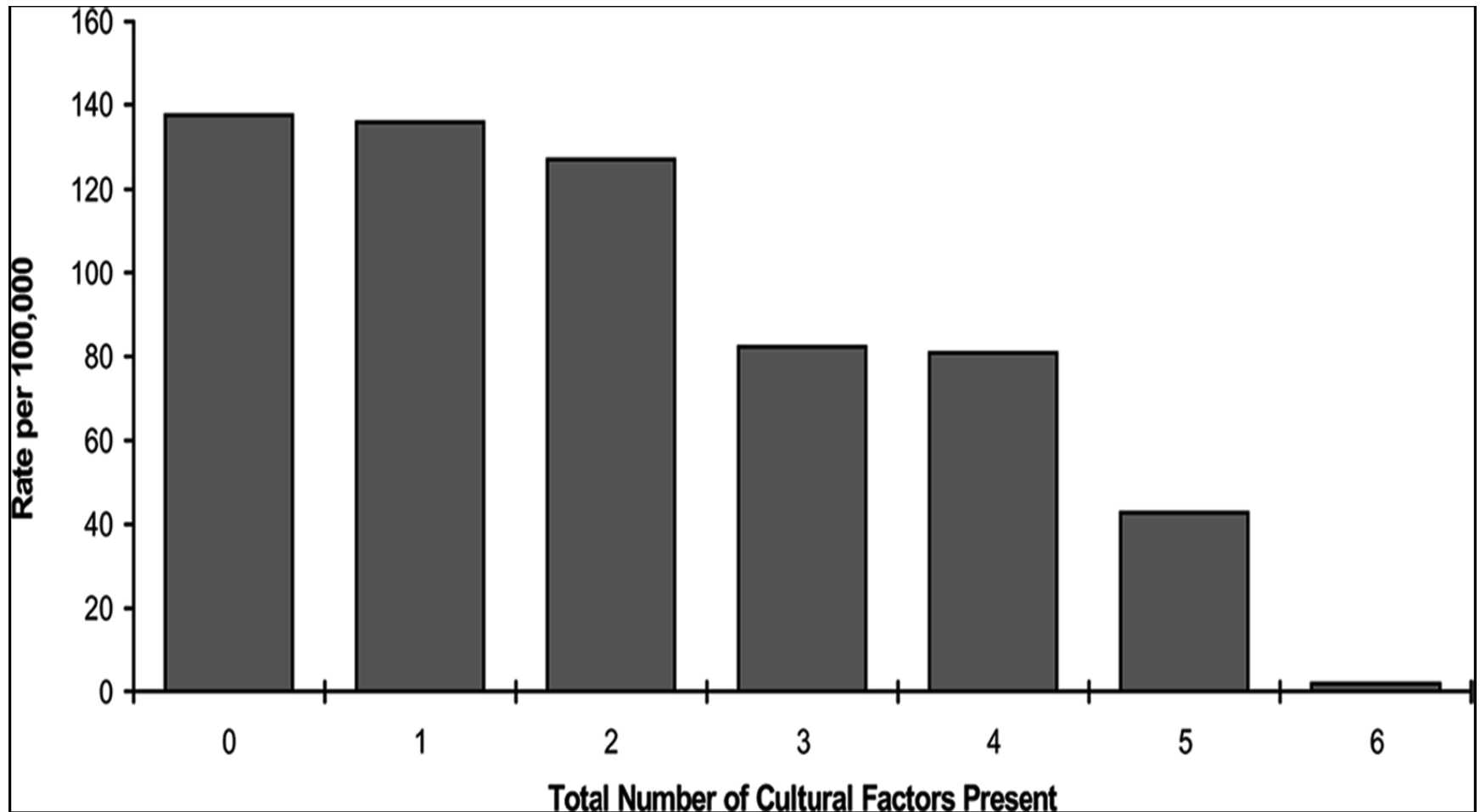
And community empowerment may have direct health impacts

- Study of Indigenous suicide in British Columbia
 - Significantly elevated suicide rates (5 time across the province, 1987-1992)
 - But not uniformly distributed across 1st Nation groups:
 - Aboriginality *per se* is not a risk factor.
- ‘Cultural continuity’ explained different risks
- But measures reflect degree of ‘control’
 - history and success of land claims;
 - self government;
 - control of services;
 - Dedicated cultural facilities

Later looked at adult suicide and extended the indicator

- Proportion of women in political positions

Decreasing suicide rates with increasing community 'control'



Do contemporary public health policies/action release individual and collective capabilities?

Not when they obsess about behavior and “Name and Shame”

[National Audit Office](#)

Tackling in areas with the worst
Health and deprivation



The Guardian

Close call on health
inequalities



Holyrood website

Scottish Government's
health inequalities pilot nears end



PHARMAFILE website

NHS Slow to tackle inequalities



FUSE Newcastle University
understanding and tackling
health inequalities



Sustainable Development Commission
the key to tackling health inequalities

Not when they bribe and cajole

Conditionality

- Breastfeeding mothers offered £200 in shop vouchers (Guardian 2013)
- Paying children to read books – Pay4Performance 2010
- Paying pregnant smokers to quit in Glasgow (Guardian 2015)
- Obesity crisis: get paid to lose weight 2008
- Get Paid to Exercise and Live a Healthier Lifestyle – private sector initiative
- Pay kids to eat fruits, vegetables 2013

Mixed evidence base and little on effectiveness of conditionality

Economic incentives breach ethical demands of social justice

“Whilst functioning should be held in view by governments capability is the political goal – policies must respect humans’ ability for practical reasoning and choice ...once capabilities are assured people must be free to make choices” (Nussbaum)

But is the message about community empowerment finally getting thought?

“There is extensive evidence that connected and empowered communities are healthy communities. Communities that are involved in decision-making about their area and the services within it, that are well networked and supportive and where neighbours look out for each other, all have a positive impact on people’s health and wellbeing. Three million volunteers already make a critical contribution to the provision of health and social care in England. This is a huge asset to our nation’s health”.

A Guide to Community Centred Approaches to Health and Wellbeing

Foreward: Duncan Selbie and Simon Steven’s
Public Health England & NHS England

Forgive my cynicism but where is this renewed
interest in community development leading
us.....



A world of DIY health improvement and
inequality reduction

A flavour of the text....

- “Building resilience of local [poor] communities”
- “[Poor] Communities providing renewable energy”
- “Creating conditions for [poor] community assets to thrive”
- “LA & NHS important role in building confident and connected [poor] communities”
- “Celebrate, support and develop volunteering as the bedrock of community action”

Empowerment – to enable self care?

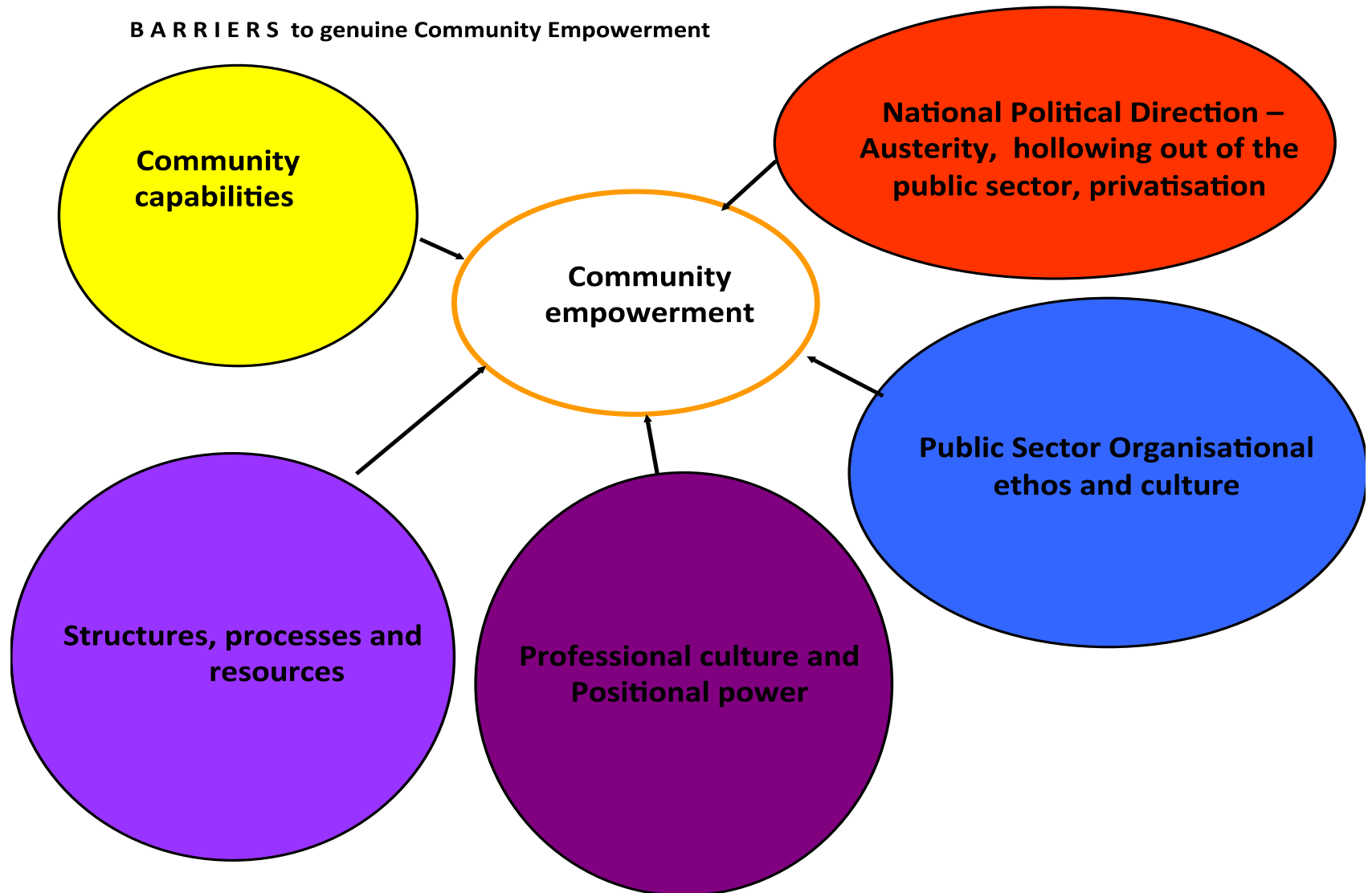
Self-efficacy, self-esteem, confidence to change and problem solving skills are all factors in the adoption of positive health behaviours and self care.

As well as promoting uptake and widening access to services, community-centred approaches may **increase health literacy** and give individuals **the confidence to engage in their health care**.

Engaged communities can provide supportive environments and positive social norms that **help individuals gain motivation, confidence and skills to self care**.²¹³

Meanwhile locally.....

BARRIERS to genuine Community Empowerment



Meanwhile nationally and internally.....

‘Austerity’ is killing people and blighting lives (10,000 additional suicides between 2007-2010 In the Europe and the U.S) and decimating public services and spaces (David Stuckler and Sanjay Basu, CNN September 9, 2013)

Welfare reform and poverty wages impoverish thousands of people in these same communities and universal health care is under attack

Educational reforms creating an instrument to integrate disadvantaged young people into our unequal society and foster conformity rather than release people’s capabilities

And whilst community centred approaches are to increase ‘health literacy’ amongst disadvantaged, nothing to help professionals who systematically disempower people to “re-examine themselves constantly”

Health Inequalities –numbers not people

individuals dominate
but as accumulations of risks,
vulnerabilities and resiliencies
or sets of freely chosen
behaviours

Absence of people as
'knowing subjects' using
practical wisdom to make decisions
that are logical
in context of their lives





**Health is not only the absence of ills
But the fight for the fullness of life
Piet Hein**



WOMEN'S INSTITUTE
"FOR HOME AND COUNTRY"

WOMEN'S
INSTITUTE
COOKERY LECTURE
FOR THOSE OF
LIMITED MEANS.
GIVEN BY:
RT. HON., LADY
CRESSIDA GORE-
CRESSINGTON

... AND THAT, LADIES,
IS HOW ONE PREPARES
COD'S HEAD SOUP...
ANY QUESTIONS?...

- RECIPE NO 1
COD'S HEAD SOUP
- COD'S HEADS
 - WATER
 - SALT
 - 42 POUNDS
 - 42 POUNDS
 - 42 POUNDS
 - 42 POUNDS

BERT BIRO '06

