Community Development Model

Context

The vision for Healthy Hearts in the West was that it would take a community development approach to addressing health inequalities. As well as taking the five core community development principles into account as a framework from which to develop and deliver the Initiative; Healthy Hearts in the West also recognised the need for organisations and agencies from the community, voluntary, statutory and private sectors to work together to raise awareness about heart health, to facilitate easy access to services, to avoid duplication in provision, to enhance existing heart health programmes and opportunities, and to identify ways in which limited resources could be more effectively deployed. In addition, the Initiative purposely had a very limited budget in terms of programme resources; as the intention was always to support and build on existing heart health programmes and activities in the community.
The outcome was that through the Healthy Hearts in the West Initiative a collaborative, community assets model has been piloted. Realistically, two years is an insufficient timeframe within which to develop and deliver such an innovative approach. However, through the formative evaluation there is a record of which elements worked well, were not so successful, and where improvements could be made.

Presented below is the rationale for taking a community development approach, an overview of a community assets model, and the linkages to social capital.

**Community Development – The Rationale**

Communities develop themselves – but intervention, such as healthy Hearts in the West, helps to:

- Accelerate development addressing an identified need, in this case health inequality
- Set communities on a fruitful path
- Link community infrastructure to local and regional policies and initiatives; win:win outcomes
- Build partnerships with statutory and private sector organisations, such that they are receptive to engaging with community organisations on an equal footing.

Community development principles have driven the Healthy Hearts in the West Initiative, supporting individuals and groups. The values at the core of community development are:

- social justice
- self-determination
- working and learning together
- sustainable communities
- participation
- reflective practice


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Working and learning together

Collective action supporting people working and learning together was achieved through bringing the community together for local Hub Planning Days, Hub Steering Group meetings, and a range of HHW and community based heart health programmes and activities. In addition representatives from all sectors engaged in discussion and review of the development and delivery of the initiative at both strategic and operational levels.

Self-determination

Involving and enabling communities to make better choices for themselves was delivered during the HHW Initiative through:
- Information on diet and nutrition, physical exercise, alcohol and smoking cessation
- The local Pharmacy Vascular Risk Screening and Weight Management Programmes, accessible to people living in West Belfast
- Healthy Hearts events promoting opportunities for health checks
- Engaged community groups being in a position to reaffirm and promote similar heart health messages.

Social justice

HHW sought to redress inequalities the Healthy Hearts Initiative has raised awareness about heart health at a community level; for example publicity at the Falls Park Run, the HHW Taxi Workplace Health Event, and through the Community Pharmacy Programmes.

The Initiative made heart health programmes and services more accessible; for example Cardiac-Rehabilitation Phase 3 delivered from the Maureen Sheehan Centre, and community based programmes supporting heart health.

Promoting equality between the community and statutory sectors

Promoting equality between the community and statutory sectors: HHW partners have worked together to influence, change and exert control over the social and political issues that affect people’s lives.
**Seeking alternative ways of working through participation**

The HHW Initiative looked at dynamic, creative and innovative ways of working. Data show that the health inequality gap is widening between affluent and disadvantaged areas. This in turn suggests (and was supported by HHW Baseline Surveys) that existing health and social care infrastructure and public health messages are not effectively reaching (or not being accessed by or taken on board by) those living in areas of high-level deprivation. HHW has engaged with organisations from all sectors to consider new ways of making heart health accessible to people living in West Belfast, including raising awareness of risk factors, prevention, and rehabilitation for those who have experienced heart disease.

**Sustainable communities**

Building community capacity through providing heart health training and supporting heart health champions contributes towards sustainability of the HHW Initiative.

**Reflective practice**

Robust evaluation was built into the Healthy Hearts in the West Initiative from the outset. Quantitative and qualitative data was sought from individuals, groups and representatives from the community, voluntary, statutory, and private sectors; involving those who participated, developed or delivered programmes and opportunities to support heart health.

There was an emphasis placed on critical reflection; seeking to capture what worked well or not so well, where improvement could be made, and the impact of the Initiative for individuals, groups, and organisations.
Community assets model

One of the key messages on challenging health inequalities in the Marmot Review is that “effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities”. The asset approach promotes well-being by building social capital, facilitating face-to-face community networks, encouraging civic participation and citizen power. High levels of social capital are correlated with positive health outcomes, well-being and resilience. A community asset approach values the capacity, skills, knowledge, connections and potential in a community; and relies on community knowledge and engagement. It also, as a consequence, considers a more effective use of (limited) resources.

With the focus on community Hubs, and engagement of community groups (which work with different target groups within the community), HHW sought to build a community assets approach to addressing health inequality. This approach also necessitates working together (where all partners have an equal voice and share decision making) across the community, voluntary, statutory and private sectors.

The community asset approach does not replace investment in improving services or tackling the structural causes of health inequality. The aim is to achieve a better balance between service delivery and community building.

Linking into existing infrastructure – Social Capital

The National Institute for Health and Clinical Excellence (NICE) Guidance on Community Engagement to improve health (PH9, 2009) emphasises how active communities can have a positive impact on health outcomes by improving services and influencing the governance of health services.

Social capital is concerned with the value of social networks, bonding similar people and bridging between diverse people, with norms of reciprocity. Fundamentally social capital is about how people interact with each other. There is now a range of evidence that communities with a good 'stock' of such social capital are more likely to benefit from better health, higher educational

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achievement, lower crime figures, and better economic growth (Halpern D. *The Hidden Wealth of Nations* 2009).

Coordination of effort at strategic and operational levels across a range of partner agencies and organisations; including linking into existing infrastructure and initiatives, resources, and engaging senior managers and people ‘on the ground’ (engagement at different levels across organisations is necessary to achieve effective ‘buy in’ and action). Such linkages build on the community assets approach. Increased participation; and building social cohesion, mutual respect and confidence has the potential to result in sustainable change. HHW has sought to mobilise community resources and individuals, moving towards changes in the current systems to better support heart health and reduce heart health inequality.