

WELCOME

**JUDY KURTH: PRINCIPAL HEALTH
IMPROVEMENT MANAGER, PUBLIC
HEALTH, NHS STOKE-ON-TRENT**



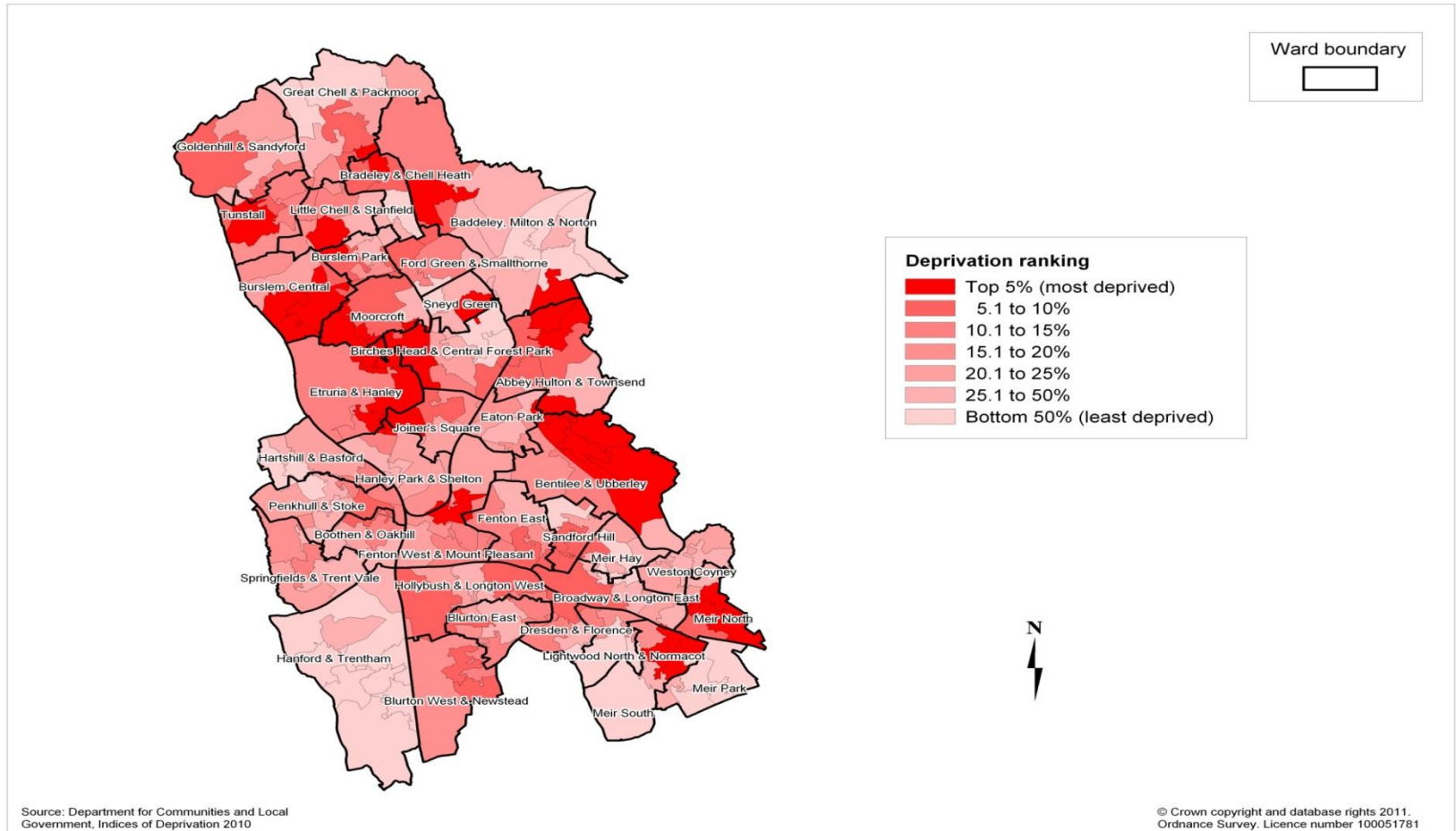
STOKE-ON-TRENT – HOME OF THE POTTERIES

Some statistics

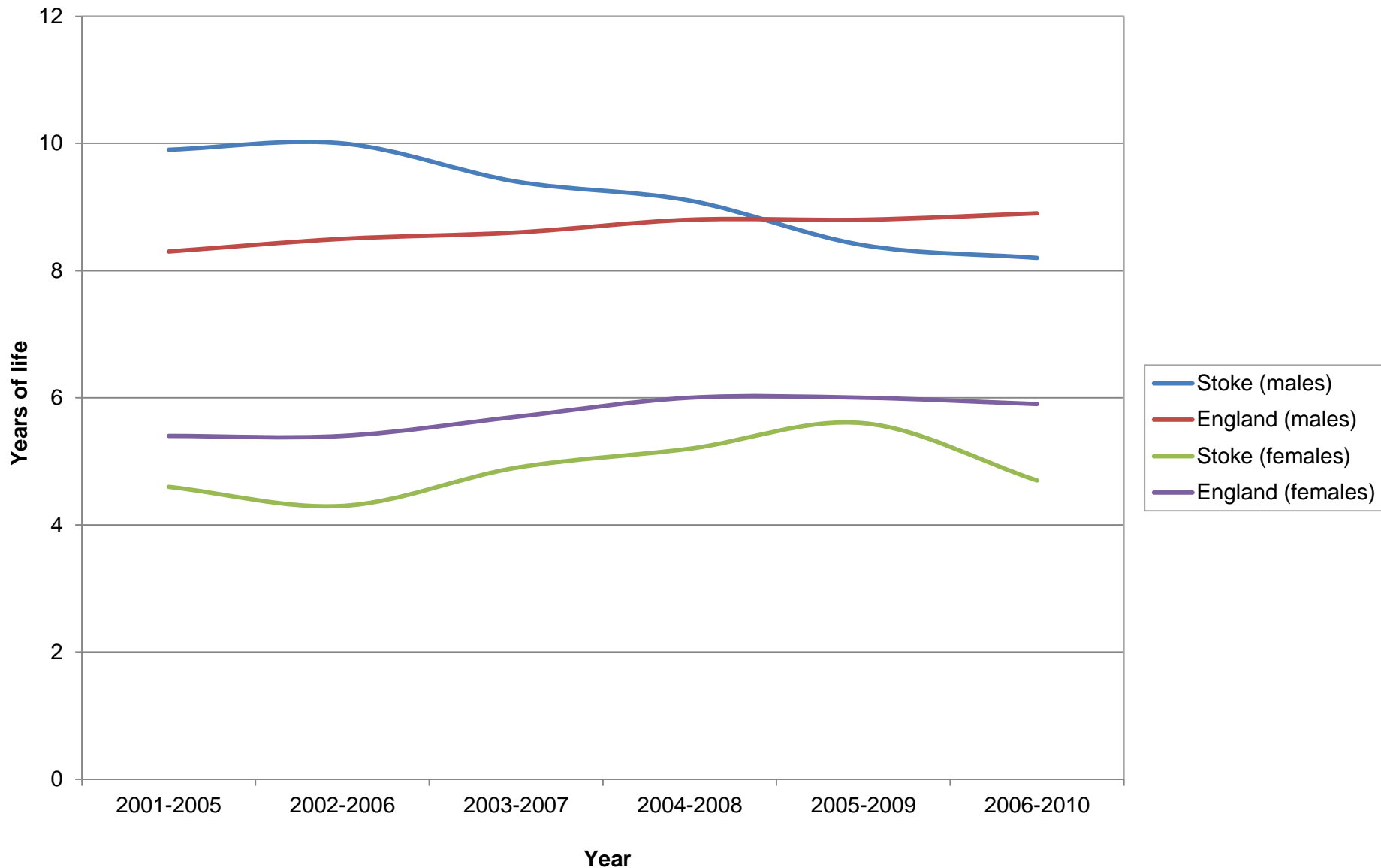
- 249,000 residents
- 86.4% white British
- 16th most deprived LA in England (out of 326)
- A number of areas are in the top 5% most deprived in the whole of England.
- A third of our LSOA's are in the top 10% most deprived in the Country



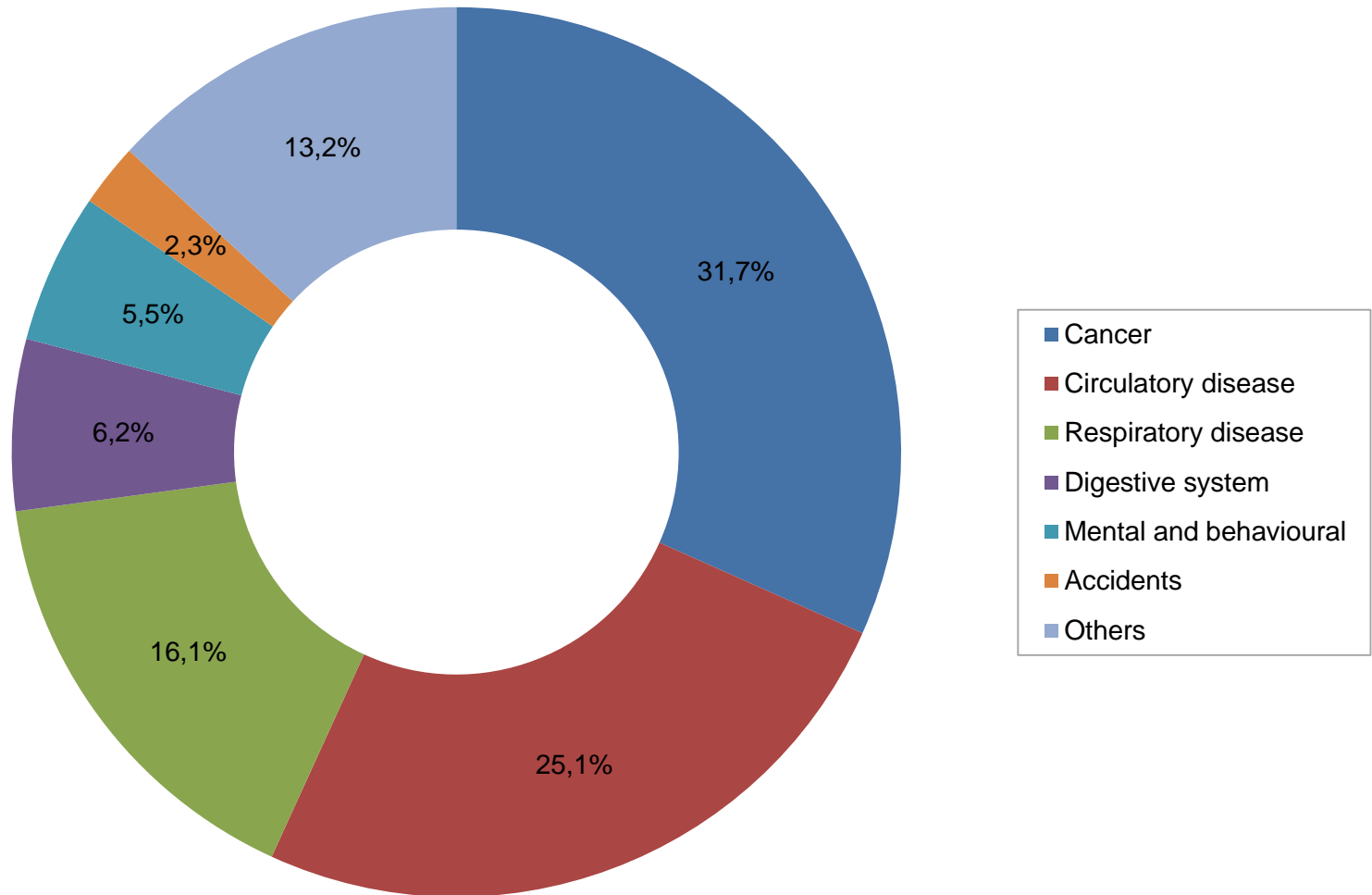
2010 Index of Multiple Deprivation in SOT



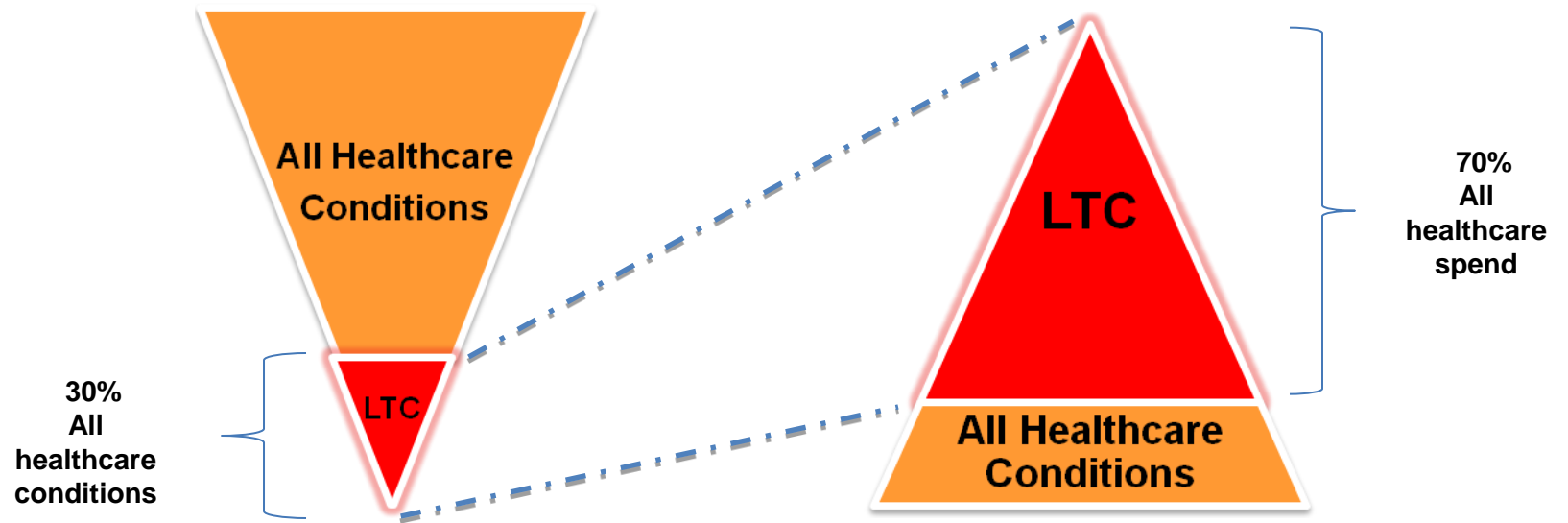
Difference in life expectancy between the most affluent and most deprived in SOT between 2001-05 and 2006-10



Main causes of death (all ages) in SOT in 2011



Long-term conditions proportional spend



SOT ASSETS



SOT ASSETS





SOT ASSETS



COMMISSIONING OF COMMUNITY DEVELOPMENT APPROACHES

Why is it important?

- **Supporting people to live independent and healthy lives through an assets based and citizen-led approach**
- **Building on community assets, creating conditions for community well-being and increasing opportunities for behaviour change approaches to be more effective**

What are the challenges?

- **Challenge to traditional medical model of health improvement, evidence base is still evolving and will not fit rational model of behaviour change**
- **Public Health has to take a risk, long term approach, results are not overnight,**



SOME PUBLIC HEALTH PROGRAMMES



COMMUNITY DEVELOPMENT and COMMUNITY ENGAGEMENT INITIATIVES



MY HEALTH MATTERS

Why was it commissioned?

- In response to high number of adults in the City who are sedentary, and have poor diet (67% at time of writing physical activity delivery plan)
- To test out the effectiveness of a community development approach to health improvement supported by a rigorous evaluation process
- In recognition that there is a strong link between the built environment, lifestyle choices, health outcomes and inequalities in health. Elements of the built environment can negatively impact upon levels of physical activity and healthy eating [3].



INTERVENTION ACTIVITIES

Intervention Domain	Number of Activities Delivered (2009-12)
Physical Activity	155
Healthy Eating	124
Health Promotion, Education and Awareness	74
Well-Being	81
Environment	34
MHM Wellness Sessions	122
Total	590

On average, 196 intervention activities were delivered across the three target areas per year (over three years, 2009-2012).

RESULTS: COMMUNITY SURVEY

Cross Sectional Sample (All Areas) (Baseline, n=343; Follow-up, n=375; Response Rate 13%)	
Statistically significant, positive changes in;	Non-significant, but positive trends in;
<ul style="list-style-type: none"> - Self-reported physical activity (IPAQ)* - Neighbourhood perceptions of crime** - Social capital; perceptions of anti-social behaviour (inc. problems with teenagers and vandalism)** - Perceptions of traffic hazards* 	<ul style="list-style-type: none"> - Perceived health status (SF12v2; Physical and Mental Component Score) - Fruit and vegetable consumption (portions/day) - Social capital: enjoyment of living in the area; access to services; and participation
Statistically significant, negative changes in;	Non-significant, but negative trends in;
<ul style="list-style-type: none"> - Perceptions of a lack of parking (barrier to walkability)* 	<ul style="list-style-type: none"> - Perceptions relating to land-use-mix (barrier to walkability) - Social capital; trust and reciprocity

Change in outcome measures from baseline to follow-up (p<.05, p<.001**)*

FURTHER INFORMATION

Briefing Report: "My Health Matters"

A community-led intervention aimed at reducing health inequalities related to physical activity and healthy eating



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Community Development Approach to Health Improvement in Stoke-on-Trent, UK

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METHODS

At least, intervention in three ward areas (Burdens and Townsend, Meir North) of a deprived inner-city in the UK with an estimated 30% of national deprivation rankings [4].
social exclusion 'hotspot' areas in Stoke-on-Trent [5].
by measuring: environmental characteristics (Neighbourhood Ability Scale – Abbreviated, ANEW5); health status (SF12v2); reciprocity; participation; perceptions of crime and anti-social behaviour; physical activity (International Physical Activity 2); fruit and vegetable consumption (portionsize). Addresses were randomly at baseline and repeated after a two-year period.

ing: proximity of physical activity spaces and green space (e.g. school connectivity and walkability; land-use-mix; population density; traffic; and access to food outlets (10-150' residential within 500m and 1km pedestrian network buffers at baseline and 2).



green space (pedestrian network distance from each household).
Follow-up telephone survey post six-months of engagement (selected from engaged individuals).

is Evaluation: Six focus group discussions with 36 residents; 12 interviews with partners; one focus group discussion with 12 residents; and four semi-structured interviews with M&M volunteers.

RESULTS I: Engagement

he engaged in intervention activities (Table 1).
41.3% years (15.33).
phone (8 trained as community researchers and in the use of
studies provided and 'contacts' made.

RESULTS II: Intervention Delivery

Table 1. Number and type of intervention activities delivered.

On average, 126 intervention activities were delivered across the three target areas per year (over three years, 2003-2012).

Intervention Domain	Number of Activities Delivered (2006-07)
Physical Activity	152
Healthy Eating	124
Health Promotion, Education and Awareness	74
Well-Being	61
Environment	34
M&M Wellness Sessions	120
Total	666

RESULTS III: Community Survey

Table 2. Change in outcome measures from baseline to follow-up ($p < .05$; $p < .001$ **).

Cross-Sectional Sample (All Areas) (Baseline, n=813; Follow-up, n=875; Response Rate 93%)	
Statistically significant positive changes in:	Non-significant, but positive trends in:
<ul style="list-style-type: none"> Self-reported physical activity (IPAQ) Neighbourhood perceptions of crime** Social capital: perceptions of anti-social behaviour (inc. problems with teenagers and 'antisocials') Perceptions of traffic hazards* 	<ul style="list-style-type: none"> Perceived health status (SF12v2; Physical and Mental Component Score) Fruit and vegetable consumption (portion size/day) Social capital: enjoyment of living in the area; access to services; and participation
Statistically significant negative changes in:	Non-significant, but negative trends in:
<ul style="list-style-type: none"> Perceptions of a lack of parking (barrier to walkability)* 	<ul style="list-style-type: none"> Perceptions relating to land-use-mix (barrier to walkability) Social capital: trust and reciprocity

RESULTS IV: GIS Mapping

The GIS mapping highlighted the positive and negative trends observed where pre- and post-intervention data were available. The results focus on: access to shops and food outlets; access to physical activity facilities; road traffic accidents and reported crime and anti-social behaviour.

The majority of findings present positive trends across all three areas. All demonstrated:

- An increase in access to:
 - Physical activity facilities (opportunities (average number of physical activity facilities available within 1km of each household)
 - Fresh food retail (average number of fresh food retail outlets available within 500m and 1km of each household)

- A reduction in:
 - Anti-social behavior incidents and reported crime for the majority of sub-categories (average number of violent crime and anti-social behavior incidents within 500m and 1km of each household)
 - Road traffic casualties for the majority of sub-categories (average number of road traffic casualties within 500m and 1km of each household)

Where negative trends were evident, there was often compensatory positive trends. For example, in Meir North and Burdlen South there was a small increase in the average number of fast food outlets available, but a concurrent and proportionally larger increase in the average number of fresh food outlets or opportunities.

RESULTS V: Qualitative Results

Residents

The importance of supporting communities to identify and prioritise their own issues was highlighted as health is not always a priority. The need for a community-led approach was also apparent.
Potential attitudinal barriers to participation in intervention activities were identified, with residents reporting: 'that people often don't know what's available on their door step' and frequently, it is 'word of mouth' that is most effective in promoting project activities.

"When people look you and say, you know, you've got that bit more confidence, you feel like you've got something to offer" (Mary)

"...before it was about someone else's agenda. They just wanted you to agree with what they had already decided. You were never actually asked what you want to see change" (Pete)

Concepts relating to social capital were also evident with participants stating: "we all have skills, even if we don't know it...it sometimes takes someone else to point it out" (Mary). The use of such skills produced personal and social benefits to those taking part.

CONCLUSION

- A community-led approach has the potential to influence health-related behaviour.
- Residents can play a pivotal role in identifying and targeting health-related issues. However, health is not always a priority and creative ways of introducing health-related topics are required.
- The biggest challenge in engaging communities is overcoming apathy, especially in increasingly cynical, over-consulted areas without prior evidence of subsequent action or results.
- Community engagement in projects like M&M can be empowering, both at community and personal levels.
- Community champions are vital assets and play a pivotal role in supporting others. They are gatekeepers to their community and catalysts for change.
- Change does not happen overnight - partnerships need to be cultivated at all levels to ensure ongoing success.

REFERENCES

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CONNECTING COMMUNITIES

- C2 brings residents together with service providers to work together as equals, forming a self-sustaining, resident-led partnership to make neighbourhoods better places in which to live and work.
- Draws on insights from complexity theory
- First tested out in 1995 - Beacon Project in Falmouth, Cornwall
- Testing out in 3 communities in SOT in areas of 600 households +
- Robust evaluation

1995/9 BEACON PROJECT, FALMOUTH

Overall crime rate down 50%

Unemployment down 71%

Educational attainment up 100%

Child protection rates down 42%

Post natal depression down 70%

Childhood asthma down 50%

and best of all complete rebirth of community spirit



THANK YOU

city of
stoke-on-trent

