

Submission to: HSE Development of a Consumer
Involvement Strategy
Submission from: Cairde
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Cairde is a community development organisation working to tackle health inequalities among ethnic minority communities by improving ethnic minority access to health services, and participation in health planning and delivery.

Cairde welcomes this move by HSE to develop a strategy for improved consumer involvement. Cairde believes that this strategy should be targeted at building community participation in health; and this can be achieved through a community development approach to health.

This submission sets out nine clear steps for the inclusion of disadvantaged minority ethnic groups in the design, planning, delivery and/or evaluation of the health services. It also gives an account of the community development approach to health which helps to put community participation in health in context.

Why community participation in health?

Fostering community participation in health makes sense. A recent assessment¹ of community involvement in local government identifies a range of benefits which are directly applicable to a health planning context. Benefits include:

- It results in more appropriate and relevant services being delivered
- It ensures that policy makers and providers are in tune with needs and issues within communities
- It ensures that local people are well informed about what is happening
- It ensures that local development and decisions about development reflect the needs and wishes of the local community
- It provides a mechanism for the resolution of conflict
- It gives a sense of ownership in policy development and initiatives within an area because people have an opportunity to voice their opinions
- It develops a culture of participation that has relevance beyond the local level
- It allows individuals to have some control over what happens in their community
- For those groups in society that are socially excluded it provides an opportunity for their voices to be heard and for the development of ways to address the marginalisation they experience
- It is the right of every citizen to be able to participate in decision making about his/her community

¹ Involving Communities in Local Government, Sarah Craig, Combat Poverty Agency, 2000

Nine Steps to including Minority Ethnic Communities in Health.....

1. Decide and commit to community participation

Make the decision that minority ethnic communities are essential equal players in the design, planning, delivery and/or evaluation of the health services.

2. Get community involved from the beginning of any initiative

Get minority ethnic communities involved from the beginning by using local community development groups and organisations. Find out if ethnic minority communities have their own community groups, or if they have established fora for discussing their needs. For example, the **Ethnic Minority Health Forum** was established in 2002 to facilitate minority ethnic communities to identify and address issues which impact on the health of their communities. The forum meets regularly to discuss issues which affect their health, and links with the HSE and related bodies to improve ethnic minority health. Do not duplicate if community projects already exist. If no structures are in place, initiate a process to support their emergence.

Ethnic Minority Health Forum

The **Ethnic Minority Health Forum** is a collective where members of ethnic minority community groups come together to:

- * Identify and discuss issues and concerns affecting the health and well-being of their communities;
- * Voice out ethnic minority health issues and concerns;
- * Determine the most appropriate actions to address these needs;
- * Advocate on behalf of ethnic minorities on issues related to their health and well-being;
- * Undertake actions which would have a positive influence on their health, and wellbeing of ethnic minority communities.

To-date the **Ethnic Minority Health Forum** has carried out the following actions:

- * Outreach to minority ethnic communities through community leaders and community health workers;
- * Ongoing provision of information by community leaders to their communities;
- * Ongoing support by community leaders to members of their communities in accessing health services;
- * Training provided to community leaders to assist them in their role regarding health (health system in Ireland; rights and entitlements to services; health policy development in Ireland; community development; understanding health inequalities);
- * Conducted a health needs assessment in 2006 in Dublin's North inner city using a participative community development approach;
- * Participated in former Eastern Regional Health Authority's Regional Strategy for Ethnic Minorities;
- * Collectively participated in the consultation for HSE National Intercultural Health Strategy;
- * Made submissions to OECD review of Public Services, HSE Review of Maternity and Gynaecological Services;

- * Facilitated information sessions to ethnic minority communities in Dublin North inner city, Tallaght and Blanchardstown on the primary care strategy and it how it will affect service users;
- * Developed 4 information leaflets on health services: D Doc (out of hours GP service in Dublin); GP services, Maternity services and hospital services;
- * Participates in ongoing discussions with HSE on health services; and
- * Supports representatives on Mental Health Research Committee with DCU; HSE Consumer Involvement Strategy Steering Committee; HSE Intercultural Strategy Steering Committee; Dublin's ICON Health Action Forum.

3. Resource communities to establish a Community Health Forum

Provide funds to ethnic minority community groups to establish a health forum, such as the **Ethnic Minority Health Forum**. Ethnic minority communities will select their own representatives from this Forum for participation in the design, planning, delivery and/or evaluation of the health services. These representatives will be equal players and provide a two-way feedback mechanism between the community and the health professionals involved in the design, planning, delivery and/or evaluation of the health services.

4. Agree ways of working

Agree Terms of Reference, a vision and a working culture which supports the participation of ethnic minority community representatives.

5. Identify need with community

Identify the health needs of minority ethnic groups by using community development approaches and participative research methods. This could mean providing funding to ethnic minority communities and groups directly, for them to carry out their own health needs assessments. Any assessment among minority ethnic groups needs to take into account accommodation, education & training, employment, childcare, financial security, residency status, racism and discrimination and other asylum/immigration issues; as well as access to, and experience of health services. These factors, the wider social determinants of health, impact significantly on the health of minority ethnic groups.

6. Agree make-up of partnership

Upon identifying need, agree disciplines, partners and stake-holders required to make-up an effective partnership for addressing the health needs of minority ethnic groups, e.g. Primary Care Team. This may require inviting broader representation to include housing, transport, education and immigration sectors in order to really respond to the identified need. It is essential that the representatives form the ethnic minority community structures, such as **Ethnic Minority Health Forum**, be invited to participate in these partnerships.

7. Agree actions for implementation with community

Agree actions for implementation based on the need identified. This may include funded actions to be carried out by the ethnic minority community groups or Forum, and actions by health professionals; as all actions may have an impact on health.

8. Resource ongoing community participation in health

Resource ethnic minority communities to progress actions in terms of health. This could mean funding for the employment of community health workers, funding for community meetings, the establishment and ongoing support of a community health forum, such as the Ethnic Minority Health Forum.

9. Review

Ensure regular review of both the process and outcomes.

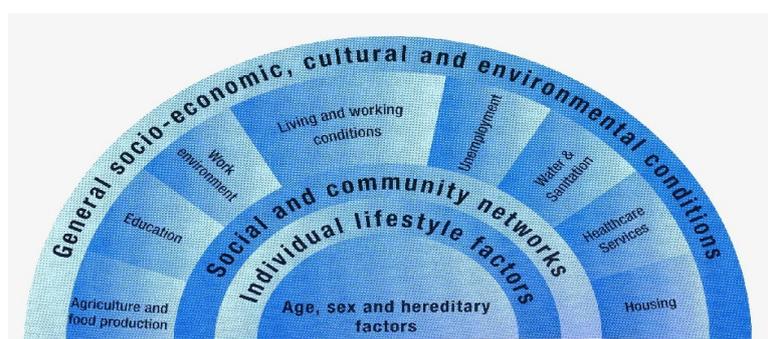
What is a community development approach to health?

In order to build the participation of minority ethnic groups in health, Cairde adopts a community development approach to health. A community development approach to health means..

1. Operating from a social determinants of health model;
2. Implementing the principles of community development; and
3. Facilitating community participation.

1) Operating from a Social Determinants of Health Model

This identifies that social, economic, environmental and cultural factors influence health, and health outcomes; depicted as "layers of influence" in Dahlgren and Whitehead's diagram below.



For minority ethnic groups, these factors include accommodation, education & training, employment, childcare, financial security, residency status, racism and discrimination and other asylum/immigration issues; as well as access to, and experience of health services.

For the HSE Consumer Involvement Strategy, adopting the social determinants of health would mean incorporating issues which the HSE has

traditionally thought outside its remit, because these issues have an impact on how people access health services; have an impact on a community's experience of, and use of health services; and have an impact on the health outcomes of people using health services.

2) Working from the Principles of Community Development

Community development principles and processes can be used as a means of strengthening and building healthy communities, and building communities' capacity to contribute to health service design, planning and delivery.

Using a community development approach² means working in a way which is:

- **collective** – supporting groups of people to develop knowledge, skills and confidence to engage in collective action to improve their situation, rather than focusing solely on an individual or a patient.
- **participatory** – actively engaging people in both defining, planning and taking initiatives to respond to health, socio-economic and political problems, with a particular focus on those who are currently most marginalised and excluded from the decision making process.
- **empowering** – aiming to a sharing of power and decision-making to create structures which provide genuine participation and involvement.
- **task- and process- focussed** – paying attention to the process adopted to achieve an outcome as well the outcome itself in order to have an inclusive collective process.
- **innovative and creative** – promoting innovative and creative approaches to address health, social and economic problems recognising that new solutions need to be found.
- **focused on quality of life improvements** – focusing on concrete improvements in the quality of life of people reflecting the real needs as identified by local communities.
- **builds community sector infrastructure** – recognising the importance of formal and informal support networks and structures at community level in bringing about change, and actively supporting and resourcing such structures.
- **committed to equality and ethnic diversity** – challenging prejudice and discrimination on the basis of gender, ethnicity, class, religion, socio-economic status, age, sexuality, skin colour or disability.

For the HSE Consumer Involvement Strategy, working from the principles of community development would mean changing the way the HSE works internally, and developing new ways of working with external groups and communities, in terms of sharing decision-making with local communities.

3) Facilitating Community Participation

² In 2002, this approach was recognised by the health authorities in the production of Community Participation Guidelines by the former Health Boards Executive, and further endorsed by the National Primary Care Steering Group in December 2004 in their Guidelines for Community Involvement in Health.

This approach is about enabling communities to become genuinely involved in defining the issues of concern to them; in making decisions about factors that affect their lives; in formulating and implementing policies; in planning, developing and delivering services; and in taking action to achieve change. This approach encompasses a full range of activities from sharing information, to actively developing community activity regarding health at a grassroots level.

Training

In building community participation, training is provided to ensure that those who are affected by poverty and health inequalities develop capacity to participate in strategies to respond to health inequalities. This includes training in community development, health inequalities, Irish health policy development, social determinants of health etc. When conducting research and needs analyses, further training in research skills is required to ensure that those who are affected by poverty and health inequalities are included in designing and implementing such research.

Building Community Infrastructure

In facilitating community participation, supports and funding are required for the establishment and ongoing development of collective fora at community level. Communities must be resourced and facilitated to:

- discuss experiences and difficulties regarding health and the health services
- reach out to marginalised members of their communities
- participate in and contribute to research/needs analyses processes,
- build capacity to engage in the design, planning, delivery and/or evaluation of the health services.

For the HSE Consumer Involvement Strategy, working to facilitate community participation would mean recognising and building independent community infrastructure as a mechanism to engage with HSE, so that communities can build capacity to positively contribute to the design, planning, delivery and/or evaluation of the health services in a way which responds to the needs identified by communities themselves.

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