

# EVIDENCE SUMMARY



## COMMUNITY HEALTH CHAMPIONS

### Key messages

- Community health champions are individuals who are engaged, trained and supported to inspire and help their friends, families, neighbours and work colleagues lead more healthy lives.
- There is a solid body of evidence on the benefits of engaging community members in promoting health. Positive impacts have been reported across a range of health and social outcomes.
- Community health champions are likely to be effective health promoters when they are working in their own communities.
- Volunteering brings many health and social benefits to individuals who become involved.
- The community health champion model is an effective way of tackling health inequalities where people face barriers to making healthy choices. It can be applied across different health issues and settings.
- The balance sheet on costs and benefits will be better in programmes that are sustainable, with high volunteer retention rates and active community participation.

### What is this evidence summary about?

This evidence summary outlines the evidence base for community health champions. It has been produced for Altogether Better a five-year region wide collaborative programme funded through the BIG Lottery Well-being Fund that aims to empower people across the Yorkshire & Humber region to lead healthier lives.

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South, J., White, J. and Raine, G. (2010) Community health champions: Evidence summary. Leeds, Centre for Health Promotion Research, Leeds Metropolitan University. A full report is also available that presents detailed findings from this evidence review and includes review methods and a full reference list.



## About Altogether Better

A five year regional collaborative programme.

Launched in 2008 and awarded £6.8m from the BIG Lottery Well-being fund.

16 locally delivered flagship projects, testing out different community health champion approaches in a range of settings.

Aims to recruit, train and support around 13,000 community and workplace health champions passing on their knowledge, skills, and experience.

Includes a Learning Network aimed at sharing intelligence, experience, and learning across projects.

Works to build a systematic approach to community empowerment as a means of tackling health inequalities.

Expected to reach 13,000 direct beneficiaries who it is estimated will indirectly benefit a further 70,000 people.

Altogether Better is based on an empowerment approach – this means equipping members of the public with the knowledge, confidence and skills to make a difference in their communities. This evidence summary sets out the evidence base underpinning this approach for anyone involved in commissioning, planning, delivering and evaluating health programmes involving community health champions.

## Who are community health champions?

Community health champions are individuals who are engaged, trained and supported to volunteer and use their life experience, understanding and position of influence to help their friends, families and work colleagues lead healthier lives. Community health champions not only inspire and support other people, they can also advocate for changes in local services and organisations.

Programmes where community members without professional or clinical training take on roles in promoting health are seen throughout the world. Community health workers (sometimes known as lay health workers or lay health advisors) carry out various roles including health education, outreach, social support, group activities and basic healthcare tasks. There are also peer education and peer support approaches which rely on people sharing the same characteristics or experiences. Approaches using community members are versatile and can be applied to different health issues and settings. Often they are used as a way of tackling health inequalities where people face barriers to getting the right support or making healthy choices.

## What difference do community health champions make to health and well-being?

Engaging community members in promoting health within their own communities not only makes good sense, but is backed up by a solid body of evidence that shows it works. Much of the evidence comes from outside the UK and concerns interventions with minority ethnic communities or low-income groups, which has relevance in terms of addressing health inequalities in a UK context.

There is very good evidence on the effectiveness of lay health workers or volunteers in:

- Increasing knowledge and awareness of health issues in communities.
- Helping people access health services including increasing uptake of preventive measures such as immunisation.
- Supporting positive behaviour changes, particularly when working with disadvantaged, low income or minority ethnic communities. In relation to physical activity and nutrition, reported outcomes include increased physical activity, increased consumption of fruit and vegetables, lower intake of dietary fat, and better food safety knowledge and skills.
- Improving health status including better mental health and improved disease management where programmes are focused on helping people with long term conditions.
- Supporting appropriate use of health care services including reducing barriers to access and decreasing hospital admissions.

Areas where the evidence on lay health workers or volunteers is weaker or inconclusive include uptake of screening and lay-led self care programmes for long term conditions. Some evidence shows benefits for communities, such as increased social networks and community building activities, but generally it is more difficult to measure the impact on the wider community.

Volunteering has been found to be beneficial to both physical and mental health and can also provide a way back to education and employment. Involving volunteers can increase service capacity and may offer better value than highly skilled health professionals. There are costs associated with training, support and professional time to manage volunteer schemes but some evidence suggests that involving community health champions may lead to long term savings in healthcare costs.

## Implementing community health champion programmes

Evidence points to the importance of supporting community health champions in their roles. Incentives can also help, such as possibility of employment, gaining recognition and respect, having a clear role, payment, personal development and gaining skills. Programmes are likely to be more successful where there are good social networks in the community and where the community participates in planning. Some common challenges which can be encountered include:

- Difficulties in recruiting people from socially excluded groups.
- Retention when there is a high turnover of volunteers.
- Low uptake and low use by some communities.
- The time it generally takes to establish programmes.
- Lack of acceptance by some health professionals and managers.

## How can the evidence base be built?

Measuring exactly what is happening in community-based approaches is not easy and there are still areas of uncertainty. Despite strong evidence on the effectiveness of lay health workers and volunteers, more needs to be known about the costs and benefits of using community health champions, how effective these approaches are compared to traditional services and the long-term effect on communities and social networks. Local evaluations can help shed light on some of the practicalities of developing the community health champion model.

Evaluation needs to:

- develop an understanding of the best ways to recruit, train and support community health champions.
- try to capture a range of different types of health outcome, using both quantitative and qualitative methods.
- examine the long term impact on communities and organisations, as well as following up individuals who become community health champions.

## What are the implications for policy and practice?

In developing a community health champion model, Altogether Better is building on an existing evidence base. Although much of that evidence comes from outside the UK, it shows that people without professional training can make a difference, particularly when they are recruited from, and work with, disadvantaged communities. Taken overall there are eight recommendations for practice:

1. Community health champion approaches are versatile and their application can be considered for a range of health issues and different communities.
2. There is a sufficiently strong evidence base on the positive impact of lay health workers and volunteers to justify commissioning community health champion programmes.
3. Community health champions should be seen as a key resource for health as they can use social networks to promote health and offer service providers better knowledge of local communities.
4. The community health champion model is likely to be most effective with groups that are seldom heard or hard-to-reach. Community health champions have the potential to help reduce barriers for people and can contribute to reducing health inequalities.
5. Volunteering brings many social and health benefits so people should be encouraged to become community health champions.
6. Community health champions need support in their role. Failure to provide good training, personal development and support is likely to lead to high turnover, and this will raise programme costs.
7. Practitioners should consider engaging communities in developing and implementing community health champion programmes as this will help achieve sustainability.
8. There is potential to pilot the community health champion model working with people who have long term conditions.

## Key references

Casiday, R., et al. (2008) Volunteering and health; what impact does it really have? London, Volunteering England.

Fleury, J., et al. (2009) The Role of lay health advisors in cardiovascular risk reduction: a review. *American Journal of Community Psychology*, 44, 28-42.

World Health Organization (2007) Community health workers: what do we know about them. Geneva, World Health Organization.

Lewin, S. A., et al. (2005) Lay health workers in primary and community health care. *Cochrane database of systematic reviews*, CD004015.

## How was this evidence summary produced?

This evidence summary was developed by the Centre for Health Promotion Research, Leeds Metropolitan University. It summarises the results of a rapid review of evidence on community health champions that drew on 23 published reviews (including 14 systematic reviews) of lay health worker and volunteer roles in health promotion. A full report is available that presents detailed findings from the evidence review and includes review methods and a full reference list. Two further evidence reviews were undertaken as part of the Altogether Better evaluation. These are:

- empowerment and health & well-being
- mental health and employment

All evidence reviews and summaries can be downloaded from the Altogether Better website [www.altogetherbetter.org.uk](http://www.altogetherbetter.org.uk)



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## Acknowledgements

This Evidence Summary was commissioned as part of the evaluation of Altogether Better, a Big Lottery Well-being Funded programme in Yorkshire & Humber.

When referencing this briefing please use the following citation:

*South, J., White, J. and Raine, G. (2010) Community health champions: Evidence summary. Leeds, Centre for Health Promotion Research, Leeds Metropolitan University.*

September 2010

