

Does community empowerment have the potential to improve health in disadvantaged areas?

Jennie Popay, Lois Orton, Krysia Canvin, Ruth Ponsford, Anne Townsend, Vicki McGowan, Clare Bambra, Margaret Whitehead

Further information: Emma Halliday e.halliday@Lancaster.ac.uk

The problem

Public health strategies emphasise the importance of community empowerment for tackling health inequalities.

However, many evaluations of initiatives stop short of assessing health outcomes.

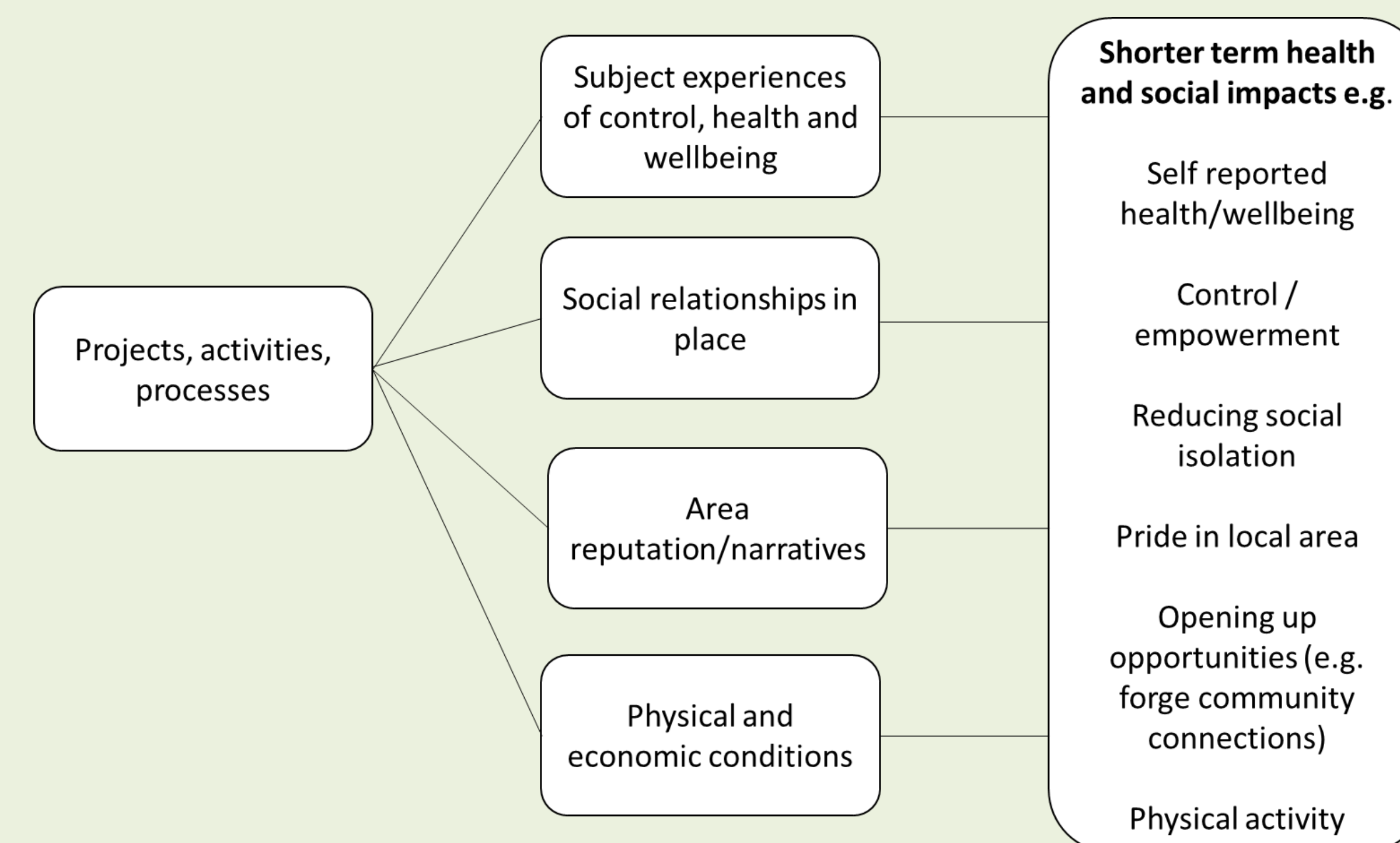
The study

The *Communities in Control study* is evaluating the health inequalities impact of a community empowerment initiative, which is taking place in 150 diverse neighbourhoods across England. In each community, local residents have control over how funding is spent to make their areas better places to live.

The evaluation uses mixed methods including:

- Three years of longitudinal in-depth ethnographic fieldwork in 15 local areas where the initiative is being rolled out including contextual mapping and participatory group exercises, (repeated) interviews and informal conversations with key informants and non-participant observation of meetings and community events.
- A longitudinal survey assessing health and wellbeing outcomes with a sample of 65 active residents in these areas.

Aspirations to improve health



Conclusions

This study offers early evidence about the health impacts of empowerment.

It supports learning for professionals in NHS and local government organisations about the types of environments and support that enable communities to work together to shape the decisions that affect their lives.

Positive health impacts

Residents observed improvements in community safety and reductions in environmental hazards that they believed were leading to long term health benefits for the whole community.

In the short term, residents felt involvement was improving their own mental and, to some extent, physical, health by expanding their social support systems and increasing their sense of identity and self worth, their personal power to manage their own wellbeing and their feelings of having something to look forward to.

Negative health impacts

Residents also referred to the pressures and stresses of being involved. These tended to relate to:

- Time and commitment to the initiative.
- The responsibility to deliver outcomes.
- Conflict and tension between individuals involved in the initiative and with other organisations.

Stress tended to be experienced in cycles that ebb and flow.

Pathways to change

The main pathways to health improvements that were observed by residents involved changes in social cohesion, area reputation/stigma, physical environments and community spaces.