Supporting People’s Empowerment & Engagement in Health and Care

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Ferrer L. Engaging patients, carers and communities for the provision of coordinated/integrated health services: strategies and tools: working document. Denmark: World Health Organization Regional Office for Europe; September 2015. [In publication].
Learning Objectives

Participants should be able at the end of the webinar to:

1. Describe **what is meant by** supporting the “engagement”, and “empowerment” of people in health and care.

2. Explain **why it is important** to support people’s empowerment and engagement in health and care.

3. Differentiate the **8 key strategies** propose here to support people’s empowerment and engagement in health and care.

4. **Define, justify and give examples of interventions** proposed for each strategy.
WHAT IS MEANT BY SUPPORTING PEOPLE’S EMPOWERMENT AND ENGAGEMENT IN HEALTH AND CARE?
The concepts of key terms like "empowerment", "engagement", "co-production," and "activation" are complex and contested.

These terms have been used interchangeably in different settings to refer to different levels of capacity, interest and activity that people have in relation to their health and care.

The target group also shape how the terms get conceptualize and what they mean in practice in different settings.

Here, "People" includes: persons, patients, individuals, Families, Carers, Communities, Populations and the public in general.
People’s “Empowerment” refers to the process by which people increase their intrinsic capabilities to increase control over the factors, decisions and actions that affect their health and care and the process of gaining power externally over them.

- Intrinsic capabilities includes: autonomy, freedom, knowledge, self-esteem, self-confidence, and feelings of control over health or life.
- Increase control for example by gaining access, partners, networks and/or a voice.
- Gaining power is a process of re-negotiating power in order to increase control that can only come from the “people” themselves.
Key Concept: Empowerment

- Remove conditions of powerlessness
- Enhance self efficacy
- Perception of empowerment
- Actions Behaviours

Updated from Randolph, A.W. (1995)
People’s **“Engagement”** refers to the process by which people increase their degree of **active involvement** in caring for themselves and in shaping their health determinants.

Engagement implies that people **balance health ad care knowledge with his own needs, preferences and abilities** in order to promote health, prevent and manage ill health and interact with health systems (CAH 2010).

It focuses on **behaviours and actions** of people relative to their health and care.

It is not synonymous with compliance.
Key Concept: Engagement

Patient Engagement Pyramid

- **Challenge-Setting Patient**: Actively manages her health, sets wellness goals with full access to medical info and care team
- **Conferring Patient**: Patient proactively engages her healthcare team beyond traditional office visit
- **Contributing Patient**: Patient/consumer as contributor in the documentation of their health record (PHR)
- **Connected Patient**: Engages patients with integrated two-way electronic information flow
- **Consumer**: Recognizes patients as consumers of health care services

**Figure 1.1. Community Engagement Continuum**

- **Outreach**
  - Some Community Involvement
  - Communication flows from one to the other, to inform

- **Consult**
  - More Community Involvement
  - Communication flows to the community and back, answer seeking

- **Involve**
  - Better Community Involvement
  - Communication flows both ways, participatory form of communication

- **Collaborate**
  - Strong-Bidirectional Relationship
  - Final decision making is at community level

- **Shared Leadership**
  - Strong-Bidirectional Trust

Ref: Modified by the authors from the International Association for Public Participation.
“Co-production” is the co-development of public services between professionals, people using services, their families and their neighbours in the context of an equal and reciprocal relationship.

Co-production needs the engagement and empowerment of both sides, the providers and the people.

It can be at the level of: decision making, care planning, care; system design, provision and assessment and policy making.
People’s “Activation” describes the knowledge, skills and confidence a person has in managing their own health and health care.

It somehow encompasses both concepts of engagement and empowerment without touching the specifics of the process of gaining control or community development.
Please take 5 min to respond to the following question:

- What are the differences and similitudes of these concepts?
WHY IS IT IMPORTANT TO SUPPORT PEOPLE’S EMPOWERMENT AND ENGAGEMENT IN HEALTH AND CARE?
Why it is important?

- People have the right to exert control upon the decisions that affect their health and the care they received.
- People care is most of the time self-care and need change of behaviours in evolving circumstances.
- People are a source of expert knowledge.
- People undertake health and care related choices in a mist of uncoordinated health and care information and support.
- People have different levels of empowerment, engagement and activation.
- Family and carers are often not supported in their caring role and have less good health outcomes.
- Community action is needed to support people action on key health determinants and co-produce health and improve care systems and policy making.
HOW WE CAN SUPPORT PEOPLE’S EMPOWERMENT AND ENGAGEMENT IN HEALTH AND CARE?
KEY STRATEGIES

1. Protecting People’s Rights and to Fostering Shared Responsibilities
2. Support Informed Choice
3. Strengthening Health Literacy and Activation
4. Supporting Self-Care and Self-Management
5. Supporting Share Decision Making
6. Strengthening Peer Support
7. Supporting Carers and Families
8. Supporting Community Development and Engagement in Health and Care
1. Protecting Rights and Fostering Shared Responsibilities

- WHAT
- WHY
- HOW
- WEB LINKS
Protecting Rights and Fostering Shared Responsibilities seeks to support societies, health systems, providers and populations to work together to improve health and health care through transparent, respectful and accountable relationships.

Rights and responsibilities are in practice co-dependant and synergetic approaches.

- Someone is responsible to respect and implement someone else’s rights.
- Implementers have rights on their own that beneficiaries need to respect.
Rights and Responsibilities - WHAT

Health Rights

- protecting the rights of patients within the context of health care
- Protecting right of providers within the context of the health care.
- ensuring everyone right to health through broader sustainable development lenses.

Health Responsibilities

- Patient’s responsibilities when accessing health and care services help them to work effectively, and to help make sure its resources are used responsibly.
- society's obligation to provide access to healthcare.
- Holding individuals accountable for their choices in the context of health care is controversial.
Is an accountability mechanism that converts passive beneficiaries into claims-holders and identifies states, other actors and patient as duty-bearers that can be held responsible for their discharge of legal, and not merely moral, obligations [Yasmin 2008].

Its monitoring can reveal issues of discrimination and social exclusion against groups such as people living with HIV, ethnic minorities, sexual and gender minorities, people who use drugs, and people with disabilities are especially rife in health settings.

Violations to the right of health providers thrive on a culture of disrespect and abuse that has the potential to harm everyone who comes into contact with the health care system.

Government roles and responsibilities are increasingly delegated to non-state actors.
Develop and make available explicit compacts on the rights and responsibilities of a health and care setting

- Health consumer’s brochures can help people to get the health care they need, as the ones developed by the health consumers Alliance in California.

- The Charter of Patient Rights and Responsibilities developed by the Scottish government suggest the following components for action: access, communication and participation, confidentiality, respect, safety, comments and complains.
Encouraging and building capacity for participation

- People need support in understanding and applying Informed Consent and to prepare before the consultation [Talking With Your Doctor].

- The Speak Up™ program urges patients to take an active role in preventing health care errors by becoming involved and informed participants on their health care team.

- Supporting participation in health and care organization, planning and delivery, The Participation Compass.

- The Experience-based co-design toolkit (EBCD) outlines a path to improving patients’ experience of services.
Rights and Responsibilities - Web Links

- [http://www.activecitizenship.net/](http://www.activecitizenship.net/)
- [http://fxb.harvard.edu/](http://fxb.harvard.edu/)
- [http://www.healthwatch.co.uk/rights-and-responsibilities](http://www.healthwatch.co.uk/rights-and-responsibilities)
- [http://www.consumersinternational.org/who-we-are/consumer-rights/](http://www.consumersinternational.org/who-we-are/consumer-rights/)
- International Federation of Health and Human Rights Organisations
- World Health Organization: Human Rights
- World Medical Association: Health and Human Rights
- Health Rights: Human Rights in Patient Care
- [http://participationcompass.org/pages/index/about](http://participationcompass.org/pages/index/about)
- Health and Human Rights Resource Guide
2. Supporting Informed Choice

- WHAT
- WHY
- HOW
- WEB LINKS
Informed Choice – WHAT

- To support “Informed Choice” seeks that people can control the choices that affect their health and care.

- Discussions on population’s choices in health and social care tend to focus around a provider, a primary care practice, a hospital and making informed decisions about their care path.

- People also have lifestyle choices that can have a greater impact on their long-term health needs than any other choice.

- Lifestyles choices and their choice of provider and treatment are determined by values and preferences and shaped by their social circumstances.
Informed Choice – WHY

- **It is an entitlement.** Dignity focuses on the value of every person as an individual. It means respecting other’s views, choices and decisions (...)

- Supporting informed choice is **instrumental** in achieving health outcomes. In order to make appropriate health decisions and act on them, people must locate health information, evaluate the information for credibility and quality, and analyse risks and benefits.

  - It might **efficiency gain through a competition market.** This argument is highly contested. There is only evidence of micro-efficiency from provider choice, side effects that creates inefficiencies and limit choice and progression of consumerism.

  - The **political economy argument.** Studies show a large correlation with the demands for choice among the middle class and the assumption that public opinion matters for elected politicians’ behaviour who wish to claim credit for health policy reform [Costa & Zigante 2014].
Consumer's health choices has developed free Consumer Reports that supports consumers in identifying and choosing high-quality, high-value, products and services, and optimizing their health and wellness.

NHS Choices is a UK website that seek to support people in making important health decisions, including how to choose a GP surgery, how to choose a hospital for a treatment, how to exercise and how you can eat healthily as a family.

The 2014 to 2015 NHS Choice framework brings together information about patients' rights to choice about their health care, where to get more information to help make a choice, and how they can complain if they have not been offered choice.
The Social care Institute for Excellence proposed a list of key recommendations to support people to have control over their health care choices.

Supporting choice and control is a template policy framework for delivering person-centred outcomes by a positive approach to risk.

The Choice at the end of life Program, delivered by Marie Cancer Research UK, aims to develop services that help patients to make free and informed choices about where they're treated and where they wish to die.
Use of Personal Budgets.

In the “In control” website you can find webinars that explains: What a personal health budget is; Its purpose; How it differs from a social care personal budget; The DH pilot programme and roll out in continuing healthcare; The basic steps in the implementation process; and Examples of how personal health budgets are being used. The Personal Health Budgets online toolkit brings together learning from this pilot programme, and shows how personal health budgets can be implemented well.
Informed Choice - Web Links

- Competition and choice resources at the Kings fund
- NHS Choices
- http://healthtalk.org/about/overview
- Consumers health choices,
- In control
- Society for Public Health Education (SOPHE)
3. Strengthening Health Literacy and Activation

- WHAT
- WHY
- HOW
- WEB LINKS
Strengthening Health Literacy (HL) is to support people’s to develop their key cognitive and social skills, especially those that determine their motivation and ability to gain access to, understand and use information in ways which promote and maintain good health.

Health Literacy is different from General Literacy. Health Literacy is the result of an interactive set of skills, not all included in general literacy, such as the ability to find, understand, evaluate and communicate health-related information [Scott Murray T, 2008].

Depending on the uses of HL skills in everyday life, 3 types of HL have been described: Functional, Interactive and Critical.

Health literacy responsiveness describes the way in which services, environments and products make health information and support available and accessible to people with different health literacy strengths and limitations.
Health Literacy - WHY

- **Poor levels of Health Literacy are extremely common** and it affects everyone, not only the poor.
  - Nearly half of all adults in the eight European countries tested have inadequate or problematic health literacy skills that adversely affect their health literacy [HLS-EUC Consortium. (2012)].

- Weak health literacy competencies have been shown to **result in less healthy choices, riskier behaviour, poorer health, less self-management and more hospitalization.**

- **Low health literacy is associated with health inequalities.** Low health literacy is more common in low income and minority ethnic groups, immigrants, people without full citizenship, those with fewer years of education, and older people (Greenhalgh, 2015)
Patient Activation (PA) is the knowledge, skills and confidence a person has in managing their own health and health care.

PA is the best predictor of healthy behaviour over a wider range of outcomes (Nijman et al 2014).

Patient activation is changeable, and targeted interventions have been shown to increase it.

Some authors separate PA from HL, they believe that HL only support a person to gain the requisite skill set but not the mind-set to take action (Smith et al 2013). However, in reality they are difficult to separate and Interactive and Critical HL do include the notion of participation and confidence.
Health Literacy - HOW

- **Raising awareness.** What is health literacy? What are the levels of health literacy in your community or practice area? Who is most at risk? CCL's health-literacy map is one tool that can help health-care providers understand needs within their community [Canadian council of learning, 2008].

- **Developing Skills for Health.** Health literacy skills can be categorized in 4 main areas: 1. Basic health competencies and the application of health promoting, health protecting and disease preventing behaviours, as well as self-care. 2. Patient competencies to navigate the health system and act as an active partner to professionals. 3. Consumer competencies to make health decisions in the selection and use of goods and services and to act upon consumer rights if necessary. 4. Citizen competencies, through informed voting behaviours, knowledge of health rights, advocacy for health issues and membership of patient and health organizations. (Kickbusch, 2008).
Health Literacy - HOW

- Apply proven health literacy design principles and standards to health information and services.
- Use a universal precautions approach to health communication.
- Using tailored programs and communication
- Enhancing health literacy at transitions of care, which are key learning and patient safety points in health and social care.
- Develop health literate organizations
- Using strategies to improve information about food, drugs, and medical devices
Health Literacy Web Links

- http://www.healthliteracy.org.uk/
- Health Literacy Canada
- The Health Literacy Place
- Community Health and Learning Foundation
- ROHLA - “Intervention Research On Health Literacy among Ageing population”
- Making it Easy: A Health Literacy Plan for Scotland
- The Knowledge Network (Scotland)
- National Adult Literacy Agency (Ireland)
- Intervention Research on Health Literacy among Ageing Population (EU)
- Health Literacy and Learning: The Community Health Learning Foundation (UK)
- Health Literacy Conferences/Meetings: 2015 Health Promotion Conference, Health Literacy; Research, Policy and Practice (Ireland)
4. Supporting self-care & self-management

- WHAT
- WHO
- WHY
- HOW
- WEB LINKS
Self Care & Self Management - WHAT

- Self-Management Support helps people develop the **knowledge, skills and confidence** to manage their own health, to care for a specific condition or to recover from an episode of ill health.

- Self Management and Self Care are **usual care**
Key targets groups: everyone, long term care, minor ailments and acute care.

Self care and self management support are not always an option, especially when patients do not wish to receive it or when only professional care is appropriate.

Source: DOH, 2005
The totality of evidence suggests that supporting people to look after themselves can have **benefits for people's attitudes and behaviours, quality of life, clinical symptoms and use of healthcare resources** [de Sliva, 2011].

Increases in physical functioning and patient experience, and benefits in terms of **greater confidence** and **reduced anxiety** (Challis et al 2010).

SMS have been shown to **reduce unplanned hospital admissions** for chronic obstructive pulmonary disease and asthma (Purdy 2010) and to **improve adherence to treatment and medication** (Challis 2010).
There are a **wide range** of initiatives to support self-management that can be categorised along a **continuum of interventions**.

Strategies that include active goal setting, behavioural change interventions, and co-created by service users and professionals or co-led by service users are more often related to positive outcomes.

**Figure 1: continuum strategies to support self management**

*Source: The Health Foundation*
Self Care & Self Management - HOW

- Raising awareness
  - My condition, My Terms, My Life
- Providing information
  - The European Directory of health's APPs
  - Disease Specific Management tools
- Patient activation
- Skill training
  - The patient skills training programme
  - Providing support with preparing for consultations
- Personalized health plans, ex. Year of Care Partnerships, The Well-being Star, The Well-being Star program
- Patient held records
- Training providers: Motivational interviewing, MINT; Managing emotions; Ask Test Out Modify Technique; SWIFT
- Learning from others: Co-Creating Health, Networks support, Self Management Alliance in USA, Self Management Networks Scotland
Web links

- The Health Foundation [self-management resource centre](#)
- NESTA's People Powered Health programme
- The [Self Care Forum](#)
- The [Expert Patients Programme](#)
- The [Stanford Patient Education Research Center](#)
- [www.talkinghealth.org](http://www.talkinghealth.org)
- [http://www.myconditionmylife.org/](http://www.myconditionmylife.org/)
5. Supporting Shared Decision Making

- WHAT
- WHY
- HOW
- WEB LINKS
Shared decision making is an interactive process in which patients, their family and careers, in collaboration with their health and care provider(s), choose the next action(s) in their care path following analysis of possible options and of their own values and preferences.

SDM is for patients that are at the crossroads with an array of reasonable options, all with uncertain outcomes, including not taking action, to choose from.

- Providers bring evidence based knowledge of the different options, risks and benefits.
- Patient bring knowledge of its values and preferences.
- The process should happen in a context of understanding, trust, empathy, and equality.
When interactions are needed in different settings and timescales with multiple professionals, a trained professional can accompany the patient throughout the path and provide support as a “decision coach”

SDM can also be used early in advance stage for when the patient decision making capability is expected to be impaired, for example in resuscitation plans.

There are options for people in special circumstances, for example mental issues or learning disabilities, who do not wish to be involved or who feels disempower to be involved.
There is plenty evidence that Shared decision Making improves outcomes and patient satisfaction while reducing costs and unwarranted variation in intervention rates (The Health Foundation).

The value of decision aids has repeatedly been demonstrated by Cochrane Systematic Reviews of Decision Aids.

Plus, SDM is a moral imperative!
Many approaches for how to support SDM to be implemented have been developed in USA, Canada and Europe. Most of them include:

1. Patient training, access to decision aids, information on options, and control of their Personal-held records;
2. Training and prompting professionals;
3. Embedding SDM in health and care systems and processes;
4. Monitoring and evaluating of the quality of shared decision-making.
Shared Decision Making - HOW

- Raise awareness and Provide information

- Access to Decision Aids (DA)

Source: NHS Right Care
Shared Decision Making - HOW

- Awareness and tackle providers prejudice
- Training in Decision Coaching
- Educational Program
  - Ottawa Hospital Institute Inventory
- Communities of practice
  - Mayo Clinic SDM National Resource Centre
- Embedding SDM into their clinical practice
  - MAGIC

NHS England
- The Dartmouth-Hitchcock Center for Shared Decision Making
- The Ottawa Hospital Research Institute (OHRI), patient decision aids
- Universite de l’aval, Canada Research Chair on implementation of shared decision making in primary care
- The Informed Medical Decisions Foundation and Healthwise
- The health foundation person centred care resource centre
- The Radboud University Nijmegen Medical Centre, the Netherlands decision aid collection
- Mayo Clinic Shared Decision Making National Resource Centre.
- NHS Shared Decision Making
6. Strengthening peer support

- WHAT
- WHY
- HOW
- WEB LINKS
Peer Support – WHAT

- Peer support is “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations” (Mead et al, 2001).

- The nature of the support can occur naturally (informal), be based on formal arrangements and training, or legally contracted.

- The number of people involved can vary from one to one to groups.

- Core principles include: mutuality, reciprocity, a ‘non-directive’ approach, being recovery focused, strengths-based, inclusive, progressive and safe [Repper J, 2013].
Overall, studies have found that PEER support: decreases morbidity and mortality rates; increases life expectancy; increases knowledge of a disease; improves self-efficacy; improves self-reported health status and self-care skills, including medication adherence; and reduces use of emergency services. (Repper & Watson, 2012).

Providers of peer support can feel empowered in their own recovery journey (Salzer & Shear, 2002) have greater confidence and self-esteem (Ratzlaff et al., 2006) and a more positive sense of identity, they feel less self-stigmatisation, have more skills, more money and feel more valued (Bracke et al., 2008).

Research has shown that flexible, proactive peer support programs can reach over 90% of “hard to reach” groups who all too often fail to get the clinical and health promotion services they need (Fisher et al. 2009).
Peer Support - HOW

- Supporting and training peers:
  - Peers for Progress Training Resources resources
  - CDC Training Resources
  - Washington State Peer Support Training Resources
  - Training resources for people with intellectual disabilities
  - The Global Network of Peer Support and the National Peer Support Collaborative Learning Network
Providers should drive to connect patient with peer support programs and develop peer support programs in your practice.

- “Building Peer Support Programs to Manage Chronic Disease: Seven Models for Success”. Lessons Learnt:
  - Tennessee Wellness Recovery Action Plan
  - Vermont’s Blueprint for Health
  - Amigas Latinas Motivando el Alma (ALMA)

Using Community Health workers:

- Massachusetts Association of Community Health Workers Training Resources
- The Minnesota Community Health Worker curriculum – Standardized 11 credit curriculum available for purchase for schools outside with MN State College and University System
Peer Support - Web Links

- [http://peersforprogress.org/](http://peersforprogress.org/)
- [InterNational Association of Peer Supporters](InterNational Association of Peer Supporters)
7. Supporting Family & Carers

- WHAT
- WHY
- HOW
- WEB LINKS
Family and Carer Support seek to help unpaid carers to develop knowledge, skills to better care for themselves and others.

Carer is people who provide care for a member(s) of their family, friends and/or neighbours.

Providing unpaid support to family members or friends is a major contributing activity to the health and welfare of our society.

Each caring relationship is unique to those individuals involved, and this needs to be a fundamental consideration in any work with carers and those they support.

A carer is not a volunteer who has been placed in a caring role by a voluntary organisation, nor someone who is paid as a care worker or personal assistant.
Approximately 80% of the increasing number of people requiring long term care will receive their care from spouses, relatives and friends.

Quality of life for carers is generally poorer than for society as a whole. Becoming a carer could mean facing a life of poverty, isolation, frustration, ill health and depression;

National Evaluation Study of the National Carers’ Strategy Demonstrator Sites programme found evidence that many of the types of carer support introduced had the potential to result in cost savings within the health and social care sector.
Family & Carers Support - HOW

- Supporting improvement in communication and services
- Education and training both for staff and carers;
- Identification and recognition both in acute & primary care
- Continuity of support
- End of life care and bereavement support
- Leadership and involvement support
- Health and wellbeing; and Carers breaks

Source: Skills for Care in partnership with Skills for Health have developed the national (England) common core principles for working with carers.
**Family & Carers Support - HOW**

- **Training programs.** 'Caring with confidence': The [Carers Trust website](https://www.carers.org); The [Building Better Caregivers](https://www.buildingbettercaregivers.org)

- **Access to communities of practices.** A [Blended Learning Network, BLN](https://www.blndn.org), is a heterogeneous Community of Practice in which people with various backgrounds and with different experiences share a common interest and work together to achieve a common goal.

- **Carers' assessments** offers an opportunity for carers to discuss with their local council what support or services they need. The assessment will look at how caring affects their life, including for example, physical, mental and emotional needs, and whether there are able or willing to carry on caring.
Making support accessible to carers [Yeandle and Wigfield 2011]: Breaks provision, Health Checks, Support services offered in hospital and primary care settings.

In the 2014 guideline about psychosis and schizophrenia*, the National Institute for Health and Care Excellence (NICE) makes recommendations (for the first time) about how mental health professionals should support family members and other carers.
Family & Carers Support - Web Links

- Rehabilitation Research and Training Centre on Family Support [coming soon!]
- Website 6th International Carers Conference
- http://www.eurocarers.org/
- The Swedish Family Care Competence Centre, SFCCC
- International Alliance of Carers Organization
- http://www.skillsforcare.org.uk/
- http://www.carersuk.org/
- http://www.nesta.org.uk/
8. Community Development

- WHAT
- WHY
- HOW
- WEB LINKS
Community development is a process where community members come together to take collective action and generate solutions to common problems.

Community development has also been conceptualized as a long-term values-based process which aims to address imbalances in power and bring about change founded on social justice, equality, and inclusion (National Occupational Standards, 2009).
Community Development - WHY

Benefits are: reduction of isolation and alienation, increased in cooperation and social capital, better identification of community needs and priorities; increased knowledge of the community representatives about priority setting; increased transparency and accountability; more effective community participation and activity, promoted trust among health systems and communities; and perceived improved quality and accessibility of health services.

- The implementation of policies on community involvement and engagement depends fundamentally on community development.
- It can help governments and organizations: meet their legal obligations, improve health and tackle health inequalities, Realise the potential of individuals and communities,
Community Development is more about process than products and the process is very long. Its impact should be assessed against changes in values such as equality, anti-discrimination and social justice, collective action, community empowerment and working and learning together (Chanan and Miller 2013).

Multiple terms are used to describe different approaches to community engagement and community development, but the approaches are broadly grouped as follows: information provision and exchange; consultation; co-production; delegated power; and community control [Popay, 2010].
Community Development - HOW

- The Community Tool Box section “Help take Action” proposes resources community members can access freely.
- Assessing community needs and resources:
  - The Asset-based Community Development Institute + appreciating assets
  - Community appraisals
  - Community Health Improvements Navigators
- The community development practitioner – pathways to health training
- Engaging Volunteers
  - Cities of services
  - Hospital volunteering by NESTA
- Guidelines for commissioning CD from health services
- CD National Occupational Standards
Community Development Web Links

- Community Toolbox box
- CDC Community Health Improvement Navigator
- Community Development and Health Network
- Federation of Community Development Learning
- Leadership for Healthy Communities
- Community Development Foundation
- http://www.justact.org.uk/
Conclusions

WHAT
WHY
HOW
Conclusions

- Important to understand the use of a concept in relation to the setting and the target group
- Use a synergic and complementary set strategies and ensure each one of them should include multilevel interventions.
- Plan and support implementation and change.
- Evaluate
Thanks!

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