

Empowering communities and mobilising resident knowledge to tackle health inequalities

Fuse Quarterly Research Meeting, 11 January 2018

The Core, Science Central, Newcastle upon Tyne



fuse

The Centre for Translational
Research in Public Health

Community empowerment, community control, and social justice: why are they important in tackling health inequalities?

Dr Sue Lewis,
Newcastle University & Fuse

Fuse, SPHR and the Communities in Control Study

Fuse: a collaboration between all five universities in the NE, and SPHR partner for the NE

SPHR: School for Public Health Research (SPHR), an NIHR initiative involving universities from across the country

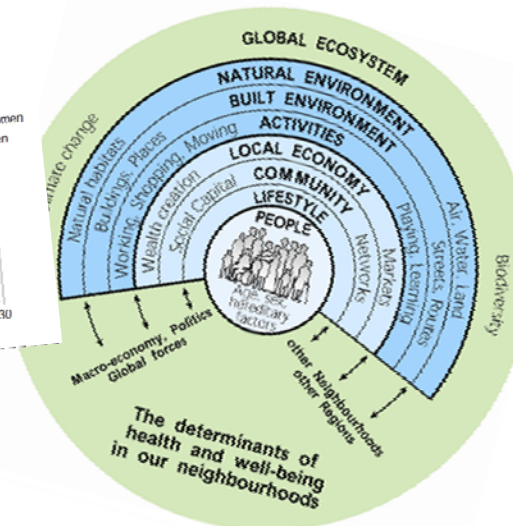
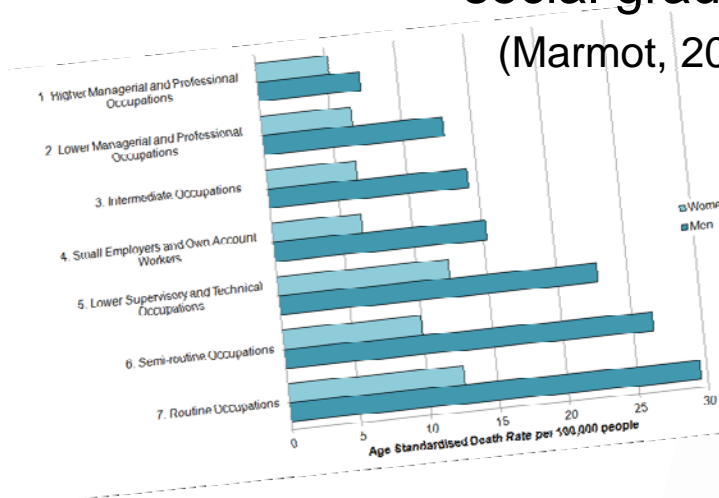
CiC: a School for Public Health Research (SPHR)-funded study, and the cross-partnership study in the health inequalities stream

09.30-10.00	Arrivals and Registration
10.00-10.10	Welcome from the Chair Professor Clare Bambra, Professor of Public Health, Newcastle University
10.10-10.25	Community empowerment, inequalities and social justice. Dr Sue Lewis, Newcastle University
10.25-10.40	Group discussion 1: Introductions at tables & activity
10.40-11.00	Update on Public Health England's national programme: Community-centred approaches to health improvement Alison Patey, Public Health England
11.00-11.20	Community development insights from the North East of England James Hadman, Stockton Voice Officer, Catalyst Stockton
11.20-11.40	Refreshment break
11.40-12.00	Evaluating the health inequalities impact of the Big Local programme - An update from the Communities in Control study Dr Emma Halliday, Lancaster University
12.00-12.20	Group discussion 2: Reflecting on stories of local action
12.20-12.30	Plenary discussion: Opportunity to share thoughts on the group discussions
12.30-12.40	Closing remarks
12.45 onwards	Lunch

In theory: the relationship between empowerment/control and health inequalities...

“...how much control you have over your life and the opportunities you have for full social engagement and participation are crucial for health, well-being and longevity. It is inequality in these that plays a big part in producing the social gradient”

(Marmot, 2004)



...and between collective control and tackling those inequalities

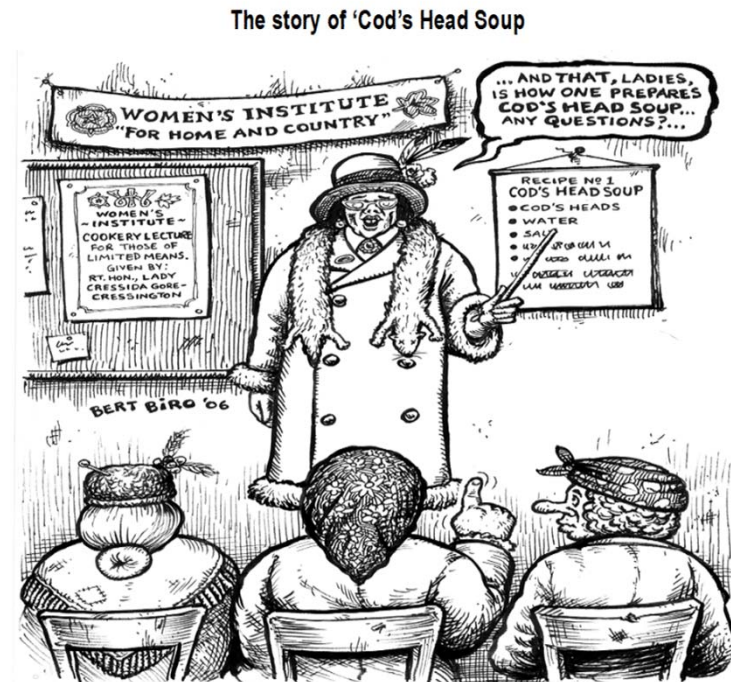
“the central aim is to create the conditions for people to take control over their lives...[this] review puts empowerment of individuals and communities at the centre of actions to reduce health inequalities.”

(Fair Society, Healthy Lives, Marmot, 2010).



Inequalities, and the matter of social justice

- Democratic imperative – nothing about us without us
- Improved social relationships within places, creating shared identity and common purpose, greater social cohesion
- Access to practical wisdom – an essential part of the ‘evidence’ base for effective practice/policy



WHO Commission on Social Determinants of Health: three principles of action

“Social justice is a matter of life and death”

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

Evidence into Action: PHE 2014

...including *place based approaches* described as...

‘developing local solutions that draw on all the assets and resources of an area, integrating public services and also building resilience in communities so that they take control and rely less on external support’ (PHE, 2014: 22).



“Agents of austerity”?

‘As budgets are reduced year on year, leaving less to spend on discretionary services, the council’s ability and appetite to enrol citizens in receding local services is lessening [...] At a time of deepening and seemingly permanent austerity, the balance between horizontal networks and hierarchy, between soft and hard forms of power, and between consent and coercion seems likely to tip inexorably to the latter.’

J Penny, (2017) Between coercion and consent: the politics of “Cooperative Governance” at a time of “Austerity Localism” in London

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Update on Public Health England's national programme: community-centred approaches to health improvement

Alison Patey
Public Health England