

Building Leadership for Health



Leading Healthy Communities



Notes for Course Leaders

- This is a toolkit for developing your own course on leading healthy communities
- You can introduce your own case studies and examples of good practice.
- The slides are points for discussion not a lecture.
- For background reading or a more detailed course see
 - NICE course Developing Healthier Communities [here](#)
 - Randall Peterson course Building Community Leaders on this site
 - Paper on “Collaborative leadership and effective community governance in USA and Russia” by Paul Epstein, Alina Simone and Courtney 2007



Leading Healthy Communities : Agenda

- Introduction and learning objectives 20 mins
- What makes a healthy community – discussion 30 mins
- Discussion of Community Development for Health 30 mins
- Coffee 15 mins
- Case study of community development for health 45 mins
- Building mature relationships for health- lecture 30 mins
- What sort of leadership is required?- discussion 30 mins
- Lunch - 45 mins
- Funding for community development - case study 30 mins
- Coffee 15 mins
- Funding application case study 60 mins
- Reflections, learning logs, feedback 30 mins



Introduction and Learning Objectives

- The group learning objectives are
 - To develop a common understanding of healthy communities and
 - To build skills in leading and managing this
 - And knowledge of how to apply for funding
- Each participant should introduce themselves and say very briefly what their personal learning objectives are for this session.



What makes a healthy community

- Discuss the importance of
 - Personal awareness and responsibility for health
 - Good family support for self care
 - Well developed community support groups
 - Good access to services and support for all
 - Absence of social isolation and social barriers
 - Other factors?
- What can you do to build healthy communities?

Healthy communities involve:

- Local government
 - PH, health planning, social care, housing...
- Health organisations
 - PH, hospitals, clinics, doctors, pharmacists....
- The private sector
 - Employers, sponsors, retailers.....
- Non Government Organisations (NGOs)
 - Ethnic and religious groups, patient organisations..
- The public
 - Self care, community support, representation
- **List the stakeholders in your health community**



Discussion

- Why do we need to work together?
- What are the obstacles to working together?
- What works well ?
- What does not work ?
- What implications does this have for leadership?

Social Capital and Community Development for Health

- Social capital is the level of trust and nature of networks between individuals in society
- Robert Putnam's research* on social capital (Italy, USA)
 - Poor people in inner cities can be trapped by limited but intense family and gang ties
 - People with a wider choice of weaker networks have better access to information and opportunities
- Community development aims to encourage groups and networks for mutual support
 - It can only work if basic trust and cooperation exists
 - And if community leaders are willing to participate
- **Discuss social capital and community development and its importance to health in your country.**

* See Putnam, Robert D. Bowling Alone: America's Declining Social Capital, Making Democracy Work (Princeton University Press, 1993),

Building Community Capacity for Health

- Shelley Arnstein's* step by step approach
 - Start by improving information
 - Build better consultation processes
 - Involve NGOs in decision making
 - Develop joint action programmes
 - Support independent NGO action
- Discussion: where are you on this ladder?
 - Are there examples of good practice
 - And what has been most difficult?

*Shelley Arnstein's Ladder of Citizen Participation (1969).





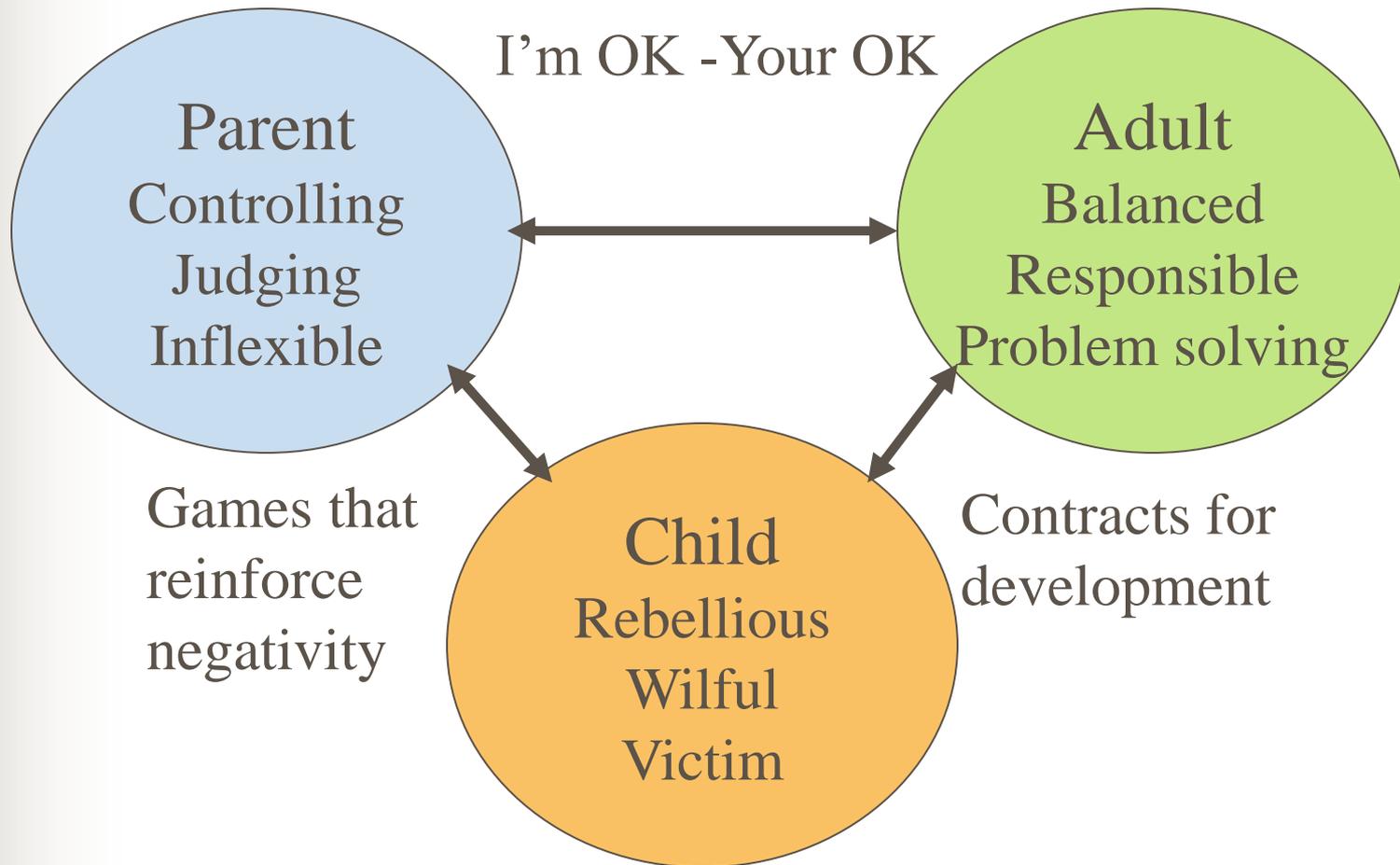
Building mature relationships for health

- Transactional Analysis developed by social psychologist Dr Eric Berne* examines individual and group development
- How mature are the groups
 - Emotional, intellectual and physical maturity
- What are their relationships like
 - Parent, Child or Adult
- **How can we change relationships for the better?**
 - From dysfunctional to supportive relationships
 - From Parent /Child to Adult/Adult

*Eric Berne Transactional Analysis in Psychotherapy 1961 See <http://www.businessballs.com/transactionalanalysis.htm>

Case Study in Eastern Europe

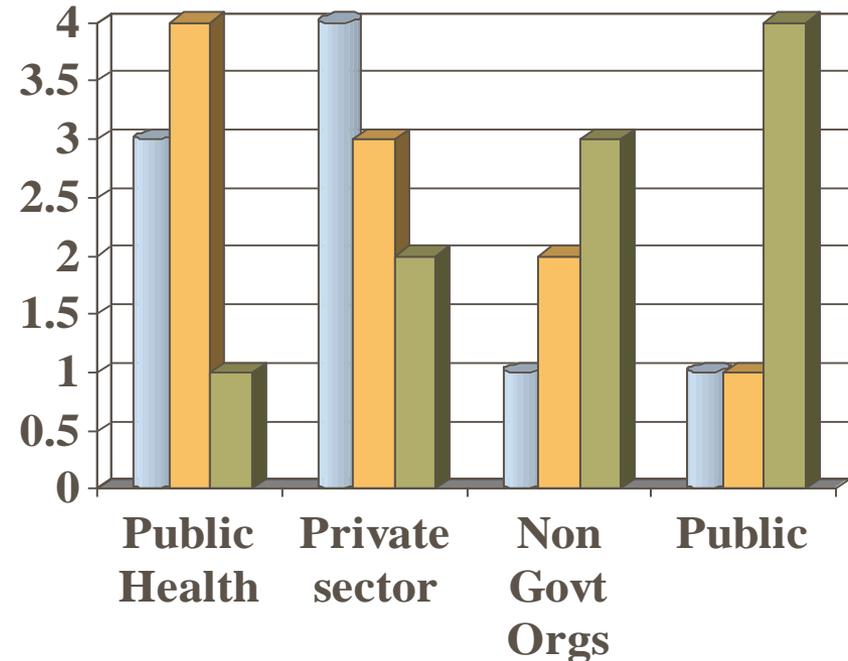
Relationships and transactions



Case Study in Eastern Europe

Maturity- where are we now

- Physical resources
 - People, skills, funding, technology
- Intellectual
 - Information, analytical ability
- Emotional
 - Ability to empathise, effective decision making

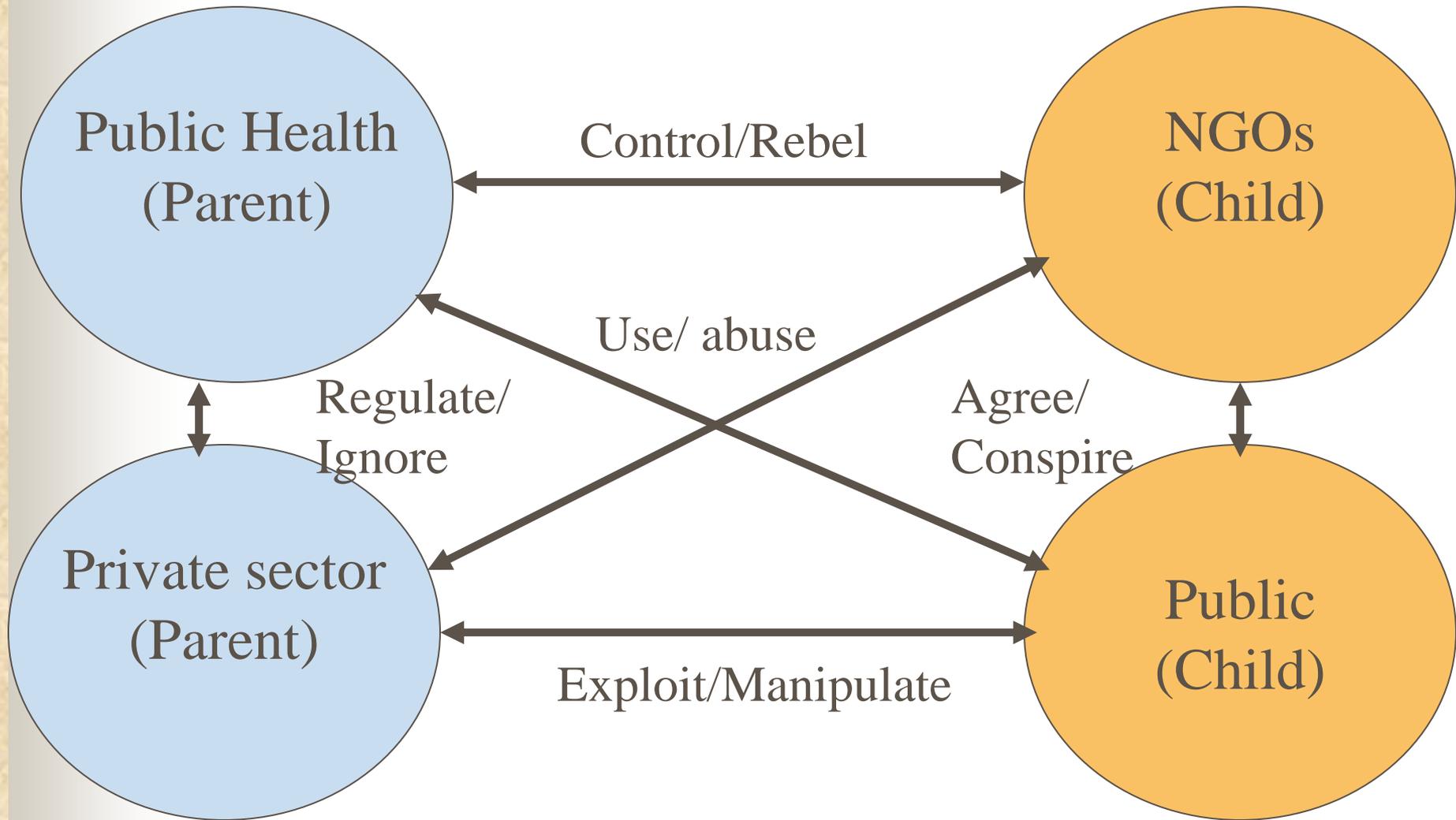


■ Example from EU accession country evaluated in 2004

■ How would you score your own community on maturity of relationships?

Case Study in Eastern Europe

Is this how it is? **Discuss**

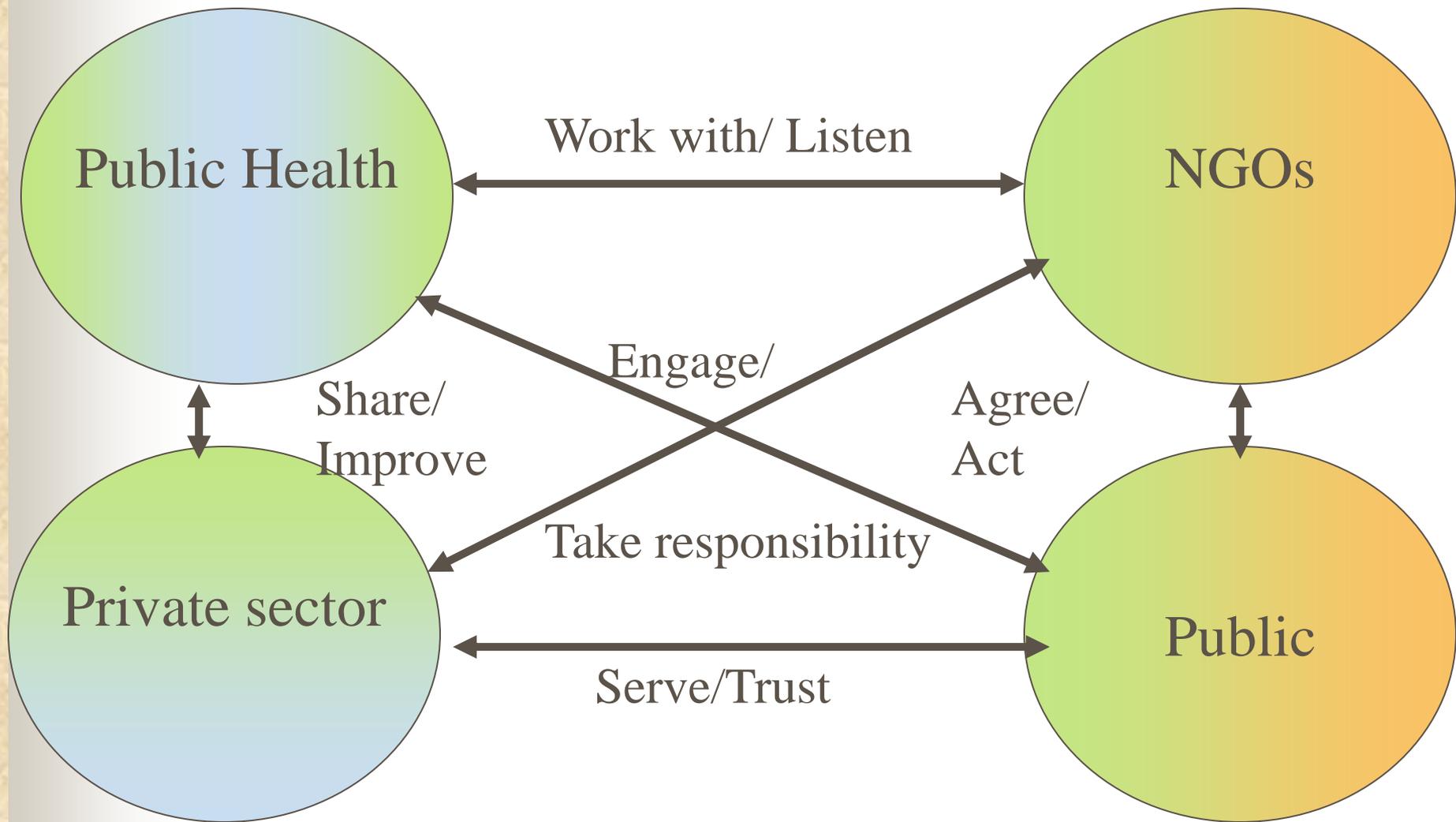


Case Study 1: Community Development for Health

- A Public Health department tried to support community development for health in a poor neighbourhood.
- It undertook a study of local needs and determined that a children's playground would reduce social isolation, reduce fear of traffic accidents and build community organisation.
- It cooperated with the Municipality to provide a plot of land and obtained a grant for a small community project to provide materials to build a simple playground.
- It then called a neighbourhood meeting and asked for volunteers to help build the playground.
- A month later the materials were delivered to the site.
- Two months later all the materials had been stolen nothing had been built and the site was used as a market place by drug addicts.
- **Questions: What did the Public Health department fail to do? What would you do differently?**

Case Study in Eastern Europe

Building better relationships

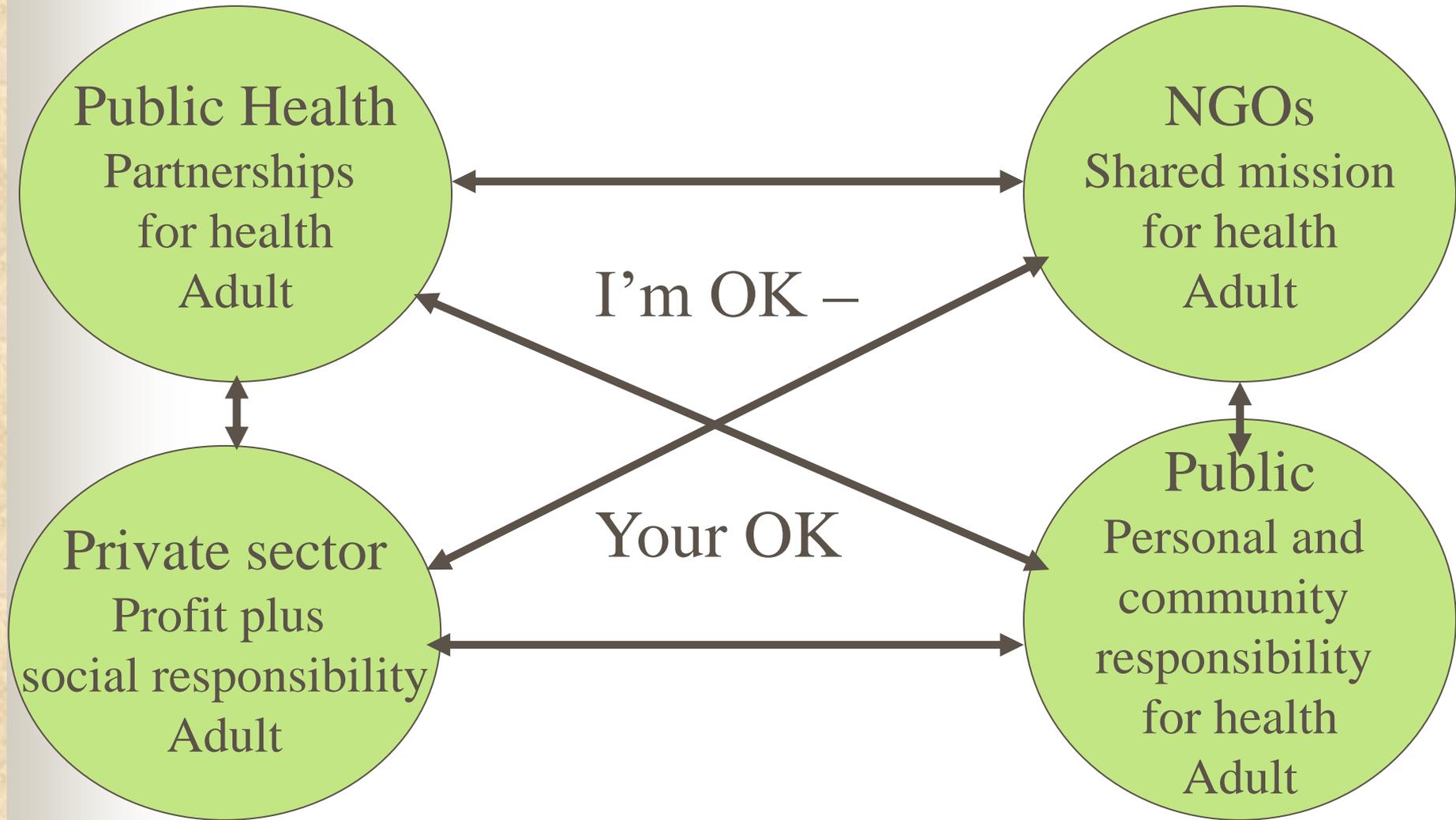


Case Study 2: Community Development for Health

- 1 Year later the Public Health Department tried again.
- This time they first helped set up a neighbourhood health group providing information and discussing local health problems
- The leader of this group spent a year talking about their needs and deciding what they wanted. A playground was high priority.
- They were then required to complete a project application.
- The group took the lead in clearing out the drug addicts.
- They formed a working group and built the playground.
- Neighbours keep an eye on the playground and call the police if there are any problems.
- This has led to a much wider range of cooperation on health and social issues.
- This is a true story about the difference between trying to do something for people and doing something with people.

Case Study in Eastern Europe

A Healthy Community





Building Mature Relationships

- Trust develops through exchanges, which
- Recognise the values of each party
- Reinforce commitment to common goals
- Go beyond the contract
- Develop an appropriate adult relationship
- Creating social bonds and behavioural norms
- In your experience what helps or hinders trust?



Funding for Community Development for Health

- Tips for obtaining funding
 - Start by working with NGOs to understand their needs
 - Look for potential funding sources at an early stage,
 - Talk to funders if possible
 - Develop project proposals in relation to the application form.
 - Make sure that the proposal is jointly owned by the NGO
 - Allow lots of time for proposal writing and discussion.



Exercise

- Try to complete the attached application for a project to establish a centre for Romany Health and well being
 - Make up the project to fit
 - Make up the information required
 - But think about how you would obtain it
- The application of each group will then be evaluated against the others using the criteria
 - Community commitment
 - Health impact
 - Sustainability
 - Cost effectiveness

Exercise : Application form

- The Foundation will consider providing support for up to 80% of the funding for programmes over three years which strengthen long term community participation in health and welfare.
 - Special consideration will be given to projects aimed at socially deprived communities with poor health
- As a first step you are required to indicate
 - The objectives of the project
 - The health and social needs it will address
 - The actions to be taken and their costs
 - The expected benefits from the programme
 - The organisations and individuals to be involved
 - How the project will be led and managed
 - How the project will be sustained in the long term.
 - How lessons from this project will be passed on to others



Reflections, Learning Logs, Feedback

- Take a moment to discuss with the person sitting next to you
 - What have you learnt?
 - Will this change the way you lead?
- Write notes in your learning log?
- Fill in feedback form
 - What was helpful
 - What will you improve when you lead the course?

Module Contributed by Graham Lister

- MSc in Management Science PhD in Organisation Behaviour
- 30 years experience in management consultancy and training with health services in UK, Europe, Africa, Asia, Australia
- Worked with Nuffield Trust: on Global Health Issues and Health Leadership and Management and with the Netherlands School of Public and Occupational Health in EU accession countries
- Lectured in 20 countries on health management and futures
- Senior Associate of Judge Management School Cambridge
- Teaches on International Health Leaders Course, Cambridge MA in Health Management at University of Bern
- Was chair of the College of Health a national patient organisation

Contact at G_C-Lister@msn.com

