

Tackling Health Inequalities Locally



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Introduction

In keeping with the goals of its Strategic Plan, Combat Poverty launched the Building Healthy Communities (BHC) programme in 2005 to help address health inequalities in disadvantaged areas by mobilising community responses, exploring the links between health and poverty and devising measures based on those insights.

A number of projects were supported in developing creative ways of addressing local health issues, improving people's health and well-being and identifying and tackling the underlying causes of ill-health.

To highlight the learning from this community health activity and consider the links between poverty and the ill-health that people experience, the work of three projects in different geographic communities is profiled in this publication. They are: Fatima Health Initiative, Dublin; Fettercairn Community Health Project, Tallaght, Dublin and West and South Offaly Building Healthy Communities Partnership.

Each area has its own distinct features and needs. However, all three have certain things in common - both in terms of the factors that influence community health and well-being, and approaches that

have proved successful in tackling health inequalities.

The factors that contribute to ill-health in communities include:

- Unemployment or low income arising from poor education levels, low-paid work, lone parenting or dependence on welfare supports. All these restrict people's ability to make healthy choices in many ways. They might not have access to or be able to afford healthy foods, to pay for medical treatment or to afford transport that would take them to health or recreational facilities.
- Poor housing, inadequate heating and rundown environments cause both physical illnesses such as asthma or respiratory problems, and poor mental health because of stress, worry and a sense of powerlessness.
- Low education or skill levels, often due to early school-leaving or lack of suitable education facilities, restrict people's ability to find work, reduce their income and limit their access to health and other services.



- A lack of safe play areas and spaces for physical recreation reduce people's ability to exercise or take part in healthy activities, affecting health and fitness levels and the sense of well-being that goes with these.
- Isolation and loneliness are common problems, even in built-up areas. Many people feel cut off, either socially or physically, from friends and social outlets, leading to loneliness, loss of self-confidence or sometimes depression or other mental health conditions. Many social housing developments in the three areas had no communal meeting or recreation space, leading to isolation and fragmented communities.
- Badly planned or isolated housing, where there are few shops and services, and poor public transport, affect people's ability to make healthy choices, seek health care or even meet friends and family.
- Lone parenting and carer duties can be stressful where there are no social or family supports to share the load and household income is low.
- Drug and alcohol addiction are a concern in all the communities profiled, causing not just ill-health but also stress among families and community, fears of anti-social behaviour and worry about young people.
- In all three areas people have a sense of having been forgotten about or isolated from the mainstream.
- Some people are wary of approaching health services because of lack of money or bad experiences in the past and projects have to find ways of building trust and taking away fears.

In tackling these issues, all projects took a holistic view of their work, believing that bad health in a community could only be remedied by removing the wider social factors that caused it, such as

unemployment or poor housing. This involved working in partnership with other agencies that could help address the wider social conditions, and building links between the residents in a community and these outside bodies.

Empowering people and communities to take charge of their health and social environment was another key principle. It involved consultation with communities in identifying their needs, encouraging greater involvement in community action and training and encouraging people to take over the running of projects. In some cases this training was accredited, giving recognition to volunteers' contribution and skills.

Raising morale and helping people find a sense of their own power and a way forward for their community were important aspects of project work. Promoting awareness of health issues and of the links between health and wider social conditions was also central to the community development approach.

At the level of the individual, gentle, non-intrusive ways were found to encourage people to discuss their health needs and concerns. In all project areas people tended to believe that they were the only ones with a health problem, to blame themselves for their ill-health, rather than the social environment, and to look for help only when things got serious, because primary health services were not always available.

Trust was built by reaching out to people, encouraging involvement in community activity and providing a safe space where they could open up and discuss things.

All of the projects introduced people to alternative therapies or to sports as a way

of promoting well-being and promoting the importance of health in a positive way. This approach in all three areas broke down isolation and helped people to meet and mix socially. To be successful, such activities needed an accessible and welcoming community space where people could feel comfortable and leave their worries behind for a while.



Fatima Health Initiative

The main aim of Fatima Health Initiative is to tackle the high rates of ill-health within Fatima Mansions and improve the holistic well-being and spirit of the community. The initiative is guided by a belief in equality and in the need to support people to work together on health issues. It takes a holistic approach to community development and health, believing that people's health and well-being are deeply affected by wider social factors such as poverty, housing, employment and the living environment. It devised a community development model for addressing health needs.

Background

Fatima Mansions is a small inner-city area of Dublin that was built in the 1940s and 1950s to relieve bad housing in the centre city. Regarded as 'luxury' social housing when first built, it later declined due to state neglect, rising unemployment, high turnover of residents in later years and, finally, the arrival of heroin. The flats became very run down and were urgently in need of renewal.

This decline and the social issues it gave rise to prompted residents and local community development projects to form

Fatima Groups United (FGU). FGU was set up as a local community organisation to work for change in Fatima Mansions. This led, through the Fatima Task Force, and subsequently with the Fatima Regeneration Board, to the physical and social regeneration of the area.

From the start Fatima Groups United (FGU) was convinced that a social regeneration, through the development of facilities and services that would benefit the social, educational, employment and well-being needs of the local community, had to go hand-in-hand with physical regeneration. This was outlined in its community vision document: *11 Acres, 10 Steps*. FGU secured a commitment for such a programme from the Fatima Regeneration Board, which included Dublin City Council.

Following a health 'needs' analysis, health work began jointly between FGU and the Health Service Executive (HSE) Health Promotion Department. An outcome of this work was the formation in 2003 of the Fatima Health Initiative by FGU to develop a community development approach to health in the area. Health is one of the measures of the social regeneration plan.

It was acknowledged that the whole regeneration project, when completed, will have a huge impact on the health of local residents.

Local determinants of health

Poverty, poor living environment and weak public services have had a strong influence on the health and well-being of people in Fatima Mansions. A range of factors contribute to lowering general health levels.

These include:

- Poor housing conditions in the old flats including dampness, bad sewerage and unheated housing causing asthma and chest complaints, the effects of which persist today.
- Poor local environment that lacked safe play areas for children or spaces for adults and families to socialise. Until the physical build is finished this will continue.
- A high level of early school-leaving means that young people have less social and work opportunities and may face lower incomes in adult life, continuing the cycle of poverty.
- Isolation creates pressure and loneliness for people, especially carers and lone parents, and has an impact on their physical and mental health.
- Stress caused by the living environment and related problems reduces people's sense of well-being. Stress can come from lone parenting or caring duties; money worries; living with addiction; or from the difficulties of having poor physical or mental health.

Some people may feel they have no one to turn to for help. They may be scared of going out on their own. They may be in debt or have difficulty making ends meet. Disability or poor health may restrict their ability to socialise or take part in the community. Single men, in particular, may feel cut off from the rest of the community.

Health inequalities experienced in the community

Residents in the area tend to have a lower than average income, which restricts their options for a healthy diet and their access to medical and GP services. Many people without a medical card 'can't afford to be ill' as they are just above the income threshold.

Some people believe that their health problems are 'their own fault' rather than the effect of social factors.

Local responses to tackling health inequalities

FGU's Health Initiative believes that health issues which arise from social factors can be tackled in a holistic way, through programmes using community development approaches to health, facilitated by the initiative itself. This also involves working closely with partners at Dublin City Council, neighbouring community initiatives, local GPs, the emerging primary care team and the Health Service Executive.

It bases most of its programmes in the local community centre, which provides an informal venue through which people get actively involved in their community and can get practical advice and referrals to other services and programmes.



The Initiative has trained and now employs five part-time, community-based health workers who have a direct understanding of health inequality. They are not health experts but instead facilitate local people in identifying community health issues and from this a ground-up response is developed.

Health issues are addressed in a range of ways. These include developing groups for people with specific needs; education programmes; support; practical advice; health guidance; and access to relevant services such as counselling, support groups and health services provided by the HSE.

Another approach is to facilitate positive health experiences through access to complementary therapies such as massage and reiki. Providing these therapies allows people an opportunity to discuss wider health issues, identify what makes them feel better about themselves and what they need to do in everyday life to promote this sense of well-being.

The Initiative is often the first port of call for local residents to get involved in a range of other activities and programmes, which include:

- A women's group facilitates personal and community development, social, creative, recreational and health-based programmes, as well as access to holistic therapies.
- A men's group has a similar focus and there is support work with isolated men who are to be housed under the second phase of regeneration.
- A Schools Readiness Programme gives health guidance to parents whose children are starting school.
- An outreach to new parents and others through links with the public health nurse and programmes exists in response to needs such as baby massage, parenting advice, etc.
- Similar links to youth organisations in Fatima and Rialto have facilitated a community development response to sexual health for both teens and adults.

“
The whole population becomes tilted in terms of becoming more disadvantaged. And it can create a perception that they are becoming a dumping ground in terms of social problems.”

“
Conversation can go from anything to what you had for dinner last night to miscarriages and suicide.”

The Health Initiative encourages people to take part in other activities in the community, including computer courses, cultural arts programmes, social analysis, resident's training and a men's group. During the annual summer festival and other events, the Health Initiative hosts a 'looking good, feeling good' element and introduces the concept of 'feeling well, feeling happy and feeling more positive about their own self'.

Finally access to healthy and enjoyable food runs through most of the programmes. This has two outcomes:

- It is a lovely way of gathering people together and welcoming them and ensuring that they enjoy their experience.
- It allows people access to good quality food which they may not be able to afford or may not have tried.

Making fruit available for all the projects in the community centre was a practical approach taken by the Fatima Health Initiative.

Impacts of local responses

Fostering active participation by local people has helped to build people's sense of ownership of the project.

“
Anyone can come and when you get here, you feel that you belong, that you are part of something.”

The community development approach provides a non-threatening route to information and support on health matters. The community development health workers are active within the community and they can identify people who may be lonely, isolated or in need of support. They form an active link between the centre and residents, advising and guiding people towards services and events going on there.

Activities and programmes at the centre build people's skills and confidence and a sense of community among residents. Services such as massage and hairdressing allow people to feel good. Although they still have worries and stresses in their lives the time spent at Health Initiative activities allows people to build their own strength and develop confidence.



“ You just concentrate on what you are doing for those couple of hours. When you leave you do have your problems again but it helps for just those few hours.”

The women’s group, and a more recently formed men’s group, have helped bring people together. The women felt that, by talking to other people who had similar experiences and through the advice ‘talks’ community health workers had organised, they had started to understand health issues that were affecting them.

“ You don’t worry as much when you are at it. ”

Future action

The Fatima Health Initiative plays an active part in the Rialto Community Health Forum. The Community Health Forum identifies health issues which need to be addressed and will develop responses. The Forum will lobby for more equality in the delivery

of health services by linking in with the unfolding primary care strategy.

As part of the Fatima regeneration, there will be a sizeable increase in the local population. Although this will bring new people and fresh life to the area, it raises questions about their future health needs and the effect of their arrival on the existing community. There will be a challenge in trying to link new residents with the existing community. They may have more diverse ethnic backgrounds and social and health needs. Fatima Health Initiative is committed to making existing programmes available to newcomers in the community and to working with all local people to manage change for the betterment of the whole community.



Fettercairn Community Health Project

Fettercairn was built in the early 1980s as part of the development of Tallaght as a new town by Dublin Corporation. It has an overall population of nearly 6,600. Community facilities in Fettercairn did not keep pace with housing development and there is no local GP service.

From the start not enough priority was given to economic development, social facilities and transport links. The three housing estates of Fettercairn (Kilmartin, Drumcairn and Kilcarrig) are separated from the rest of Tallaght by busy main roads. Unemployment and disadvantage are high and the estate is included in the West Tallaght RAPID area.

The Fettercairn Community Health Project (FCHP) was developed in 2004. Following a successful family day, a working group was set up to find ways of widening residents' access to health. Provision of a community space, where people could secure mainstream GP services and informal supports such as counselling, complementary therapies and health information, was agreed to be a priority.

The FCHP relies mainly on volunteers and support from local agency project officers to carry out its work. It recently secured

funding for a community health worker. It aims to make health services accessible to people in Fettercairn and to promote health and well-being in the community.

Local determinants of health

Unemployment in Fettercairn is estimated at 11 per cent, much higher than the national average. Low income puts people under stress as they try to make ends meet and it limits their choices in terms of diet, recreation and access to health services. It can damage self-confidence and well-being and may create mental health or addiction problems.

Residents are concerned about alcohol and drug addiction, including heroin, particularly among young people. People are worried about the links between drug misuse and anti-social or violent behaviour. Living with people who are addicted to drugs or alcohol can cause stress and depression among family and friends.

The number of households headed by a lone parent is higher than average. Lone parents on welfare supports are at greater risk of poor health because of the stresses of parenting alone and low income.



A high proportion of the local population is aged less than 14 years. This means greater demand on services with many vulnerable young people in need of supports.

Educational attainment is low and an estimated nine per cent of the population leave formal schooling before the age of 15. This limits people's job prospects, which can put them at higher risk of poverty and affect their health and well-being.

Public transport in the area is poor. It is more difficult for people to buy healthy food, use recreational facilities, access health services or even meet family and friends. This may all increase a sense of isolation and affect people's physical and mental health. Local people have a strong sense of being left behind and forgotten.

A very large quarry nearby carries out blasting every week and, according to residents, this causes noise and dust in the locality. High levels of dust in the air may cause respiratory and other health

problems, although evidence for this has yet to be established.

There is a lack of green space or of play and recreation amenities in the area.

Many of these local factors can lead to feelings of stress and depression where people find it difficult to cope or to pursue healthy activities.

Health inequalities experienced in the community

Bad planning resulted in poor health, shopping, transport and recreation facilities.

There is no GP for the community. A visit to the nearest GP involves a long trip — particularly for those who don't have a car. New primary care services are to be located in Springfield, Jobstown, Brookfield and Killinarden rather than Fettercairn, with the result that transport and access problems may continue.

Resources for services such as counselling and complementary therapies are limited.

Although there are few health statistics specifically for Fettercairn, research for the whole of Tallaght showed that more than half of the people surveyed had experienced stress in the previous 12 months. Ten per cent had experienced some kind of violence. Twenty two per cent reported having a chronic illness. Sixty per cent were anxious about the welfare of teenagers. Forty per cent smoked and two per cent expressed concern about drug or alcohol addiction.

Many houses are rented from the local authority and there are concerns about lack of consultation over plans to build new social housing in the area and on how development will affect the community.

Community volunteers found that people had feelings of anger; lack of trust in existing services; fear and uncertainty about where to go about local problems; a sense of being stigmatised by outside perceptions of the area and no power to tackle problems in the community.

Local responses to tackling health inequalities

FCHP surveyed local health needs and gaps in services. It aims to meet these needs by developing a health facility accessible to all at Fettercairn Community Centre. It has recruited volunteers from the community to work on the project and has successfully trained a number of people in Participatory Rapid Appraisal (PRA), a method of assessing community health needs. This training has improved skills within the project and the community.

As well as training and planning the new health space, FCHP organises an annual summer health day where people can sample different therapies and get health information.

Providing complementary therapies is a key way of encouraging people to think about their own health and to recognise the symptoms and causes of ill-health in their life. It acts as a bridge to formal health treatment for people who, having first used complementary therapies, may be willing to discuss health needs or seek health information.

A key part of FCHP's strategy is to work in partnership with all the local agencies involved in regeneration and social inclusion. It partners agencies such as the HSE, Tallaght Partnership, RAPID, Tallaght Youth Services, Equal Access CDP and other community development projects to link its work with other funded activity in the wider area.

Impacts of local responses

The FCHP has raised the level of community involvement and built local capacity through providing opportunities for voluntary activity and training in Participatory Rapid Appraisal (PRA).

The PRA training was taken by nine community volunteers, four of whom received FETAC qualification. The training enabled them to do a health needs assessment with local people to identify the main health gaps in the community. This information formed the basis of an action research project report.

The PRA training events gave residents a space to discuss issues and it also highlighted the links between poor health and the social factors that caused it.

“*In communities where it has been going on for a few years, it is starting to show real buzz in that it has spawned local projects and programmes and got people involved.*”

Through involvement in the FCHP people have found a platform for airing their concerns and needs. A number of local people now play an important role in linking FCHP with residents in the three areas.

The second summer family day provided health support and information on specific conditions as well as positive health experiences through complementary therapies. These activities promoted the importance of maintaining individual good health and well-being.

The work of the FCHP has helped to improve knowledge of health issues in the community, particularly the effect on health of social and environmental factors. Greater health awareness and research will inform future delivery of services and help tackle some of the root causes of local health inequality.

Future action

The research work and local consultation highlighted some key concerns for the community. Some of these will be met through the community health space but others will need separate measures. FCHP will devise a detailed delivery plan based on the action report and on needs that are revealed through future consultation with the community.

It will also plan for the delivery and ongoing management of the community health

space. The community health space should ensure that alternative therapies and the benefits they confer continue to be provided for local residents.

The project was successful in securing funding to employ a Community Health Worker for an 18-month period to develop its work and ease pressure on volunteers and project officers. It will continue to build links with other agencies and local initiatives with a view to mainstreaming the activities and the position of the community health worker.

It will also maintain its links with the HSE and with primary care teams to ensure that its work links with and is supported by the primary care team programme.

“*I feel I am living in the poverty trap. I experience huge stress when I'm not able to pay bills.*”



West and South Offaly Building Healthy Communities (BHC) Project

This project operates in the rural area of west and south County Offaly. The area has several small towns and a scattering of isolated villages. Birr, the largest urban centre, has a population of approximately 4,100 people. In the past, peat production and peat-fired power stations were the lifeblood of west Offaly, providing employment and also facilities, services and leisure opportunities for communities in the area. With the decline of the peat industry since the 1980s, many communities suffered from job losses and the migration of young people in search of work and education. The south Offaly area has traditionally relied on agriculture for employment and income but this industry is now in decline here.

The present rate of population growth in west and south Offaly is lower than that of County Offaly and that of the state, with some electoral divisions continuing to experience population decline. The area is now trying to find new opportunities for economic growth, with moves towards strengthening tourism and economic diversification.

The project is implemented by the West and South Offaly BHC Partnership which was set up in 2005. West Offaly Partnership (WOP),

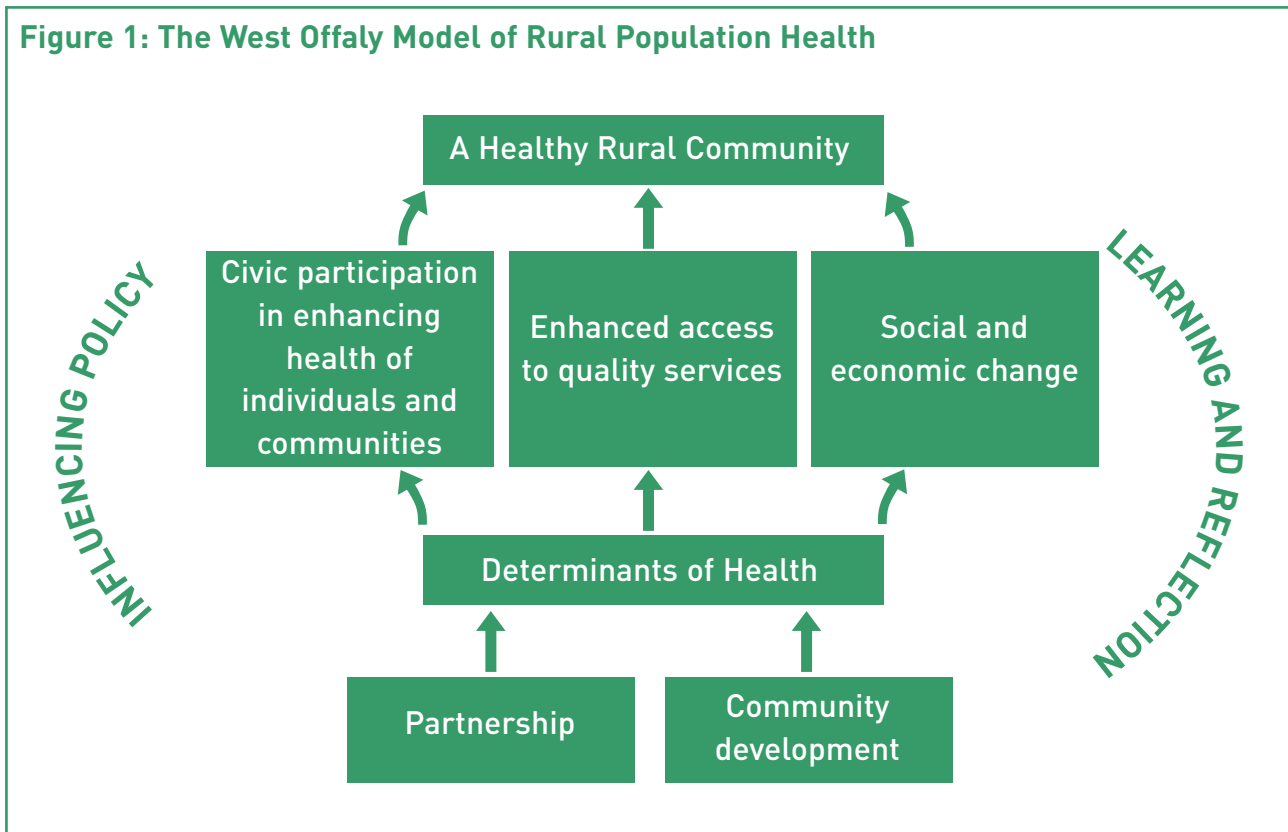
the lead agency, is a voluntary community organisation that focuses on rural disadvantage, social exclusion and enabling communities to respond to their own needs. The other BHC partners are HSE (Dublin-Mid-Leinster); Co. Offaly VEC; Offaly County Council; Offaly County Childcare Committee; FÁS and Offaly Sports Partnership.

The BHC Partnership uses a community development approach to improve the quality of life for people living in the area and addresses health inequalities at a local level. It utilises the determinants of health as a way of helping communities become energised and organised. To date, pilot projects have been set up in six rural communities in the area: Ballycumber, Cloghan, Crinkle, Kinnitty, Shannonbridge and Shinrone. The learning from the work, to date, has enabled the development of a model of rural population health as outlined in Figure 1 (pg. 17).

Local determinants of health

With economic decline, young and working-age people have left in search of employment or education. This meant that elderly people and people who were under-employed and on lower incomes were over-

Figure 1: The West Offaly Model of Rural Population Health



represented in the population. Although the number of people dependent on agriculture is twice the national average the majority of farms are not viable.

In 2006, 34.7 per cent of the local population were aged under 15 or over 65 compared to the national average of 31.4%. Many working people are classed as semi-skilled or unskilled.

There is a high level of early school-leaving, partly because traditionally people left to get apprenticeships or to work in the peat industry. This lack of educational attainment may force people into poorly paid or casual work. People on low incomes may not be able to afford a car and public transport services are limited. This hinders access to many health services and sport and recreation facilities, which are often centralised in the towns.

Because of limited transport services, rural residents tend to be more isolated and have less access to friends and neighbours or recreational opportunities. Some older men living alone suffer particularly from isolation and poor living conditions.

Some private rural housing (typically older farm house-type accommodation) is in poor condition lacking adequate insulation, heating and general upkeep, especially where elderly people are living alone. Insufficient home heating increases the likelihood of chest infections and circulatory problems.

With limited employment opportunities available in the area, many residents within these communities travel outside the area to work, which leads to less use of local shops or services, further weakening the local economy.

“
The children are more aware of the need to keep control of their health both now and in the future.”

The rate of change in 30 years; economic stagnation and lack of opportunities; depopulation; loneliness; problems of alcohol and drug addiction; plus a sense of having been ‘left behind’ all contribute to poor mental health. There is a rising incidence of suicide especially among young men.

The factors discussed here ultimately impact on the health and well-being of people living in the area of west and south Offaly.

Health inequalities experienced in the community

Access to health services is an issue in many rural communities in this area with many services being centralised in towns. Public or private transport services that would put people in touch with them are limited and many people cannot afford to pay.

Many villages have no GP, dentist or other health service. The population density is low which means that health professionals serve a wider geographic area. This leads to disparities in the quality of service they can provide.

When people don’t attend check-ups, their health needs can become invisible to service providers. As well as a lack of health supports, there is a culture of not talking about health issues or looking for help, through pride or because people believe they are the only ones affected.

Local responses to tackling health inequalities

The BHC Partnership uses a community development approach to improve the quality of life for people living in the area and addresses health inequalities at a local level. It utilises the determinants of health as a way of helping communities become energised and organised. The emphasis on tackling the social causes of ill-health means co-ordinating the work of the partner agencies which allows them to target their services to better meet communities’ needs.

While it takes a collective approach to meeting health needs, its responses on the ground are tailored to local concerns identified by the community. The six pilot villages are supported through a community development model to identify their needs and work towards providing the solution. A local health partnership is set up to build people’s capacity and ensures long-term support.

Encouraging people to get involved in finding solutions also helps break down social isolation and encourages participation and enhances social capital.

The BHC Partnership has supported the roll out of primary care teams in the area. Through liaising with the Primary Care Teams’ Development Officer the initiative



aims to support community participation in the development of local health services. Community consultations conducted under the initiative have highlighted the health needs of communities covered by PCTs in the area. The BHC initiative has also helped create awareness at community level of the roll out of PCTs.

Different projects are at various stages of development. In Shinrone, residents prioritised the need for a children's playground in the area. Subsequently, the BHC initiative supported the establishment of a playground committee. Community consultation also highlighted concerns and interest in local heritage. A local heritage group was established which got people involved through shared interest in local history. The latter project linked with the local primary school in an effort to enhance children's awareness of their local history.

The health priorities identified by a survey of school children in Kinnitty were healthy

eating, looking after the elderly and a full-time doctor. They were encouraged to express their vision of a healthy village through pictures, posters and drama.

In Crinkle local authority residents were supported in setting up an estate management group and carrying out a health needs survey. In Ballycumber, a community group was supported in its efforts to provide a social outlet and transport to the community centre for older people.

Through this kind of involvement the project workers get to know people in a non-intrusive way and learn what individuals and groups are vulnerable and in need of support.

The emphasis on tackling the social causes of ill-health means co-ordinating the work of the partner agencies which allows them to target their services to better meet communities' needs.

Impacts of local responses

Residents are getting more involved in their communities and thinking about health in different ways. The local surveys and research have provided valuable information about community health needs and a basis for planning future services. The health project has given agencies a direct line of contact with local communities and an understanding of health needs and priorities. Conversely communities are now more aware of how the partner agencies work and the services they deliver.

In each community there is greater awareness and participation in local health and social issues with improved morale and sense of well-being.

In Shinrone the survey and planning for the playground helped build a greater sense of community and local optimism. In another area, the poor quality of some housing was identified and the community worker liaised with relevant agencies to tackle this. Offaly County Council grants for houses in need of urgent repair for older people coupled with repair work on its housing stock goes towards alleviating this problem.

In Crinkle support from the BHC Partnership helped residents see a way forward for the community. They got a better understanding of the language and requirements of service providers and are better equipped to deal with them.

Future action

The BHC Partnership will continue to implement this model of community support that has been developed using health as a focus for local involvement. The Partnership is currently implementing a three-year work plan to continue to address the determinants of health in rural communities in West and South Offaly.

Building Healthy Communities



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