Research Findings
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Evaluating Healthy Living Centres in Scotland:

lessons for policy, practice and research

In recent years, the government has launched a large number of area-based initiatives which are intended to address cumulative social, economic and environmental problems by delivering improved services in the most disadvantaged areas (NRU/RCU, 2002). The Healthy Living Centre programme, one of the more recently established area-based initiatives, was designed to address poor health, health inequalities and social exclusion. Healthy Living Centres were expected to devise services and activities that focus on the wider determinants of health, using multi-agency partnerships and incorporating a commitment to local community involvement (NOF, 1998).

This Finding reports on the first phase of a process evaluation of six Scottish Healthy Living Centres. The evaluation has examined approaches taken by Healthy Living Centres to improve the health of disadvantaged groups and reduce health inequalities.

Key points:

- Healthy Living Centres have used innovative methods to target 'hard-to-reach' groups and encourage use of services.
- Healthy Living Centres have devised new services, offered seed-funding grants to local organisations and provided resources and development support to existing services, in order to meet the needs of a variety of social groups.
- Healthy Living Centres vary in their approaches to health improvement and reducing health inequalities, including the enhancement of lifeskills (e.g. cooking and food preparation skills), encouraging changes in health-related lifestyles (e.g. smoking cessation) and tackling the fundamental determinants of ill-health (e.g. maximising income).
- Healthy Living Centre stakeholders struggled to articulate the models of health and health inequalities that underpinned their activities and the mechanisms by which the needs of target groups would be addressed through these activities.
- As Healthy Living Centres developed, they modified their services to tackle unmet needs and to overcome barriers to attendance, e.g. provision of transport, childcare and outreach activities.
- It may not be possible to measure Healthy Living Centres' ability to tackle inequalities within their five year funding period. In some areas their work should be viewed as part of a longer-term, more comprehensive strategy.

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Background

In 1998, funding from the Big Lottery Fund (BLF) was allocated to establish a UK-wide network of Healthy Living Centres, to promote health in its broadest sense; target the most disadvantaged areas and groups; reduce the differences in quality of health between individuals; and improve the health of the worst-off in society. While no standard blueprint was provided, Healthy Living Centres were expected to reflect national public health plans and local health improvement plans, and to link with local strategic plans and initiatives. Centres were also encouraged to develop innovative ways of working to address local challenges.

The evaluation reported here was designed to enhance understanding of the links between activities and outcomes, through exploring the processes in which a sample of Healthy Living Centres, operating within specific local contexts, sought to meet their objectives. The study was intended to contribute to learning and informing best practice in the implementation of health-focused area-based initiatives.

Study description

Six Healthy Living Centres were selected in Scotland to reflect the range of interests, type of target group(s) addressed, anticipated health outcomes and geographical locations of projects. Two rounds of fieldwork took place, separated by an interval of approximately one year. Study participants included: project managers, project workers, board members, partners, volunteers and service users. Multiple qualitative methods were employed, including: taped semi-structured interviews, discussion groups, documentary review, participant observation, formal and informal observation of activities, meetings and daily interactions, telephone interviews and email contact.

Findings

Innovation in service delivery

Healthy Living Centres developed several innovative methods to encourage and maintain the engagement of service users at their activities.

Familiarisation with health care

Site 6 sought to improve primary care uptake and attendance at dentists, opticians and podiatrists services among socially excluded young people. The Healthy Living Centre encouraged young people to meet and become familiarised with the practices and equipment used by primary care practitioners before arranging block booked appointments at local surgeries.

Incentives

Food was used as an incentive to participate in several services, although what constituted a 'healthy' foodstuff varied according to the characteristics of the target group addressed by the Healthy Living Centre. The provision of a filling, rather than overtly healthy, meal was regarded as health promoting for some groups, e.g. elderly people, homeless people; the main aim was to improve social wellbeing, rather than improve diet.

Working across boundaries

In site 3, following a consultation and mapping exercise, a new breast feeding support group was devised in collaboration between the Healthy Living Centre and partner organisations. Site 2 promoted the development of collaborative networking across a number of service providers while also providing them with 'seed' funding for the development of new services and new methods of cross-referral. Project workers in a food co-op (site 2) were able to refer their service users to a community organisation which formed part of the network to discuss housing issues.

Maintaining interest

Remaining innovative was also considered to have its own intrinsic benefits, particularly in respect of maintaining service user and staff interest:

> "I suppose just there's a need to be creative with whatever you're doing and there's also a need to recognise that just 'cause something works, it's not always going to work and in a lot of things we've had to think long and hard about why we're doing this in the first place. It comes out to two things, it comes out in [service users] being bored and also staff being bored…"
>
> (Project manager, site 6)

The Research Team

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Delivering tried and tested activities or daring to be different?

Many of the services developed and supported by Healthy Living Centres were viewed by stakeholders as variations of tried and tested, rather than highly innovative, activities.

Site 3 offered support to a partners' weight management groups, using lay health worker staff to encourage local people to participate, and expanding the scope for promotion of physical exercise. In addition the Healthy Living Centre incorporated another of its services, promoting healthy food choices, to offer incentives (baskets of fruit) to people participating in the exercise programme.

Several novel methods were used to vary the format of traditional exercise classes in order to attract hard-to-reach groups.

- In site 1, the project manager responded to user requests and laid on men-only exercise classes, basing the model on existing types of activity mainly accessed by women.
- Sites 1 and 4 introduced belly-dancing as a way of promoting exercise.
- Sites 1, 3 and 5 also experimented by promoting more basic forms of exercise, such as walking groups, which were offered to a range of users.

While the BLF stressed that Healthy Living Centres should be innovative, a stakeholder in site 4 suggested that activities need not always be particularly original, especially where methods of delivery were well established and effective. The concern here was that pressures to be innovative might detract from Healthy Living Centres' ability to deliver successful service delivery strategies that were already in existence.

Lifestyles, lifeskills and fundamental determinants

There was evidence of multiple models of health promotion, within as well as between Healthy Living Centres. Centres developed activities which addressed social and environmental determinants of health, and also, together with partners, more medically-based services. For example, all Healthy Living Centres focused to some extent on lifestyles, developing projects which encouraged users to stop smoking, improve their diet and take more exercise. In other instances Healthy Living Centres focused on the lifeskills of their service users, developing projects which included employment training, cooking skills and confidence building:

> "We're just trying to give our confidence a wee boost…we're not all size 10 in a leotard…"
>
> (Service user, site 4)

In addition, several Healthy Living Centres have addressed fundamental determinants of ill health, e.g. by establishing credit unions, tackling fuel poverty and influencing access to cheap high-quality food (e.g. using fruit barras). Sites 1 and 4 also sought to influence retail structures to improve access and quality, while promoting healthy choices:

> "I'm hoping to be able to provide … this food thing once a month, do a food taster or food delivery into each food shop and there'll be, you know, food recipe kind of things and working with the suppliers that they'll make that food on special offer. The whole idea being that we're trying to get more people to spend their money in their local shops on healthy options…"
>
> (Project worker, site 1)

Ability to reach target groups and demonstrate impact

During the evaluation each Healthy Living Centre was seen to adapt and maximise the provision of services to a range of target groups. Services were provided at no or reduced cost, crèche facilities were funded and transportation was arranged to facilitate access, as the following quotation illustrates:

> "Some other kids don't have anything at all as they live on farms and they have hardly got anything to do. So when you get these things its good that you have the transport on as it helps some an awful lot."
>
> (Service user, site 5)

However, staff were sometimes hesitant in claiming that their services were reaching those most in need. In sites 3 and 4, managers were uncertain whether changes to housing stocks and operational boundaries were restricting the opportunities available for potential users to access Healthy Living Centre services.

> "They [service users] may not live in that vulnerable area, but they're equally vulnerable"
>
> (Project manager, site 3)

Many stakeholders were also reluctant to anticipate that their Healthy Living Centre would make a significant contribution to improving health and reducing health inequalities in a five year period. Although future sustainability was still being discussed, several managers considered that the Healthy Living Centre's impact should be viewed as part of a considerably longer-term strategy

> "Some of that agenda is going to take twenty years to come to. Some of it may be around the long term sustainability of the project, in the sense that what we can do is use the [first] 5 years to demonstrate new and innovative best practice, which should be taken up by the existing service providers or else be recognised by our core funders as being crucial…"
>
> (Project manager, site 4)

Policy implications

- There should be an increased awareness of the difficulties experienced by project stakeholders in assessing the impact of their programme's activities on health inequalities in the short term. Local agencies recognise that Healthy Living Centres form part of a longer-term strategy for tackling health inequalities, but this can be difficult to achieve with short-term funding measures, particularly where apparent success might be followed by a cessation of funding. Consideration should be given by funding bodies to provide continuation funding for successful projects where unmet needs remain.
- A balance should be sought between developing innovative services and delivering services which are tried and tested. Novel delivery mechanisms can attract groups considered hard-to-reach; however, when tackling health inequalities, established approaches, which incorporate new ways of targeting such groups, can also prove useful.

Implications for practice

Learning from the evaluation provides insights into what helps and hinders the implementation and delivery of activities within complex community health initiatives. Key lessons include:

- There is a need to clearly define Healthy Living Centre organisational structures, recognise and support innovation, and assist in the implementation of new programmes for hard-to-reach groups.
- All partner organisations must provide assistance throughout the lifespan of projects. Partners roles should be fully considered to maximise strategic inputs and learning across organisational boundaries. This is particularly important in areas where there has been a proliferation of initiatives.
- The implementation of such initiatives should incorporate sufficient flexibility to address common barriers to access, e.g. transport, childcare and cost of services to users.
- Projects should remain open to attracting more isolated groups. Those attending services have already overcome the first hurdle.

Implications for research

- Different health promotion models (e.g. addressing lifestyles, lifeskills and fundamental determinants) have been adopted by Healthy Living Centres. To better understand the rationale for project activities, future evaluations should attempt to employ flexible methods to examine intermediate outcomes and the indirect benefits of an intervention, such as capacity building, changes and improvements within partnership working and community involvement mechanisms.

References

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New Opportunities Fund (1998) Healthy Living Centres: Information for applicants. London: NOF.

Big Lottery Fund website <http://www.biglotteryfund.org.uk/default.aspx>

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RUHBC
Research Unit in Health, Behaviour and Change

RUHBC was established in 1983 to improve understanding of the processes and mechanisms which influence the health and well-being of the Scottish population, and to enhance the contribution of knowledge to the development of policy and practice interventions for health.

RUHBC is funded by the Chief Scientist Office (Scottish Executive Health Department). There are around 20 staff and four PhD students in the unit. It forms part of the Division of Community Health Sciences in the School of Clinical Sciences and Community Health, within the College of Medicine & Veterinary Medicine at the University of Edinburgh.

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