



# ARCBITE



Brokering Innovation Through Evidence

March 2020

## 'Easy for you to say .....

### Reflexions from a train-the-trainer programme with members of the public to enhance communication on health inequalities

#### Background

Reducing health inequalities, co-production and public involvement are core principles of the ARC NWC, and this is reflected in all of its structures, processes and activities including its Health Inequalities Assessment Toolkit (HIAT).

#### How did we involve people?

Drawing on the CLAHRC-NWC internal evaluation and the reflections of Public Advisers the following questions were posed:

- How do we build Advisers' capacity to communicate the root causes of health inequalities and influence research discussions about health equity?
- How do we develop accessible outputs that stress socio-economic and political causation of inequalities in health?
- What is the role for Advisers in developing these outputs?

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#### What did we do?

The project set to explore ways of communicating messages on the structural causes of health inequalities through co-producing a 'train-the-trainer' programme with five Advisers. The ambition was two-fold: (1) to develop accessible tools and resources and (2) to up skill Advisers to deliver 'training' to member organisations and other members of the public, maximising capacity across ARC NWC. The programme consisted of three 4 hour face-to-face training sessions, supporting preparatory 'home-work' and two additional 5-hour support sessions. In addition, Advisers met separately, setting up their own WhatsApp' group to discuss the project and develop their prep-work.

#### What we found and what does this mean?

Advisers found it difficult to develop examples illustrating how socio-economic and political structures lead to health inequalities. To facilitate discussions the team presented several visual models such as the Dahlgren and Whitehead's "rainbow model" of the social determinants of health (1) (SDH) and asked Advisers to develop a "case study" based on a fictional person.



## What we found...? (continued)

The case study had to convey how the SDH (as detailed in the rainbow) impacted on that person's health. Most Advisers chose to develop a case study based on their experience. When presenting their work to the group, individual lifestyle explanations dominated discussions on the causes of inequalities. This is an interesting finding since some Advisers' personal stories were a textbook case of how unjust and avoidable social inequalities have played a part in their health. It also echoes findings in the literature. (2–4). For decades, storytelling has been used to amplify hidden or silenced experiences of women and marginalised groups, transforming individual problems into a public agenda. In this project we suggest that telling Advisers' lived experiences alone is not enough to engage lay and professional people (including those who are sceptical) in nuanced discussions about the socio-economic and political causes of health inequalities. Difficulty in showing explicitly how individual experiences are connected to 'bigger' and 'systematic' patterns of inequalities dilutes the power of storytelling, since the personal seems merely anecdotal.

## What next?

We plan to work with Advisers to understand what makes it difficult for them to embrace this kind of abstraction that connects the personal with the structural. The insights will be used to develop the 'train-the-trainer' programme further. We will involve experts in adult education to develop the training and help to turn Advisers' experiences into practical

examples that can be used to communicate health inequalities to wider audiences that have little or no knowledge about the socio-economic foundations of health inequalities. We will produce a handbook and resources for Advisers to use when 'training' or facilitating discussions with other Advisers and professionals. These resources will be publicly available for anyone interested in developing members of the public critical awareness of health inequalities. We will develop a multi-tiered evaluation by reviewing (1) the process of co-production and the impact of the programme on (2) PA's knowledge and confidence to train others and (3) those who are trained by PAs.

### Evidence

1. Whitehead, M. & Dahlgren, G. Concepts and principles for tackling social inequalities in health. Levelling up (I). <http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2007/concepts-and-principles-for-tackling-social-inequalities-in-health> (2006).
2. Mackenzie, M., Hastings, A., Babbal, B., Simpson, S. & Watt, G. Tackling and Mitigating Health Inequalities – Policymakers and Practitioners 'Talk and Draw' their Theories. *Soc. Policy Adm.* 51, 151–170 (2017).
3. Smith, K. E. The politics of ideas: The complex interplay of health inequalities research and policy. *Sci. Public Policy* 41, 561–574 (2014).
4. Elwell-Sutton, T., Marshall, L., Bibby, J. & Volmert, A. Reframing the conversation on the social determinants of health. *Brief. Health Found.* February, 1–13 (2019).

## What is NIHR CLAHRC / ARC North West Coast?

The Applied Research Collaboration North West Coast (ARC NWC) superceded CLAHRC NWC in September 2019. It is a partnership between universities, NHS, public, etc. Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region. Contact: [a.porroche-escudero@lancaster.ac.uk](mailto:a.porroche-escudero@lancaster.ac.uk) or [p.wheeler1@lancaster.ac.uk](mailto:p.wheeler1@lancaster.ac.uk). <https://arc-nwc.nihr.ac.uk/>