
Health for All: a Role for the Community

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For generations the assumption that medicine, rather than the individual and the community, held the key to good health has been accepted. Increases in the provision of medical services were commonly thought to improve health. More recently local health initiatives sponsored by voluntary and community groups have set out to challenge this assumption. In doing so, these groups—increasingly referred to as community-based health initiatives—have revealed the enormous potential that individuals and community groups have of gaining a better understanding of the meaning of health and ways of achieving good health.

Voluntary organisations have traditionally made a special contribution in the field of health and personal social services. Most state services developed from early voluntary and charitable initiative. Their close association with caring for the sick, the elderly and disabled and others in need is widely recognised today, long after the founding of the welfare state and a national health service. The National Council for Voluntary Organisations (NCVO) is now working closely with a new generation of health-related schemes—local initiatives which promote health and undertake preventive health education work on an informal basis[1]. While difficult to define, these projects exist primarily to encourage people to take a more active interest in their own health on terms acceptable and relevant to the communities involved. The aims of the NCVO are to extend the involvement of voluntary organisations in responding to social issues, to be a resource centre for them and to protect their interests and independence.

The traditional 'mystification' of medicine, the overriding emphasis of the NHS on cure rather than prevention, problems of gaining access to statutory health services and the reluctance of many people in the medical profession to recognise the ability of individuals to determine and articulate many of their own health needs have been an important stimulus to developing informal approaches to promoting health. The difficulties have been well researched and documented in recent years. Working-class communities and minority ethnic groups face particular problems. Difficulties over accessibility and the low take-up of preventive health services among working-class communities have been found to be common[2]. Members of some minority ethnic groups face enormous obstacles to the achievement of good health. A combination of cultural differences and expectations, racial discrimination and their own experiences of health care all too frequently deny them access to relevant services[3].

At the same time, local communities are offered little opportunity to influence and shape health service provision. Since the NHS was set up in 1948 public participation and involvement in all aspects of health care provision have been minimal. Not until the establishment of Community Health Councils (CHCs) in 1974 was there any real attempt to introduce the 'consumer's voice' and facilitate some measure of community participation, and even then CHCs were only allotted a limited role. They have little real power over the allocation of funds within the NHS and the balance between acute and primary care; a lack of resources has, to a certain extent, limited their ability to be involved at a neighbourhood level. Dogged by uncertainty over their long-term future and often faced with hostility to their role by some members of the medical profession, their potential as an important influence in the community has been further inhibited.

Raising health awareness and expectations, stimulating the use of statutory services, raising confidence to tackle health issues, increasing participation in the running of health services and undertaking local health research and associated campaigns are all means by which community health initiatives encourage both individuals and the community in general to take responsibility for their own health. Earlier this year, the NCVO published a *Directory of Community Health Initiatives* that illustrates the many and varied responses of community groups to promoting health[4]. Included in the *Directory* are details of more than 60 locally-based neighbourhood groups working in the health promotion area. An interesting feature of the projects is that they draw on wide sources of funding, including government funding for adult unemployment programmes (through the Manpower Services Commission) and Urban Programme grants (through the Department of the Environment) for deprived urban areas as well as the more conventional sources such as local authority social services committee grants and district health authority funding.

The Milton Keynes Post-natal Support Group was started by a local community worker and now has the active co-operation of health visitors and GPs working in the area. The group provides an informal meeting-place for new mothers and their children; and it provides continuity between ante-natal and post-natal statutory provision. In Birmingham a local health project collects information on health which may be of use to local people and makes it available in appropriate accessible forms by

means of leaflets, group discussions, speakers, film, audio and visual tapes.

Community health courses aimed at local women, pensioners and minority ethnic groups are run throughout the year by the Manchester Trade Union and Basic Education Project. Also in Manchester a local branch of the Community Health Group for Ethnic Minorities exists to promote the health of ethnic minorities through community health education and by effecting changes in the Health Service to make it more accessible and acceptable. The group has run successful campaigns on rickets, sickle-cell anaemia and the need for interpreters. These represent just a few examples of the wide range of health activities with which a growing number of community groups are involved.

The establishment of locally-based health projects has engendered widely varying reactions from members of the medical profession. In some areas of the country there has been close co-operation between health professionals and community groups, leading to new ways of working and greater satisfaction all round. More often, the ideas embodied in these projects are viewed by health professionals as a threatening concept, an understandable but unnecessary reaction. Rarely do such projects see themselves as an 'alternative' to statutory health services, but more as an 'alternative' approach within a wider strategy of promoting health. The main thrust of many of their activities is directed towards the NHS in order to make it a more sensitive and effective service, although several projects do aim to provide services and facilities that fall outside the scope of statutory provision. Community-based health initiatives mainly serve to complement, rather than to compete with, NHS provision.

Few medical professionals would deny that effective health promotion offers the greatest scope for significantly reducing ill-health and death rates in this country. Progress on this front demands changes in life-style and new responsibilities for the individual. Community-based health initiatives fulfil a crucial role alongside statutory services in achieving these changes. Voluntary and community groups are playing an imaginative and creative role in this field. With the support and encouragement of the medical profession they could achieve much more.

Many GPs are already talking enthusiastically about the benefits to be gained from working closely with the growing number of patient participation groups. In several areas there now exists a new interest in involving local residents in the planning and running of health centres.

These are encouraging signs of a much needed recognition that lay people may have something to say about their own health and local health service provision and, by being allowed to do so, make a valuable contribution to the work of health professionals. Medical members of the new district health authorities could ensure that their authorities support and monitor local initiatives.

Effective partnerships between the medical profession and voluntary groups represent an important means of tackling some of the major issues confronting the health service. Widely-voiced dissatisfaction and unhappiness with ante-natal health services, increasing pressure on the statutory health services to respond to the needs of minority ethnic groups and failure to make headway in improving health at the workplace are all problems which can be tackled more successfully by statutory health services if they involve and work in co-operation with the communities most directly affected. The experience and resources of the voluntary sector represent an important starting point. Prevention of ill-health and the promotion of health, as distinct from cure, demand a new approach. It is vital that the medical profession recognises that individuals and communities must be allowed and encouraged to become willing and active participants, rather than passive recipients, if the DHSS-inspired slogan, 'Prevention and Health: Everybody's Business' is to become a reality[5].

Having said this much on behalf of voluntary effort in the health field, let me emphasise that we in the voluntary world are seeking collaboration, not conflict, with the medical profession. The goal is the same: the greatest health of the greatest number. Sometimes friction may be inevitable, but I hope that, by contributing this article, we may stimulate an intelligent and constructive dialogue between ourselves and the medical profession about the best means of working together for a shared aim, thereby in time minimising the exchange of mutually non-comprehending abuse.

References

1. Smith, C. (1982) *Community Based Health Initiatives—A Handbook for Voluntary Groups*. National Council for Voluntary Organisations.
2. DHSS (1980) *Inequalities in Health: report of a research working group*.
3. Brent Community Health Council (1981) *Black People and the Health Service*.
4. National Council for Voluntary Organisations (1983) *Directory of Community Health Initiatives*.
5. DHSS (1976) *Prevention and health: everybody's business: a reassessment of public and personal health*.