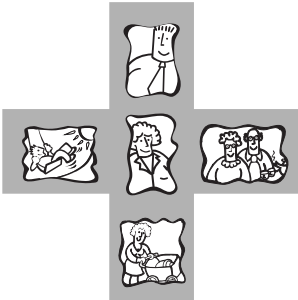


Tackling Inequalities in Health

Community Development and the role of the Community Pharmacist



This guide serves as an introduction to using community development approaches and seeks to enable community pharmacists to:

- Develop their understanding of their local communities and how to work with them towards health gain
- Appreciate the contribution and the potential contribution of local people in their own health, and the health of their community, and how pharmacists can enhance this
- Develop their potential role in supporting community processes that work for health

Foreword

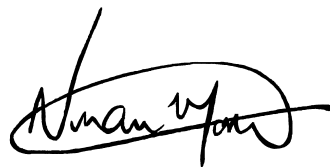
Answers to the question, “What does it mean to be healthy?” are likely to be diverse. Health means different things to different people and spans physical, mental, emotional, spiritual and social domains. These apply at an individual level but, of course, our health is also strongly influenced by the nature of society at large.

Community pharmacy is involved with people and it is important to recognise and understand different attitudes to health and relate across a much broader framework of health needs, in order to provide effective care and support within the context of a helping relationship.

Here, some 123,000 adults visit community pharmacies on a daily basis. These practices are the ‘open door’ of the Health Service with a long term commitment to the communities they serve. They are ideally positioned to develop productive and innovative partnerships with other statutory, community and voluntary agencies designed to meet the expressed needs of communities and minimise the barriers that exist to providing equitable health and social care to all.

I welcome this development not simply because it seeks to more fully engage the pharmaceutical profession in playing its part in improving the health of the population, but because it encourages individuals, local groups and communities at large to play a much more collaborative part in the design and delivery of health and social care.

Developing services that are reflective of community needs is crucial to the success of a community-pharmacy partnership and I believe that the emerging good practice from this will, no doubt, be of great value to both the community pharmacists and ultimately the health of the communities they serve.

A handwritten signature in black ink, appearing to read 'Norman Morrow', enclosed within a large, sweeping oval flourish.

Dr Norman Morrow

Chief Pharmaceutical Officer DHSS&PS

What is a community?

There is a lot of discussion about working with local communities, using a community development approach, working in partnership to identify local health needs and the need to plan action. Everyone talks about working with the community and, in relation to current policy, it is something that is seen as being very desirable.

The theory, concepts and ideas all help us understand the benefits of working in this way but ...

What is a community?

The communities we live in are made up of individuals, families and households. This is what we are most familiar with but another aspect relates to the groups that exist to serve a number of purposes. A range of networks and informal groupings surround these groups.

There are many different ways of defining a community. Most commonly they are defined in relation to:

geography, culture, single identity and interest groups

Descriptions and definitions may focus on certain characteristics eg age, ethnicity, occupation and place or on common interests eg cultural heritage, social relationships, common economic interest.

Geography

a community can be defined on a geographical or neighbourhood basis eg West Belfast community, the community of Aughnacloy, the Glens of Antrim. The assumption here is that people living in the same area have the same concerns/interests due to their geographic proximity.

Culture

a community can be defined in cultural terms eg the Chinese, Travellers. It is frequently related to ethnic origin, language, religion and customs. Often common cultural traditions may cross geographical or other barriers, and unite otherwise scattered and disparate groups of people.

Single identity and interest groups

this could be the gay community, working class community, young mothers, sporting groups, disability groups, parent teacher associations etc. They are defined by the concerns or issues they have in common. It often implies that they share networks of support, knowledge and resources that transcend geographical boundaries.



Geographic communities, even if they are small, are often not homogenous. Many groups make up local communities, some of which have more in common with others outside their local community.

Most commonly, they are viewed as:

“a group of people who share an interest or common set of circumstances - they have a sense of belonging or identity”

In all these kinds of communities, what is important are social networks or having contacts and having resources such as people's skills or knowledge.

This sounds very simple and clear but it is obvious that any geographical community will include people whose identity is based on class, gender, age, employment, religion etc and so people may feel that they belong to several different communities.



How community pharmacists define community is important as it influences how they communicate and work with individuals, groups and representatives in their local area. There are often key contacts in an area that a community pharmacist can work with to identify communities. It is important to remember that a community is more than the local generic community association.

What must be noted is that there is now much evidence of the positive effect on health of good social relationships and networks. Through these there are a considerable range of services that are relied upon in unseen ways to enable society to function. It is through them that people help each other and improve the quality of life in an area.

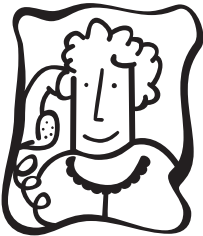
To highlight this, take a quick glance at the variety and diversity of groups operating in the small rural village of Rasharkin:

Groups in Rasharkin Area

“

There is so much going on in this area ... and the fact that people volunteer to visit older people on a daily basis amazes me.

”



Rasharkin Women's Group	Senior Citizens Club (Silver Wings)
Rasharkin Community Association	Rasharkin United Football Team
Time-Out Club	Golf Association
After School's Club	Vintage Club
Historical Society	Rasharkin Youth Football
Playgroup	Rasharkin Irish Group
GAA	Farmers Group
Mothers & Toddlers	Young Farmers
Footloose Walking Group	Bowling club
Line Dancing Club	Comhaltas
	Camogie Club

There are also a variety of Church affiliated groups such as Boy Scouts, Girl Guides, Pioneer Association, St Vincent de Paul etc.

In addition there are several marching bands in the area e.g. Hibernians, Orange Order, Black Preceptory.

T A S K

Based on the headings and issues listed previously, develop a resource to help you consider what communities exist in your local area.

Think of different age categories, different locations, groups focused on specific issues and interests.

O R

Consider how you are involved in your local community.

Group	Focus / purpose and area covered



Health and Health Inequalities

What is Health?

Your own beliefs and attitudes about health can affect the service / care you provide. Reflecting on your ideas and what influences them can assist you in professional development, specifically in your understanding of community development approaches to tackling inequalities in health.

T A S K

What does being healthy mean to you?



Take a few moments to jot down everything that comes into your head that you associate with health ...



Now try to group these into categories/themes, such as:

- “Absence of disease”
- Physical
- Mental
- Emotional
- Social
- Spiritual
- Societal

C O N S I D E R



- Is a person who is a wheelchair user healthy?
- Is a pregnant woman unhealthy?
- Is bereavement an illness?

Research has shown that there is a strong, if complex, relationship between peoples attitudes, values and beliefs and their behaviour. People with differing or conflictual concepts of health may encounter an unproductive relationship. For example if an individual has a strong spiritual belief that health is a consequence of fate - God given, it will be hard for a professional in a health

promoting role whose practice is grounded in beliefs concerned with lifestyle behaviour change, to develop a productive relationship until those beliefs are acknowledged and acted upon.

Clearly different people respond to life events differently.

“ I did not realise that people in the area I work would die at a younger age than the average person in NI due to poverty and disadvantage. ”



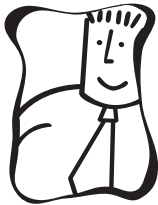
From its earliest foundation the World Health Organisation has stipulated that health is a fundamental Human Right, its constitutional document (1948) states, in the much quoted, but often shortened definition, of health, that:

Health is a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political beliefs or economic and social conditions.

Models of Health

Medical model of health

The medical model defines health mainly as the absence of disease. This is driven by the belief that medical science must find cures for diseases in order to return people to health. This concept of health may be easier to understand as it makes health an attribute you can measure simply by determining if a disease is present or not.



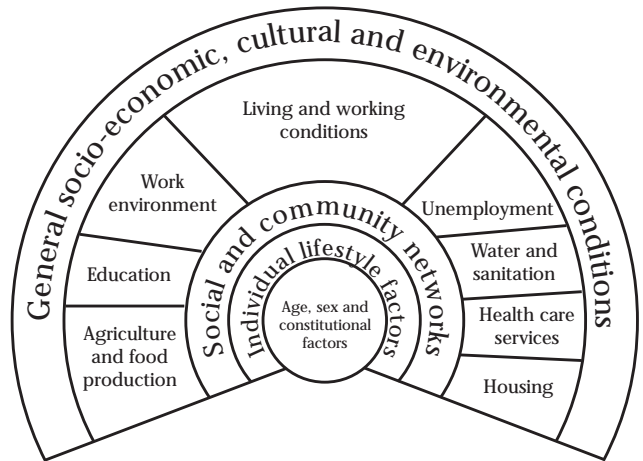
Being able to measure health is useful in distribution of resources and to policy makers but this may not be a measure of what others believe health to be.

The strong emphasis on the absence of disease as an indicator of good health, and the overdependence on the influence of medical science in health, ignores the power of other important influences. These are explored in the following social model of health.

Social model of health

A social model of health carefully considers the wider determinants of health ie the range of factors that impact on people's health and well-being. The following diagram illustrates the factors that impact on people's health. These range from a person's culture and belief system to levels of income, access to housing, education attainment and opportunities as well as the wider environmental, political and socio-economic conditions in which people live. Notice how social and community networks have an impact on health.

Health Determinants Model



Dahlgren and Whitehead, 1991

Considering the above model of health enables us to have a better understanding of why some people find it easier than others to look after their health. We are all aware of the difference between 'knowing' and 'doing' in relation to how we can achieve optimum health. For example most people know that smoking is unhealthy but some continue to smoke. Equally research reveals most people know what healthy food is but do not always eat it. Some of the complexity comes from how various barriers exist which compromise health. This is where a broader understanding of the determinants of health helps to identify what influences health and therefore what can be a barrier to individual and societal health.

As demonstrated by the previous diagram, a community development approach to health is largely influenced by a social model of health that embraces the broader determinants of health but is also mindful of the influence of individual factors such as genetics, biological factors and individual behaviour.

T H I N K



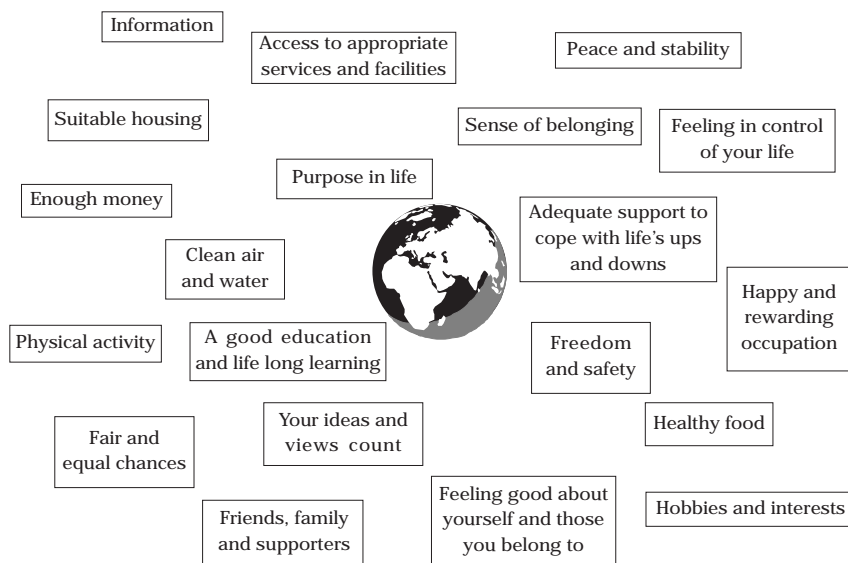
How do some of your colleagues perceive health?
Consider pharmacists, GPs, health visitors, social workers, practice nurses, etc.

Think of some of your customers that you know well

- ... a single mother
- ... an elderly person living alone
- ... someone on a low income

What does feeling healthy mean to them?

What makes and keeps us healthy?



Friends, family and supporters came out most important.



The above 'What makes and keeps us healthy' diagram was used in the Investing for Health consultation. People were asked to determine what was most important in relation to keeping healthy.

Surprisingly for some; friends, family and supporters came out as the most important element to support health and wellbeing.

This links back to being part of a community even within a geographic community, people may not feel a part of that larger community but what is important are the friends and family around them.

Poor Health, Inequalities in Health and Deprivation - making the links

“

“the problem of ill health will not be solved by any measures which fail to solve the problem of poverty” ”

It is clear that we are healthier than we have ever been, yet recent figures¹ show over a three fold difference in the age standardised death rates for men in lowest socio-economic groupings compared to the highest, but it is important to consider the inequalities in health:

“the problem of ill health will not be solved by any measures which fail to solve the problem of poverty”²

Whether poverty causes ill-health or whether ill-health causes poverty is open to debate but what is certain is that there is a strong yet complex relationship between poverty and ill-health, one which has been described as hard to unravel.

“... people in disadvantaged groups not only suffer more ill-health and die younger, but they are also less likely to receive or benefit from health and social care.”³

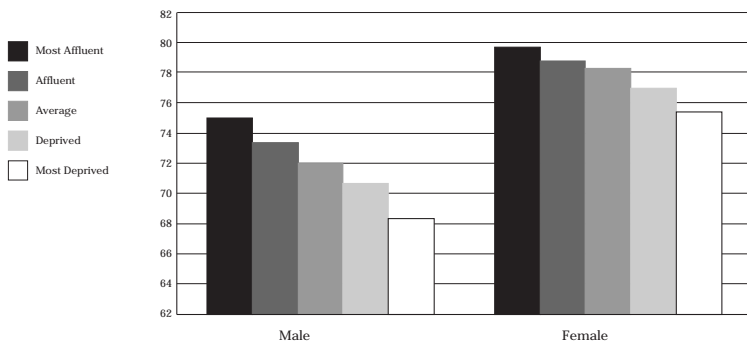
The clear link between a family's position in society and its health is not new. It has been noted that socio-economic influences on death have been recorded since the registration of deaths commenced in 1837.

1 Institute of Public Health 2001 Mortality & Mortality Data on the island of Ireland 1898 - 1998 Dublin IPH

2 Hewetson J (1946) *Ill-health, poverty and the state cited in inequalities in health-a selective review*, Alex Scott-Samuel Critical Public Health (1995 vol 6 No3)

3 DHSSNI. Health & Wellbeing; into the next millennium. Regional strategy for health & social wellbeing. 1997 - 2002. DHSS, 1996 4.3 p36

In relation to Northern Ireland, life expectancy in affluent females is on average 79.5 years whilst for the most deprived females it is 75.4 years. The corresponding figures for males are 74.9 years and 68.3⁴ years.



Life expectancy (years) by deprivation category

Source: Dr D O'Reilly, Centre for Health and Social Care Research, QUB

The largest causes of death are Cardiovascular disease (24%) and Cancers (24%)⁵. These figures are well above those of EU average particularly in Cardiovascular disease. Life expectancy at birth is also approximately 3 years less than in countries such as France and Sweden.



Poverty is bad for health in a number of practical ways, which were recently listed in Investing for Health.⁶

- There is less to spend on the physical determinants of health, such as nutritious food, good quality and warm housing

4 Investing for Health, A Consultation Paper 2000, page 33

5 Investing for Health, A Consultation Paper 2000, page 278

6 Investing for Health, DHSSPSNI March 2002 p4

- Exclusion from activities which others take for granted

More likely to be unemployed and unskilled

- More likely to leave school with no or few qualifications
- More likely to live in insecure and unsafe environments, facing a greater risk of crime, violence, traffic accidents
- and pollution
- Less likely to face the future with hope and self-confidence, to feel in control of their lives and to value themselves. Being in this position in society causes stresses and anxieties which damage health.

The processes of poverty, which impact on health whether physiological, psychological and behavioural and are well illustrated in the quote below:

“to feel depressed, cheated, bitter, desperate, vulnerable, frightened, angry, worried about debt or job and housing insecurity; to feel devalued, useless, helpless, uncared for, hopeless, isolated, anxious and a failure: these feelings can dominate people’s whole experience of life, colouring their experience of everything else. It is the chronic stress arising from feelings like these which does the damage.”⁷



We are living longer but for many, this means they will be sicker longer, ie leading to an ageing population living with illness. Adults in the lowest socio-economic group

7 Wilkinson Unhealthy Societies

have been reported as being twice as likely to report a long standing illness as those in the highest socio-economic group.

Mental health problems in particular have been found to be associated with socio-economic groups and also with the wider factors of gender, disability, ethnicity, sexuality, unemployment or poor employment experience. It is speculated that 1 in 4 people will suffer a mental health problem at some time in their lives. The World Health Organisation estimates that 20% of all patients seen by primary care professionals have one or more mental health problems.

Social isolation can have a major impact on mental health. For example, deaf people suffer a greater incidence of mental health problems than the hearing population.

The choices that individuals make about their lifestyles eg smoking obviously influence their health. However the wider socio-economic and environmental factors that are beyond the control of individuals affect the choices people make. For example, although the overall smoking rates have fallen over the last 15 years this improvement has not occurred among the least well off. It has been reported that 42% of those who are unskilled smoke compared with 15% from professional and managerial occupations.⁸



The report Poor Smokers⁹ makes a robust argument that fiscal and financial measures to curb smoking serve as ways of reinforcing the notion of blaming the victim and may actually contribute to further health damage (i.e. by reducing disposable income to spend on nutritious food and heat, housing).

8 Investing for Health, DHSSPS, March 2002 p49

9 Poor Smokers PPI

C O N S I D E R



Why do people smoke?

Think about some of your customers who smoke, eg a young person, a single mother, an older person.

Why do you think they smoke?

What support might they need to help them stop?

Why use a community development approach to address health needs?

In the face of such challenges as poverty, poor health and inequalities in health, what has community development got to offer? Why would community pharmacists be interested in community development, what exactly is community development and how can health professionals, who are often business people be involved in this approach in relation to health?

What is Community Development?

Community development is about strengthening and bringing about change in communities ... It is a way of working ... which seeks to encourage communities to tackle for themselves the problems which they face and identify to be important, and which empowers them to change things by developing their own skills, knowledge and experience, and by working in partnership with other groups and agencies.¹⁰ It often has a focus towards the disadvantaged and impoverished in society.

Community development is about working for change at three levels:

- Personal
- Community
- Public policy

¹⁰ DHSSNI Health & Wellbeing; into the next millennium. Regional strategy for health & social wellbeing. 1997 - 2002. DHSS, 1996

There are many examples of the successful application of community development approaches. These range from the more informal, such as local people coming together to tackle a specific local concern. One example is of people in a village successfully campaigning against the building of an incinerator in their locality due to concern over the potential health impact.

Other approaches might include initiatives such as:

- South Armagh Women and Family Health Initiative engages in a range of activities and services developed in partnership with the local community, which supports the health and social wellbeing of the people of South Armagh. Over the last five years this has included a roving holistic health information service and monthly newsletter; provision of a health and family support information resource centre; a community house; lay health worker programme, support groups and the management of a mental health support service.
- Cloughmills Community-Pharmacy Project has involved developing a room within the pharmacy into a health information library and facilities for offering additional services eg counselling, reflexology. The community pharmacist has worked with local groups in developing health information sessions in local venues and has set up a complementary therapy referral scheme with other members of the primary care team, targeted at those most in need of additional support. This project's development has been influenced by ongoing consultations with local community groups operating in the village.

There is a long, rich and vibrant history of community development in Northern Ireland. It has offered a vital lifeline of social support and self help through the worst times of the conflict.

How does this
relate to
addressing
health needs?

Community development and health work uses the energy, leadership, skills and knowledge of people to tackle a community's problems where health is considered using a broad and holistic approach. Community development encourages working in partnership with voluntary, community, statutory and business sectors to define needs and plan action.

“A community development approach to health recognises the central importance of social support networks. It is a process by which a community defines its own needs to bring about change. The emphasis is on collective action to redress inequalities in health and access to health care.” ¹¹

11 Community Development & Health Network 1994

Within the sphere of health, the purpose of community development is to help people to:

- obtain better access to information about health and other community issues
- identify and articulate their own health needs and agenda for action
- start and manage their own neighbourhood organisations and groups
- set up and run community facilities, events and activities
- campaign or negotiate for health-giving improvements in an area, such as better play or leisure facilities, improved transport links, more work opportunities etc
- strengthen community networks, relationships and supports providing mutual aid for better health
- promote a stronger sense of community spirit and solidarity, helping to foster people's sense of worth, identity and belonging, providing an antidote to isolation and feelings of helplessness
- develop self esteem, confidence and personal skills.¹²

¹²Thomas D, (1995) Helping communities to better health. The community development approach. Health Promotion Wales

Community development as part of an overall strategy of health promotion has much to offer. It is when the broader determinants of health are understood as outlined earlier that the significance of the contribution of community development and health is appreciated.

It does hold that while some people respond well to health messages concerning lifestyle and behaviour, the ability of many to achieve full health potential is impeded by the processes of disadvantaging factors, such as those highlighted.



Often health professionals work to treat individuals whilst community action works often to address wider issues. They both have a place and can work together. Community action works to reduce the 'hill' whilst the medical model works to help the individuals get up the 'hill'.

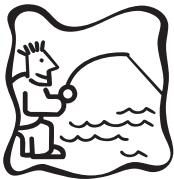
C O N S I D E R



Q

When a person is hungry what do you give them?

- A fish.
- or a fishing rod and teach them how to fish?



We need to consider their situation. It may be essential that their immediate needs are met, ie give them fish, but in the longer term it would be beneficial to help the person develop skills, knowledge etc that will ensure better health, ie teach them how to fish.

A community development approach to health attempts to work up-stream, concentrating on with the root causes of ill health such as poverty and educational disadvantage. However there are health outcomes from a community development process in itself regardless of whether the process object concerns a health issue. For example, empowerment and social support are two significant outcomes of a community development process and both repeatedly shown to be vital to health and health gain.

Community development offers a coherent strategy to promote health. It is a way of tackling a community's problems by using the energy and leadership of the people who live there.

The Health for All movement, which set World targets for Health states that:

“Health for all will be achieved by people themselves. A well informed, well motivated and actively participating community is a key element for the attainment of the common goal.”¹³

THINK ABOUT



... the area you are working in and your customers, note down some of the issues that you think have had an impact on people's health in the area.

Group these issues together under the headings highlighted in the earlier diagram.

Can you see any other approaches that may improve their health and well-being?

13 WHO 1985

The next table highlights some of the differences in the community development approach as compared to the more traditional ways of working. What should be emphasised is that community development is only one approach shown to be valid.

Traditional medical models of health promotion delivery can also be effective. However, like community development, they too do not offer a universal panacea. As indicated in the previous diagram, each approach has an important role to play.

Shifting the focus ...

FROM		TO
Seeing health as an individual responsibility	→	Understanding health as a social issue
Health professional conceptualising problems	→	Seeing views of lay people as equally important
Delivery an expected / traditional service	→	Partnership approach to planning and delivery of a new or existing service
Care focused on the presence of disease or prescription of medicines	→	Taking a holistic view of health 'look upstream' ie at the causes and effects
Treatment at the end point	→	Prevention at the point of origin in the community

Developing community development skills

'Doing' community development, as in being a community development worker, is not what is important. Nobody is expecting all health professionals, including community pharmacists to become community workers. What is encouraged, is that community development is an approach that is promoted as being a valid way of working in a different way with different people and agencies to define needs and plan action that are responsive to local needs and priorities.

It is the simple things that count.

Building a sustainable relationship

There is the perception that community development and health work is all about going to meetings and having a cup of tea!

BUT...



communication and building and maintaining relationships are key to a lot of this work. Unless people understand your role, what you are trying to achieve and have confidence in your ability to listen, participate and work as part of something bigger, barriers will develop that will make it difficult for any relationship to flourish.

Community pharmacists as health professionals can be a valuable community resource. They can support and add value to community development processes for health gain and can help reduce inequalities.

It is recognised that community pharmacists work in a very pressurised environment and have many competing priorities but due to their location, they have a wealth of information on the health issues of a community. A community development approach encourages them to consider health issues in their broadest context.

C O N S I D E R



- Instead of being primarily concerned with the high incidence of anti-depressants being prescribed and how to reduce the amount prescribed, try to consider the situation of the person eg income, support, mobility etc and consider how these factors are all impacting on the person's situation.

eg A single mother with 3 children under 5 years of age, living on benefits, in a flat with no private transport, trying to get a GP appointment at the far end of the town.

What are her priorities?

What might her coping strategies involve?

What support does she need?

A community development approach recognises the broader influences on people's health and encourages bringing people together to offer collective solutions. It also recognises the importance that different agencies, groups and individuals have in addressing local health issues.

Know what is going on



Seeing the bigger picture - It is amazing how we all get caught up in the idea that we have the answer and nobody else's work achieves what we achieve. Try finding out what is going on in your area through local audits and reports, newsletters and other agencies. It is important to have a basic understanding of what the key agencies in your area do and how their work impacts on the health of your community.

Much of the current policy environment encourages a social model of health and working in partnership. This is an opportunity that should not be missed. It is important to realise that we all have specific skills, information and knowledge which are vitally important. Maximum benefit regarding a community's health can be achieved by looking up, out and upstream and by working together.



“ People just wanted to discuss and ask questions about issues, normally I am used to giving a talk to people but it worked much better working in an informal way. ”

A community pharmacist working in a rural village

T A S K



Consider the people who use your pharmacy on a regular basis. Take a couple of examples and think about their situation, what is having an impact on their health eg family background, job situation, disabilities, housing conditions. From this, note what support they are currently receiving eg through friends, family, HPSS providers, community groups, carers. After completing this try and broaden this perspective out to consider the wider community and specific population groups eg the elderly, men.



“ It’s amazing to see how the children who come into the pharmacy come up to me and chat about the issues we discussed in their classroom. It’s great to see their confidence and ability to discuss issues develop. ”

A community pharmacist involved with a health initiative in a local village primary school

Why Pharmacy?



Community pharmacies have a unique and substantial interface with people who already use pharmacies to obtain both health and non-health related goods. Pharmacists have regular contact with healthy and sick people, and it has been shown that social groups of greatest need use the pharmacy on a more regular basis than those of higher social classes. Pharmacies also benefit from their location and distribution, especially in areas where access to other health care providers is difficult.

The pharmacy, through their pharmacists and staff provides a service that is convenient, non-threatening, credible and thus accessible in every way. Pharmacy is in the health care system but also benefits from the links it has with the informal health networks of family, friends and society which influence individuals. There is the opportunity for these individuals and networks to access appropriate information, advice and support and additional services from pharmacists which will, in turn, allow them to make informed decisions about their own health and wellbeing.

Pharmacists need to make a financial profit on their investment if they are to be sustainable as a business. They also have the potential to directly affect the health and social wellbeing of a population, therefore acting as a "social businesses" that make a social profit.



What is important, is that the financial business ensures sustainability of the pharmacy and the services it provides to a neighbourhood. These sustainable services help maintain communities and are more beneficial to the community than short-term projects that come and go.

There is great potential to more fully utilise the full range of community pharmacist's skills and training and to make pharmacies the locus for a wide range of community-based health promoting activities. This characteristic has been successfully exploited in many health promotion projects but within the Building the Community-Pharmacy Partnership this has been extended to social projects such as locating trained community support workers or people providing benefits advice in the pharmacy. This concept, similar to opportunity costs, is known as additionality, where the introduction of new services or extension of existing ones can be achieved with minimum effort.

What's in it for me?

It is good for, and adds value to, a business.

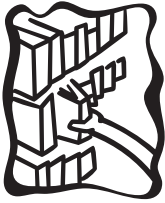
Social and financial profit need not be at the opposite ends of a spectrum. The trust and goodwill of a pharmacy, with its added value services that ensures repeat business, is important. Activities described that raise social profit will also raise financial profit in terms of the reputation of the pharmacy, relationships with other members of the health care team, introduction of new customers,

retention of existing customers and thus the goodwill of the pharmacy.

Entrepreneurs are usually the people who develop successful businesses. They tend to be proactive, determined, not limited to one field of business, well informed, forward thinking and have wide and varied networks. The gradual decline of the numbers of independent contractors and the growing numbers of employee pharmacists working for large and small multiples have meant that entrepreneurial opportunities in businesses have become limited. However, entrepreneurial opportunities in improving the wellbeing of individuals in communities are endless for pharmacists working in a community pharmacy. Pharmacists are ideally placed to champion improvements in a community as long as they take a holistic view of wellbeing. Most pharmacists are aware of local health and social issues that directly affect their communities. Information on real and immediate issues can be fed back directly to those working locally to improve health and social wellbeing.

For pharmacists this wider remit of championing improvements is personally and professionally satisfying.

Let's think policy - is this a priority?



Tackling inequalities in health is right at the top of the current Government's priorities. The NI Executive recently set out its public health strategy Investing for Health and central to this is a commitment to tackle social disadvantage. It is recognised that it is through improving the living and working conditions of the most disadvantaged in society that the greatest improvements in health can be achieved. The key principles in Investing for Health include:

- targeting social inequalities
- tackling social exclusion
- combating discrimination and injustice
- encouraging community involvement in health especially in disadvantaged neighbourhoods
- working in partnership with local and interest group communities
- promoting coping skills in individuals, families and communities
- engaging individuals in their social context
- maximising opportunities for individuals, families and communities to protect and improve their own health
- focusing public policies generally towards improving health and well-being
- basing actions on the best available evidence.

But what does this mean for pharmacy - how should it respond?

Social capital refers to the norms, especially trust, relationships and networks that facilitate collective action among a group of people. In relation to pharmacy and their communities, social capital provides the basis for a pharmacy and the people who live in its area to work together for the mutual advantage of the pharmacy and the community in terms of health and well-being.

It is obvious that inequalities in health are rooted in "the wider determinants of health status, such as poverty, pollution, housing and education". Pharmacists can be forgiven for thinking that there may be little scope for pharmacy to make an impact here. However, there is increasing evidence that pharmacists working at the centre of their local community can play an important mediating role in reducing health inequalities through fostering social capital in local communities.

Investing for Health specifically supports and encourages pharmacists to:

- work with local communities to develop services tailored to their particular needs
- develop health promoting pharmacies, including community outreach
- make optimal use of their specialised knowledge of medicines leading to safer and more effective use of those medicines
- participate in co-ordinated health promotion programmes
- develop as a public health resource; and
- target the medicines education and advice needs of those who are most at risk from the adverse effects of medication.

Letter in a local school news bulletin from a primary school pupil, Zac, aged 8 years:

“Our pharmacist is a very special man, because he helps us when he can and he is very thoughtful. He came to our school to tell us about things that can damage our health and our body. I found that smoking can be very addictive for some people, causes lung cancer or heart disease and destroys your health. I am not going to smoke or take drugs and I am going to be sensible and just take one glass of wine when I go out for a meal because I want to be a cyclist and I want to keep fit.”

Through early projects in the Building the Community-Pharmacy Partnership initiative there is evidence that community pharmacy plays an important role in the maintenance of social cohesion, providing a space for individuals to develop valued relationships and networks of trust and support.

One successful example of this is a community pharmacist who started off working with a women’s group providing information and answering questions on health-related topics as part of a healthy way club. The project was initiated after the women in the rural village carried out an assessment of women’s health issues and needs. As a result of the assessment and action plan, the community pharmacist was approached as a potential partner who could offer services to help address their health concerns. The project has progressed significantly and now employs a part-time lay health worker. This person works closely with the pharmacist, women’s group and other rural groups in the area to provide additional community support and offer general advice particularly in relation to signposting people to specific services in the area. The lay health worker’s role also involves gathering information on relevant health issues and disseminating key messages in the community. The pharmacist has also been working with the local primary school and since then children in the village have reported feeling more confident in talking to the pharmacist and have gained some further understanding of the pharmacist’s role.

Given the real benefits and opportunities this approach offers, the challenge for everyone is how to encourage and sustain these models. New primary care arrangements with Local Health and Social Care Groups targeting services to local needs, together with a new Community Pharmacy Strategy and the Investing for Health Partnerships should provide this opportunity.

There is no doubt that from a policy perspective, in addressing our public health needs, community development through community pharmacies can offer an established, credible and sustainable facility through which communities can become engaged in improving their own wellbeing.

Useful Sources of Information

Building the Community Pharmacy Partnership

A project report by the Central Pharmaceutical Advisory Committee (CPAC)

Community Pharmacy Activity Survey DHSSPS, 2000

Investing for Health DHSSPSNI, March 2002

Tools of the Trade CDHN, 2001

Social Dimensions of Pharmacy The Pharmaceutical Journal,
Vol. 269, Nos 7216 - 7219 G Harding & K Taylor

Inequalities in Health: The Black Report (2nd edition)

Townsend P, Davidson N, editors 1990

Independent Inquiry into Inequalities in Health

Acheson D, 1998

Policies and Strategies to Promote Social Equity in Health

Dahlgren G, Whitehead M, 1991

Health Inequalities - A Neglected Area of Pharmacy

Policy & Practice The Pharmaceutical Journal, Vol 269 Nos 7227,
Bissell P and Jessop J

For further information, please contact:

Community Development & Health Network

30a Mill Street Newry BT34 1EY Co. Down

Telephone: (028) 3026 4606

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