

LEEDS METROPOLITAN UNIVERSITY

**INSTITUTE FOR HEALTH  
AND WELLBEING**



# **An evaluation of Sunderland Health Champions Programme**

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# Executive Summary

## Introduction

The Sunderland Health Champions Programme is an initiative which aims to improve health and address inequalities in the Sunderland area via the piloting of a workforce development scheme. The programme seeks to identify staff groups and volunteers who through personal face to face contact with clients present novel opportunities to reach individuals and communities experiencing poor health and/or health inequalities. The programme set out to deliver training to these staff groups to in order to skill staff and raise people's awareness so that services may then demonstrate the practical implementation of the idea that "every contact is a health improvement contact". The pilot project which started in November 2010 has been overseen by Sunderland tPCT and delivered in partnership with a range of training providers and local employers. The report presents findings from an evaluation of the Sunderland Health Champions Programme conducted by the Centre for Health Promotion Research, Leeds Metropolitan University. It presents evidence about the training undertaken and the outcomes that can result from individuals becoming health champions.

## Background

Existing evidence about Health Champions shows that they have become an important element of the lay public health workforce (White et al., 2010). More evidence is needed to understand the mechanisms of change that lead to improvements in health particularly as lay health workers often focus upon working with underserved communities in relation to health inequalities (South et al 2012). This evaluation will contribute to the evidence base by exploring the Sunderland approach to health champions within the context of work-force development.

## Evaluation aims and objectives

The primary aim was to undertake an evaluation of the Sunderland Health Champion programme in order to establish how well it has met existing objectives and to quantify its impact upon teams, services, organisations and communities.

Specific objectives were to assess the two core objectives of the programme

- a) Examine whether raising health awareness and promoting lifestyle change amongst training participants was taking place
- b) Examine how staff, volunteers and community organisations are identifying and acting upon opportunities to promote health with the service users with whom they have routine contact

The evaluation focused especially on capturing the views and experiences of the following groups with respect to these objectives:

- Course participants
- Service managers

## Evaluation methods

The evaluation was based on Theory of Change methodology and used a mixed methods design. Qualitative data were gathered through individual semi-structured interviews (either face to face or via telephone) with stakeholders, training providers and service managers involved in the implementation and delivery of the programme. 22 interviews in total were conducted. Focus groups were also conducted with health champions. 4 focus groups were conducted with 33 champions taking part. Quantitative data collected includes the analysis of monitoring data from the tPCT database, as well as survey data. All 144 consenting health champions were sent a survey, 58 surveys were returned: 52 online and 6 by paper within the workshops (40% response rate).

## Key findings – interviews and focus groups

The Health Champion programme had a positive impact on the health and well-being of training recipients. Health Champions reported heightened awareness of the effects of their own lifestyle choices and discussed the improvements in their own levels of confidence and self-esteem as a result of the training received.

- Health Champions worked effectively within their 'circles of influence' and were able to provide information on health issues and signpost people effectively to services.
- Health Champions recognised the boundaries of their role and understood where their expertise ended and where professional guidance was needed.
- The 'added value' of health champions working in the community was discussed. Their accessibility and ability to engage with local people was noted.
- The respondents highlighted core attributes that were required to become a Health Champion. Listening, having empathy and being non-judgemental were mentioned as skills needed for effectively fulfilling the role.
- Some individuals had actively sought the Health Champion training and were highly enthusiastic about participating and taking on the role. Others had been asked by their line managers to take part and were often less excited by the programme.
- In general, the training programme was positively received and the majority of people had gained a great deal from the modules. The Emotional Health and Resilience training and the Financial Capability training were specifically praised.
- Several Health Champions suggested that support mechanisms after the training had been completed were needed. This included opportunities for Health Champions to meet up and share good practice.

- Respondents suggested that there was potential for the Health Champion programme to be expanded across other parts of the city. Health Champions and most key stakeholders felt that a 'critical mass' of people had been trained, but as yet the Health Champion programme was not a 'social movement'.

## Findings – analysis of monitoring data

- To December 2011, there were 603 trainees taking part in the programme, 478 (79%) were female and 125 (21%) were male. 155 individuals were fully trained health champions.
- 128 (83%) were female and 27 (17%) were male.
- 110 (71%) City Wide; 29 (19%) Washington; 16 (10%) West
- The organisation with the highest number of trainee health champions is Sunderland City Council (127). Significant numbers of trainees are also based at: Bridge Women's Support Centre (38), Adult Social Care (25), Box Youth Project (22), Turning Point (22), Tyne & Wear Fire & Rescue (18), Public health Sunderland tPCT (18), South Tyneside NHS FT Health Trainer (17) and Gentoo (23).
- The recruitment of health champions has steadily grown across time and all areas as the programme became more firmly established.

## Findings – survey data

- By December 2011, there were 603 trainees in the Health Champions programme and 155 fully trained health champions. 79% of trainees and 83% of champions were female.
- Trainees and champions were spread across a range of organisations both statutory and third sector.
- 58 health champions completed an online survey. 83% were female, 91% White British, the majority aged 25-44 years. Most had continued their education past age 18, and four had a disability. The majority of survey respondents had a role outside the office, working with clients, customers or service users.
- There was some evidence that participation in training had an influence on the respondents' health awareness. 83% of survey respondents felt more confident to make changes to improve their own health, with 55% feeling much more confident.

- Over two thirds of survey respondents had used the training to try to improve the health of people they saw at work. 82% felt confident or very confident to apply what they had learned to improve the health of clients, customers or service users, and 70% found it easy or very easy to create opportunities to do this.
- Respondents reported that they were actively signposting to other services. For example, in the last two weeks, 47% of survey respondents had signposted colleagues and 67% had signposted client, customers or service users to other services.
- The majority of survey respondents reported having used the training to try to improve the health of friends and family, and in the wider community. In addition, 55% of survey respondents had raised awareness of health with colleagues and 74% with clients, customers or service users.
- There was some evidence that respondents were using both the smoking and alcohol brief intervention. For example, in the last two weeks, 49% of survey respondents had used the smoking brief intervention with friends, 23% had used it with family and 21% had used it in the wider community.
- Most respondents found the different modules of the training course very relevant to their work as Health Champions, ranging from 86% finding the Emotional Health and Resilience module very relevant through to 62% for the Financial Capability course.

## Issues for consideration

Whilst the Sunderland Health Champions programme has successfully established an effective mechanism to engage a lay public health workforce, it will be important to continue to build community and organisational capacity to support Health Champions in their work. The evaluation has highlighted some issues which can be considered in future planning. These are discussed below.

- The Health Champions programme has aimed at wide engagement, recruiting across multiple organisations. As the cohort of champions begins to develop, consideration needs to be given to recruitment strategies. Inevitably there has to be a 'trade-off' between recruiting large numbers, and focusing resources on developing those individuals who are interested in taking on the role. Enthusiasm and commitment are seen as essential to the Health Champion role and this may be counter to a policy of employers mandating individuals to go on the course. One option would be to offer a taster course to gauge interest before individuals committed to the five modules.
- Understanding drop-off and why people drop out would help the programme make decisions about recruitment and retention. Monitoring whether people stay involved in role after initial training is important as good



retention rates in the course and in continuing engagement with the programme will maximise efficient use of resources.

- There is a need for on-going support to Health Champions in their role. This could be achieved through mutual support where cohorts of Champions work together in organisations. However given the small numbers of Health Champions in many organisations, and the potential for isolation in the role, investment in a network of champions would be more appropriate. Bringing Champions together at regular intervals to network, to share learning and to celebrate success would serve to motivate, inspire and support people in the role. This would also help build the social movement and reinforce a shared identity.
- While evidence of short term impact on participating individuals has been demonstrated, it is important that the medium and long term health outcomes are evaluated over time. Nevertheless it will be challenging to capture impact where Health Champions are promoting health in informal ways or delivering brief interventions. Consideration should be given to monitoring systems to capture of the Health Champion activity. Collecting data on signposting would enable the tPCT to see if Health Champions are able to increase uptake to preventive and support services.
- Stakeholders understand that the effectiveness of the Health Champions in supporting lifestyle change and addressing health inequalities in Sunderland will be dependent on a wider infrastructure of support services. Health Champions are in a key position in the community to provide community intelligence into the commissioning cycle – highlighting issues of need in relation to the determinants of health.

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# 1 Background

Life expectancy data shows that a man living in Sunderland can expect to live almost 2.5 years less than the average man living in England and a similar situation is evident with female life expectancy. There is also much greater variation within the City across Sunderland wards. For example, a man living in Washington South could live 14 years longer than a man living in Hendon, and a woman could live 8 years longer in Fulwell than a woman living in Hendon. Overall, men and women from less deprived areas are more likely to live longer than men and women from more deprived neighbourhoods (NHS South of Tyne and Wear and Sunderland City Council, 2011).

The NHS Sunderland Teaching Primary Care Trust Integrated Strategic Operational Plan (ISOP) 2011-2015 has published their vision to reduce these inequalities in health and to make South of Tyne and Wear healthy for all. Part of that vision is to shift the balance from treating illness to helping and supporting individuals to live longer and healthier lives. One strategy to achieve this is the Health Champion programme.

The strategic aim of the Health Champions Programme is to improve the health of all disadvantaged communities in Sunderland by developing Health Champions to support local people in positively addressing the health determinants and accessing appropriate services. The Sunderland Health Champions Programme is based on a social movement approach to achieve an "industrial scale" approach to addressing health inequalities and ultimately shifting culture. It aims to do this by utilising and expanding Health Champions' circles of influence (self, family and friends, clients, wider community) in relation to health improvement.

The programme sets out to deliver training to groups of front-line employees, volunteers and its partner organisations in Sunderland. Health Champions undertake five training modules which are offered by five different training providers. These modules include:

- Understanding Health Improvement
- Emotional Health and Resilience
- Financial Capability
- Smoking Brief Intervention (level 1)
- Alcohol Brief Intervention (level 2)

The target group are staff or volunteers in services who have contact with individuals likely to experience poor health and/or inequalities.

The programme has been developed using a partnership approach with the tPCT as the lead organisation. Partners include elected members, voluntary and community sector, a variety of local authority departments and Gentoo. This approach to delivery was part of the strategic development of the programme aiming to improve the reach of the delivery and support building the social movement for change within the Sunderland area.

## **1.1 Structure of the report**

A brief overview of the evaluation framework follows; this outlines the process by which evidence was gathered and how the data was analysed. The findings from the evaluation are then presented in two separate sections. Section three reports the perspectives of the key stakeholders from partner organisations and Health Champions. Section four reports the quantitative findings from the survey and monitoring data. Next, the key findings are synthesised and discussed in section five and finally the recommendations and implications for the programme are outlined in section six.

## **1.2 Aims of the evaluation**

The overarching aim of the evaluation is to determine how well the Sunderland Health Champions programme meets existing objectives and to quantify its impact upon teams, services, organisations and communities.

The specific aims of the evaluation of the Health Champions project are to measure the impact that this course has had on participants, and communities in Sunderland with respect to the two core objectives of:

- Raising health awareness and promoting lifestyle change amongst training participants;
- Encouraging staff, volunteers and community organisations to identify and act upon opportunities to promote health with service users with whom they have routine contact.

The evaluation focuses on capturing the views and experiences of course participants: the Health Champions, the training providers and service managers from key partner organisations. The evaluation explores the level of signposting that has taken place following training, as well as health champions own assessments of The evaluation also comments on the degree to which the training has been embedded in the workplace and community organisations, particularly with respect to perceived impacts from a team, service and organisational perspective.

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## 2 Methods

### **2.1 Evaluation Framework**

The evaluation seeks to develop an understanding of the Health Champion programme and identify the ways in which Health Champions contribute to health improvement. This evaluation integrates both qualitative and quantitative approaches and focuses on processes and methods of working as well as outcomes. This mixed method approach to evaluation has become increasingly accepted in health promotion research (Green and South, 2006).

The evaluation is also testing the programme's 'Theory of Change' (Judge and Bauld 2001). This makes explicit the links between programme goals and the different contexts and ways in which Health Champions work. It provides a framework for mapping subsequent outcomes at individual, organisational and community level which will fit with the Sunderland approach based on 'circles of influence'.

### **2.2 Gathering Evidence**

The evaluation used a mixed methods design with quantitative and qualitative components. There were two key strands to gathering qualitative evidence for the evaluation:

- i. Interviews conducted with key stakeholders from different key partner organisations from statutory and voluntary community sectors;
- ii. Focus groups with Health Champions from both statutory and voluntary community sectors.

The quantitative component comprised analysis of programme monitoring data and a questionnaire-based survey to gauge impact at an individual level.

### **2.3 Qualitative methods**

#### **2.3.1 Interviews with Key Stakeholders**

Twenty two key stakeholders were involved in interviews conducted by the evaluation team in January and February 2012. Initially a list of key stakeholders for the programme was administered to the evaluation team in December 2011 by the tPCT and each were contacted and invited to take part in the evaluation. In the majority of cases interviews were conducted face to face, at the convenience of the participants, using a semi structured interview schedule designed to address the aims and objectives of the evaluation (see key stakeholder interview schedule in Appendix 1). Key themes discussed within the stakeholder interviews included: individual involvement within the programme; views on how Health Champions use the training and motivations for doing the training; recruitment processes and support; impact on individual and community health and impact on public health.

Key stakeholders were interviewed from Sunderland Teaching Primary Care Trust, the Area Committees, the Task and Finish Group, managers of Health Champions

within various statutory and voluntary community organisations, wider stakeholders as well as training providers for the programme. An overview of the sample is presented in Table 1.

**Table 1. Number of interviewees from key stakeholder groups**

<b>Key Stakeholder groups</b>	<b>Number of interviewees</b>
tPCT	6
Area committees/Task and Finish Group	4
Training Deliverers	4
Managers of Health Champions	6
Wider stakeholders	2
TOTAL	22

### **2.3.2 Focus Groups with Champions**

In terms of gaining the views of champions, two focus groups were organised for Health Champions who worked in the statutory sector and two focus groups were organised for Champions working or volunteering in the voluntary and community sector. These were carried out in January 2012. 144 (out of a total 155) Health Champions had consented to the tPCT to take part in the evaluation after completing all their training. Thus, only 11 champions did not wish to take part. All consenting Champions were invited to participate in a focus groups. In total thirty three champions consented to take part (sixteen Champions from the statutory sector and seventeen Champions from the community and voluntary sector).

The focus groups were designed to be interactive and engaging as well as offering a chance to network with each other. They allowed opportunities for group discussions and chances for people to share experiences (see focus group discussion guide in Appendix 2). This process was facilitated by members of the research team. Key themes discussed within the workshops included: how Health Champions used their training; motivations for doing the training; support received and impact of the training on themselves and others.

### **2.3.3 Ethical Considerations**

Health Champions and key partners received an information sheet to explain the purpose of the evaluation in advance of data collection. Participants were free to withdraw from the evaluation at any time. All interviews and focus groups were digitally-recorded after written consent had been obtained from participants (see information sheet and consent form in Appendix 3). Individuals involved in the

evaluation were also assured that they would not be directly identifiable in reporting findings.

### **2.3.4 Qualitative Analysis**

The analysis was conducted over a number of stages. After all data (interview and workshop recordings) had been transcribed verbatim, members of the evaluation team read and familiarised themselves with the content of the transcripts. Based on this, a coding framework was developed. This framework was derived from thematic areas of interest within the data itself. The coding framework was refined and agreed amongst the evaluation team and applied to the original transcripts to extract major themes.

## ***2.4 Quantitative methods***

Quantitative data was gathered through a small scale questionnaire based survey which was sent to 144 Health Champions who had consented to take part in the evaluation (see survey in Appendix 4). The survey was designed to complement the monitoring data already gathered through the tPCT database and the training provider's database and covered key variables on Health Champions, the contexts they are working in and the reported impact on training. The questionnaire was administered online using SNAP (similar to Survey Monkey but with more flexibility/scope) and was complemented by administering questionnaires to Champions within the focus groups also. 58 surveys were returned: 52 online and 6 by paper within the workshops (40% response rate). This is a good response rate to a survey delivered in such a way which increases the overall validity of the findings.

### **2.4.1 Quantitative Analysis**

The results have been analysed and findings synthesised together with the analysis of monitoring data to provide a comprehensive picture of the reach and early impact of the Sunderland programme. Findings were mapped against the evaluation framework.

Monitoring data on training and recruitment of Health Champions was sent by the PCT and analysed in Excel. Survey data was exported from SNAP 10 to Excel and then into statistical software SPSS19. Multiple choice variables were recoded from binary code and frequency counts were generated.

The quantitative data has been presented using graphs and tables etc. as well as a descriptive analysis of the data.

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## 3 Findings from stakeholders and Health Champions

This section reports the qualitative findings derived from interviews with key stakeholders and focus groups with Health Champions. As discussed in the methodology, 21 people participated in individual interviews and a total of 33 Health Champions contributed to four focus group discussions. In both cases, the discussions centred upon a number of key areas, including: the recruitment, training and development of Health Champions; factors affecting delivery and implementation; and the outcomes and impact of the programme. This section organises these findings into various thematic categories and, where it is appropriate, illustrates findings with direct quotations from the participants. These quotations have been left anonymous to protect the identity of participants.

### ***3.1 Outcomes and impact of the course***

Through their training, Health Champions had made a contribution to raising health awareness and promoting lifestyle changes on a wide range of people. Whilst this included their own 'circles of influence' (e.g. friends, family, clients, neighbours), it had also made, in many cases, a tangible difference to their own health and well-being.

### ***3.2 The impact on Health Champions***

There was a strong emphasis on the difference the programme had made to the lives of Health Champions and several key stakeholders suggested that one of the strengths of the programme was the benefits it provides for the recipients of training. Whilst many also recognised the potential of Health Champions to influence the health of the community, the impact it made to individuals' lifestyle choices was noted:

"I think it's got more potential to positively affect the recipients of training than it has any other person. If people are contemplating a change in lifestyle then it may be just the right kind of thing. You know, for example, if someone attended smoking training and wants to stop smoking then they have all the tools and the knowledge that they then need." (Key Stakeholder)

Indeed, this viewpoint was reiterated by many Health Champions who themselves had made adjustments to their lifestyle choices, particularly around healthier eating, diet and exercise:

"The lifestyle I had pre this course is gone, I've got a different lifestyle"  
(Health Champion)

This change in lifestyle was stimulated through the learning gained from the training and the heightened awareness of issues as a result of participation. For example, after attending the Emotional Health and Resilience training, one Health Champion recognised the need to take control and manage her own work-life balance:

“The resilience is something you use yourself, oh I use it myself to manage my life and all the things that are happening with the family and work.” (Health Champion)

Similarly, another Health Champion had recognised the determinants of her own stress and how to cope with this:

“For me it was one of the modules...the health and emotional wellbeing one, I went home and thought I’m gonna have to have some me time, I’m going to have to stop, I’ve got grown up kids and a step family and from that one I just thought I recognise the signs, I’m very, very stressed so I have time to relax a bit more without feeling guilty and I knew that was one of the five things I needed, I was already being active and had a job and was involved in the community but very stressed so that helped a lot so I did do something about that.” (Health Champion)

As a result of the training, Champions spoke more broadly about ‘appreciating’ their health and having a greater awareness of the impact of their own lifestyle choices. Most Health Champions reported having a more holistic understanding of health and a greater comprehension of the determinants of health and well-being. One Health Champion, for instance, noted the interconnections regarding debt, its effect on mental health and how people may use alcohol as a coping mechanism. She described this as ‘linking up different worlds’ which she had previously seen as separate issues (see Box 1). This appreciation of health as an holistic concept was seen as being beneficial when working with clients in their day-to-day roles.

**Box 1: Linking up different worlds**

“I think for me it [the training] linked up a lot of worlds I previously had found separate, so if somebody came to me for financial help, we also talked about maybe perhaps they wanted to stop smoking or drinking which linked into them spending too much, so it was linking to a lot of worlds, which for me and perhaps they had seen as quite separate so they all came together.”

Health Champions suggested other ways in which participating on the course had benefitted them personally. Many spoke about increases in their levels of self-confidence and self-esteem. One stakeholder who was responsible for managing a group of health volunteers had also seen improvements in the confidence and knowledge of the volunteers she referred onto the programme:



"I do think it does improve their confidence, yeah. Especially when the ones that work within health, like volunteers that work in health, it improves their confidence... I think in terms of the volunteers, I think they already have the skill. It was the knowledge that they needed and that's what it's [the training] has done." (Key Stakeholder)

In addition, Health Champions suggested a sense of personal pride and achievement as a result of completing the modules. Some volunteers working within local projects claimed that becoming a Health Champion had provided them with a sense of purpose as they felt part of something worthwhile within the city. Commenting on a celebration event, one Health Champion noted:

"It made us feel like we were part of this purpose, a new drive of healthy cities; it made us feel a big part of something." (Health Champion)

### ***3.3 The impact on family and friends***

The Health Champions reported using the training and skills acquired from the programme to raise awareness and influence the health of their family and close friends. Attempting, and in many cases succeeding, to modify family and friends' lifestyle choices (mainly alcohol intake and smoking) were frequently reported. One Health Champion had successfully applied the smoking brief intervention training on her sister:

"My sister's stopping smoking on Wednesday. I've been doing my brief intervention. and I didn't have that before, you know...I think I already did it informally because I'm an ex-smoker myself. But I was just over the moon when she texted me at the weekend and said 'well you'll be pleased to know that you've worked' and I went 'what?' and she said 'I'm stopping smoking on Wednesday'." (Health Champion)

Another Health Champion had taken a similar approach with her friends and, using the alcohol brief intervention, had raised awareness about the strength of certain drinks:

"The alcohol one....I had no clue about the percentage and how it effects the units so it gave me a huge realisation of what, if I'm gonna drink, what I should be drinking and how many times a week whatever and I must admit I've only had two drinks since...I did go out a month ago with the friends we meet up with once a month and we were sitting and I was telling them about the course and I said you're all sitting there with a Stella and you've got more units in that pint than that person there....I don't know whether it stopped them drinking Stella but I told them what the difference was and it was the realisation." (Health Champion)

In most cases, positive changes to family and friends' health behaviours was promoted through informal conversations and through support and motivation; rarely did Health Champions report actively signposting their family and friends to

services in the area. There was an emphasis on providing knowledge and information and letting family and friends make their own lifestyle choices. The idea of coercing people to change was firmly rejected:

“It’s giving them [friends and family] the opportunity to change if that’s what they want to do and giving them the advice and possibly the statistics you know about the smoking and the diet and the drinking, you know so they can see what they’re doing to themselves and things like that, so it’s definitely I think educating them even if they decided at the end of the day they don’t want to change, they can think about it.” (Health Champion)

During focus group discussion Health Champions also suggested other indirect benefits for their family and friends. Several respondents commented how close family members would read the health resources that they had received via the training programme. This, in some cases, stimulated increased awareness around recommended units of alcohol and how to eat a healthy diet.

In addition, Health Champions were able to support close work colleagues. One Health champion commented:

“The emotional resilience thing comes in when we’re supporting each other as we see some really bad cases and sometimes you come in and it drains you, trying to get through that interview without crying, it’s really hard, some of the stuff you see, people who have cancer, people who are dying....We have the group of four of us to support each other...I think the emotional resilience does help with that.” (Health Champion)

### ***3.4 The impact on the wider community – reach engagement***

Key stakeholders recognised the opportunity that the Health Champion programme offered to improving the health of communities in Sunderland. The programme was perceived by many respondents as being an approach to engage people in thinking about their own health:

“I think that if in public health if we’re wanting to change health behaviours, then the only way to do it is to get the community to change it themselves because it’s the only way it’s going to work. We need to engage with the community and the Health Champions programme is doing that.” (Key stakeholder)

The impact that Health Champions had made in the wider community varied. Some Health Champions had made tangible changes to their own health and had influenced the lifestyle of friends and family, but beyond this they had yet to actively influence other people. In contrast, many Health Champions had utilised their training to support people in their day-to-day work, especially with service users who they came into contact with. Indeed, several key stakeholders mentioned the importance of front-line workers ‘making every contact count’ and,

where appropriate, raising awareness of specific health issues. The majority of Health Champions commented that the training and skills gained from the programme complemented their day-to-day role and allowed them to signpost and identify issues more effectively. This was succinctly summarised by one Health Champion:

"...we're all doing our jobs and then now we're also Health Champions. It doesn't mean that we're doing an extra job, it just means that we've got the knowledge and the understanding and the skills to signpost people to services...I think that's a real positive outcome of the Health Champions programme, is that now people have up-to-date information on key health issues." (Health Champion)

Signposting people to appropriate services within the area, as well as sharing their knowledge of health issues was widely acknowledged by key stakeholders to be the primary way in which Health Champions supported members of the wider community (see Box 2). Yet, what was also clear was that Health Champions themselves recognised the boundaries of their role and understood when professional guidance was needed. In regard to the Emotional Resilience one Health Champion noted this distinction:

"I'm not a counsellor but sometimes just something quick can get them relaxed and talking about things, then you signpost them on." (Health Champion)

### **Box 2: Supporting the community through signposting**

"Now I'm able to help or advise people or signpost them to the local places." (Health Champion)

"I had a friend who was going into debt problems and....I signposted him to citizens advice, he made the appointment, he went along and all that worry that he had was taken away over a couple of weeks, it's still there but he's getting support." (Health Champion)

"Now I'm able to help or advise people or signpost them to the local places really, just somebody nearby, it's not always city centre, it's the citizens advice and debt help is on the doorstep and people don't realise sometimes that it's just round the corner ready for them, so I think it's helped me that way." (Health Champion)

"In the role I do, I would say the finance training was most useful, because a lot of people with the economy are saying I've lost my job I can't afford the gas and electric, and I am signposting them to the right benefits" (Health Champion)

"That's the best thing I've found about the health champions, you've got that information there, you know like before I don't know who to send you to, but now you've just got it here and it's so much easier" (Health Champion)

Health Champions often reported having increased success with supporting individuals when there was a mutual understanding of the health issues concerned. Where Health Champions themselves had made lifestyle modifications (like changes to their diet or increasing their physical activity levels or stopped smoking) there was far greater credibility to the message they were providing to people. This shared experience was not always necessary for success, but often helped significantly.

The reach of the programme extended beyond the people that Health Champions met in their working life. Some Health Champions had actively worked with neighbours, young people in youth groups and, in some cases, had taken opportunities at bus stops to promote awareness of health issues. Some concern, however, was raised in relation to whether the programme was engaging all members of the community and taking advantage of the opportunities in the commercial sector:

“I think Health Champions are non-existent within the Bangladeshi community.” (Health Champion)

“I mean if we had Health Champions in other organisations, for example somewhere like Nissan or a manufacturing firm or a textiles firm or big call centres at the Doxford Park which we have loads of, then they might then have an impact on their workforce.” (Key stakeholder)

The use of partners in designing and delivering the programme was also perceived as being important by some participants in relation to ensuring that the programme reached as many people as possible.

“ It was a real partnership..... I do think that was really helpful and it was quite a good mix of people on the task and finish group, of sort of council members, council staff and then partners in the voluntary sector as well, which I think was really helpful.” (Key stakeholder)

“but what I would definitely say is that the PCT have been, erm really excellent in terms of engaging with the organisations that do work at a grassroots level.....it's been a win win really, because we can reach a lot of the people they can't reach with support of their organisations as a training provider, so I think that's been very, close to the PCT for that.” (Key stakeholder)

### **3.5 The 'added value' of Health Champions and their contribution to public health**

There were several aspects of the Health Champion role which participants felt made a valuable contribution to public health and set them apart from 'traditional' health professionals:

- Health Champions are more accessible than health professionals and are able to spend more time with people to listen to their issues and concerns.– “...we’re probably more approachable than your GP because your GP has a five minute slot with you, you know, and you’re made to feel that you’re taking up a GP’s time.” (Key Stakeholder, commenting also as a Health Champion).
- They use non-specialist language and think holistically about health and well-being – “the approach from most of the Doctors, they don’t treat you as a whole, they try to treat only one symptom, not the whole.” (Health Champion)
- Health Champions do not 'victim blame' and are non-judgemental – “That’s often their experience when they go to the doctor, they’re told off for their [lack of] exercise.” (Key Stakeholder, commenting also as a Health Champion).
- In some cases Health Champions, through their day-to-day role, already have rapport and trust with the people they work with. This potentially facilitates health changes to be made through real engagement with people – “One thing Health Champions can do, is they can engage, it’s not just handing people a leaflet...if somebody talks just for a few minutes, it can be that difference” (Health Champion).

### **3.6 Personal attributes required to successfully fulfil the Health Champion role**

There was clear consensus between the views of key stakeholders and Health Champions in relation to the core qualities required to successfully fulfil the Health Champion role (see Box 3). Although some respondents commented that the role could be fulfilled by anybody, others suggested that there were essential attributes needed for success. Universally, qualities such as 'listening to people', 'empathising' and being personable and warm were mentioned. Several stakeholders suggested that the personal qualities of Health Champions were imperative in order to actively engage people:

“I really do think you do need to be a certain type of person in order to have the desired effect and outcome... it takes a certain type of personality I think to be an effective Health Champion and you can provide training to as many

people as you want but only certain personalities will feel comfortable in using the knowledge and the skills that they've got" (Key stakeholder)

"A good Health Champion is a people person, they understand when is the right time to be saying things and when's not the right time to be saying things" (Key stakeholder)

**Box 3. Qualities required to be a successful Health Champion**

- Listening skills;
- Empathy;
- Being non-judgemental;
- Knowledge and understanding of health issues;
- Caring;
- Committed to making a difference;
- Understanding the boundaries of the role;
- Passion and enthusiasm;
- Friendly;
- Approachable;
- Self-directed and proactive;
- Confidence.

### ***3.7 The recruitment, training and support of Health Champions***

There were a number of ways in which people had been recruited into the Health Champion programme. Some Health Champions reported that they had proactively sought the training after having heard the benefits from colleagues that they were working with. This, more often than not, worked on a 'word of mouth' basis. One stakeholder described the enthusiasm and how eager some of his volunteers were to sign up to the programme:

"I also have volunteer workers who actually were really, really keen to do it as well and took time out and went 'I'm just going to do this in my own time. I really want to, you know, be a Health Champion'" (Key stakeholder)

In other cases, Health Champions had been specifically requested by their line managers to attend the training; in most cases, this was positively received and individuals were pleased to be involved. However, some individuals felt somewhat coerced into participating. One key stakeholder was somewhat critical of the recruitment process and argued that a more carefully considered and targeted approach may be more appropriate:

"I don't believe there's ever been any kind of scrutiny over the type of person who was registering for a place... it would have been better if there was some kind of some pre vetting process in terms of 'why do you want to be a health

champion?’ Some kind of pledge almost to say that ‘we’ll give you this training for free. This is what we expect in return.’ There’s none of that really going on. It’s very much a case of filling a form in, hand it in, receive your place, you go and do it. So it’s possibly too accessible in that respect. But I’m not aware of any specific method of recruitment or identifying any key target people who it might be beneficial for. It’s just a case of, or it has just been a case in my perception, of rolling it out and seeing who comes back.” (Key stakeholder)

In terms of the training received, there was an overwhelming sense that it had equipped people to fulfil the Health Champion role and it had provided the tools for facilitating change with people:

“It’s like the difference between, you know say you’re carrying your tool box round, instead of just having a screwdriver, you’ve got the spanner, you’ve got the drill, you’ve got the screws and you can pull them out as needed.” (Health Champion)

The majority of Health Champions were extremely positive about the modules they had participated on (particularly the Emotional Health and Resilience training and the Financial Capability training) and one respondent claimed that it was “Some of the best training I’ve ever had”.

The quality of the training and the learning gained from this was also seen by many of the key stakeholders who had observed differences in their employees’ knowledge:

“My volunteers have now got that up-to-date information to give people, where they didn’t have that before.” (Key stakeholder)

Whilst there were some small criticisms levelled at specific modules, particularly the assessment within the module ‘Understanding Health Improvement’, many Health Champions were happy with the balance, structure and content of the training delivered. Having been through the training programme, most respondents wished to expand their repertoire of knowledge and skills into other areas. Some suggestions included modules focussing on substance use, sexual health and young people’s health issues.

The on-going support of Health Champions was raised as an issue by both the Health Champions themselves and the key stakeholders. There were two interrelated issues concerning this. The first was ensuring that the knowledge that Health Champions have of local services remains up-to-date and relevant. There was some apprehension that services may become closed or relocated and this would be detrimental to signposting people effectively. Second, there were few opportunities for Health Champions to collectively share good practice or discuss their experiences with each other. In some cases, this could happen within organisations where a ‘critical mass’ of people had become Health Champions, but in several instances people felt isolated in their role:



"I do think that maybe that we should look at bringing them together every couple of months just so that they can exchange ideas and also talk about what they're doing and whether they need anything else." (Key stakeholder)

"I think maybe annually or every six months for Health Champions to come together and share what they've been doing with other people...because if you share your experiences of what you're doing as a Health Champion that might trigger the person listening to think oh I could do that as well." (Health Champion)

### ***3.8 Progressing towards a 'social movement'***

There was a view that the Health Champion programme had gathered momentum and had been successful at training a 'critical mass' of people across various parts of the city. However, many people suggested that it was too early to consider the programme as a 'social movement', but it had the potential to be 'scaled up' across all parts of Sunderland.

### ***3.9 The need for monitoring and evaluation***

One theme that emerged consistently within key stakeholder interviews was the need to demonstrate the success (or not) of the programme. A few respondents were concerned that the investment in the programme may not be cost-effective and may not produce tangible results in terms of health improvement. One stakeholder was concerned that service providers were effectively receiving free training for their staff with little benefit for the health of the population:

"I think that so many people are convinced that it's such a good thing to be doing, that they'll just keep funding it forever but that's assuming that every person who does it is making use of it... Like the concept might be brilliant but it might not be effective... These training courses aren't cheap and the fact that we're giving them away for free, effectively we might just be providing funding to service providers just for the sake of it, just to keep them busy, if people aren't making use of the actual training, you know."

### ***3.10 Summary points***

- The Health Champion programme had a positive impact on the health and well-being of training recipients. Health Champions reported heightened awareness of the effects of their own lifestyle choices and discussed the improvements in their own levels of confidence and self-esteem as a result of the training received.

- Health Champions worked effectively within their 'circles of influence' and were able to provide information on health issues and signpost people effectively to services.
- Health Champions recognised the boundaries of their role and understood where their expertise ended and where professional guidance was needed.
- The 'added value' of Health Champions working in the community was discussed. Their accessibility and ability to engage with local people was noted.
- The respondents highlighted core attributes that were required to become a Health Champion. Listening, having empathy and being non-judgemental were mentioned as skills needed for effectively fulfilling the role.
- Some individuals had actively sought the Health Champion training and were highly enthusiastic about participating and taking on the role. Others had been asked by their line managers to take part and were often less excited by the programme.
- In general, the training programme was positively received and the majority of people had gained a great deal from the modules. The Emotional Health and Resilience training and the Financial Capability training were specifically praised.
- Several Health Champions suggested that support mechanisms after the training had been completed were needed. This included opportunities for Health Champions to meet up and share good practice.
- Respondents suggested that there was potential for the Health Champion programme to be expanded across other parts of the city. Health Champions and most key stakeholders felt that a 'critical mass' of people had been trained, but as yet the Health Champion programme was not a 'social movement'.

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## 4 Findings from monitoring data and survey

### 4.1 Results – monitoring data

#### 4.1.1 Trainees

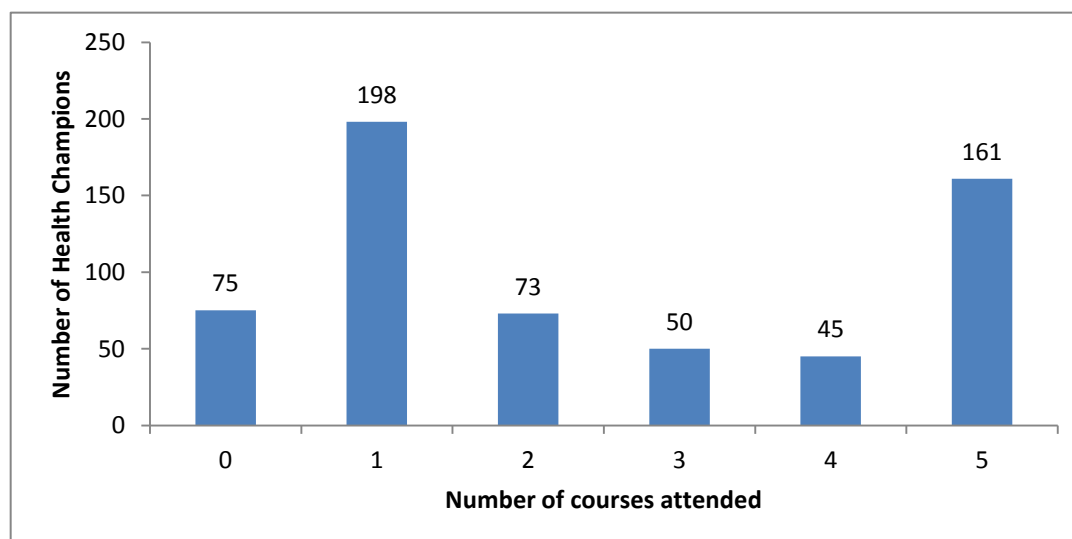
These are people who are going through or have completed the training to become Health Champions. It includes the 155 fully trained Health Champions who have completed all 5 modules of the training programme. To December 2011, there were 603 trainees taking part in the programme, 478 (79%) were female and 125 (21%) were male.

##### *Courses*

161 trainees have attended all five courses, of which 155 are categorised as Health Champions. All 5 courses have to be completed for individuals to become a health champion and this includes people passing an examination as part of the health improvement course. Of the 161 who have completed all 5 courses, 6 people are still in the process of passing the required examination. The rest of the monitoring data shows that

- 45 people have attended 4 courses. 198 have attended one course
- 75 have booked on to a training course but not attended as yet.
- There have been 104 DNAs since the programme began. The number of DNAs refers to the number of non-attendances at courses.

**Figure 1. Number of training modules attended by trainees**



##### *Attendance at only one course*

198 people had only attended one course. The courses that had been attended were:

Understanding health improvement	107
Alcohol Brief Intervention	30
Smoking Brief Intervention	12
Emotional Health and resilience	30
Introduction to financial capability	18

It was the Understanding Health Improvement Course that had the most one-day attendees, but they attended across the entire time that the training was available. This course is an RSPH course that is well-recognised nationally and well-marketed and this is likely to have influenced the higher rates of attendance, when compared to other courses.

### *Locality*

418 (69%) City Wide; 122 (20%) Washington; 63 (10%) West

The City of Sunderland is divided into five locality areas, Coalfield, Sunderland East, Sunderland North, Sunderland West and Washington as demonstrated in the map below. In November 2010, the health champion programme was rolled out in the Washington area as the Washington Area Committee agreed to part fund with Sunderland City Council and Sunderland tPCT the health champion programme. In March 2011, the health champion programme was rolled out in Sunderland West as funding was received from Sunderland West Area Committee. This explains why there are more trainees and Health Champions from Washington as the programme commenced four months earlier in this area.

People identified from organisations that work with residents from Sunderland West or Washington were identified separately than those people whose role means that they work across Sunderland. In order for the health champion programme to be accessed by people with a Sunderland wide remit, they need to demonstrate that they are working with services within Washington and Sunderland West.

### *Sector (trainees)*

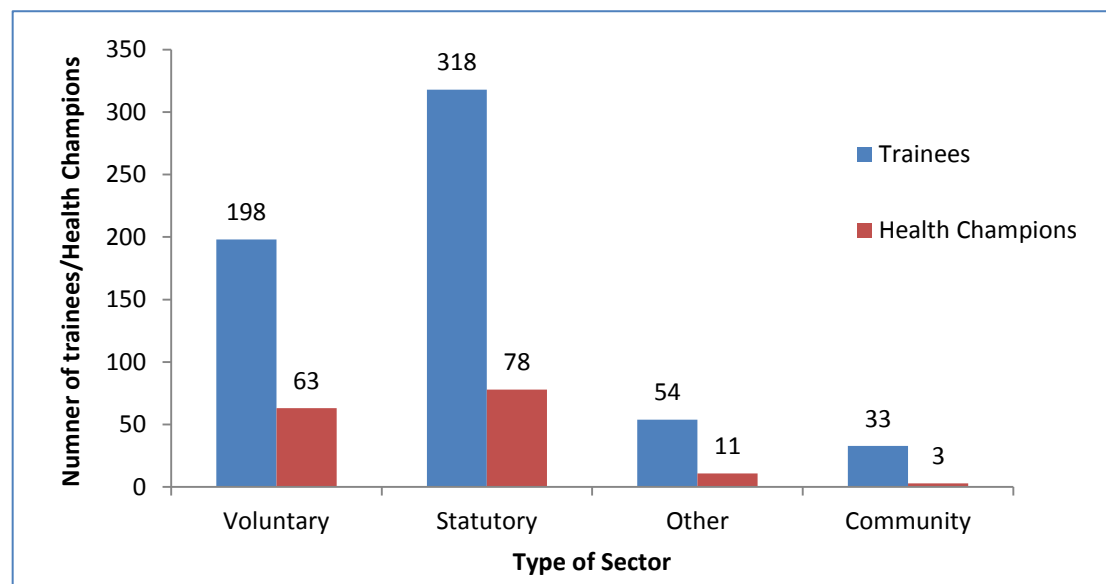
198 (33%) Voluntary; 318 (53%) Statutory; 33 (5%) Community; 54 (9%) Other.

The statutory section contains organisations which large public sector organisations such as Sunderland City Council, Fire and Rescue, PCT, the voluntary category includes individuals volunteering at any organisations and the community category includes smaller community statutory organisations such as primary care centres, pharmacies and any paid community workers within community settings. Any organisation who does not fit with the other categories such as social housing groups such as Gentoo, Sunderland Association Football Club Foundation etc. are listed within the other category.

### *Sector (Health Champions)*

Statutory 78 (50%), Voluntary 63 (41%), Community 3 (2%), Other 11 (7%).

**Figure 2. Locality of programme trainees and Health Champions in Voluntary/ Community/ Statutory or “Other” sectors**



### *Organisations*

The organisation with the highest number of trainee Health Champions is Sunderland City Council (127). Significant numbers of trainees are also based at: Bridge Women’s Support Centre (38), Adult Social Care (25), Box Youth Project (22), Turning Point (22), Tyne & Wear Fire & Rescue (18), Public Health Sunderland tPCT (18), South Tyneside NHS Foundation Trust Health Trainer (17) and Gentoo (23). Table 2 shows organisations with more than 10 trainees. The full list is presented in Appendix 5.

**Table 2: Trainee organisations with more than 10 trainees**

<b>Organisation</b>	<b>Number of trainees</b>
Bridge Women’s Support Centre	38
Sunderland City Council Health Housing and Adult Services	37
Adult Social Care	25
Box Youth Project	22
Turning Point	22
Tyne & Wear Fire & Rescue	18
Public Health Sunderland Teaching Primary Care Trust	18
South Tyneside NHS Foundation Trust Health Trainer	17

NECA	16
Gentoo Living	14
Sunderland City Council Library	13
Volunteer Centre Sunderland	13
Sunderland City Council Sport and Leisure	12
Sunderland Exercise Referral Team	12
XL Youth Village	12
Sunderland City Council Switch	10

### 4.1.2 Champions

To December 2011, 155 health champions were fully trained (had attended all five courses). 128 (83%) were female and 27 (17%) were male.

#### *Locality*

110 (71%) City Wide; 29 (19%) Washington; 16 (10%) West

#### *Organisations*

Sunderland City Council is the organisation with highest number of Health Champions (29), followed by Turning Point (12), Public Health Sunderland tPCT (11), NECA (7), Bridge Women's Support Centre (7), Gentoo Living (6), and Tyne & Wear Fire & Rescue (6). Table 3 below summarises the number of Health Champions within their organisational locations.

**Table 3: Health Champions Organisations**

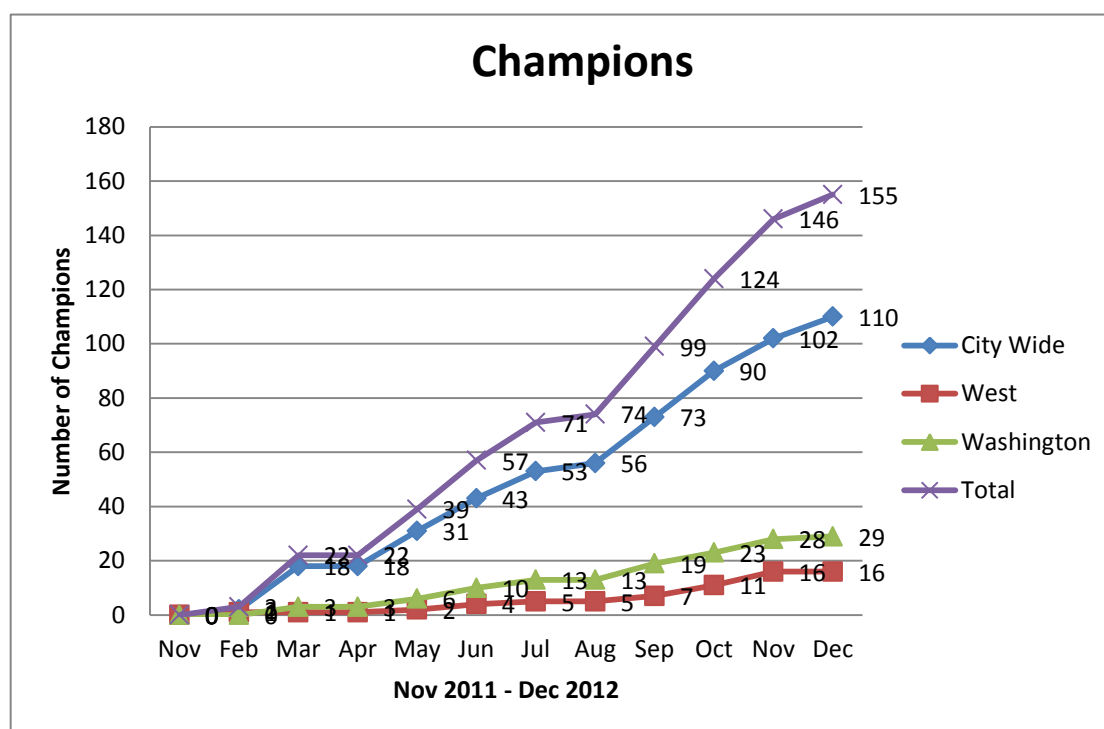
<b>Organisation</b>	<b>Number of Champions</b>	<b>Organisation</b>	<b>Number of Champions</b>
Turning Point	12	Futures Team HHAS	1
Public Health Sunderland tPCT	11	Gay Advice Sunderland	1
Sunderland City Council Switch	8	Happy House Surgery	1
NECA	7	Healthy Community Collaborative	1
Bridge Women's Support Centre	7	Home Carer	1
Gentoo Living	6	NECA Housing	1
Tyne & Wear Fire & Rescue	6	NHS South of Tyne and Wear	1
South Tyneside NHS Foundation Trust Health Trainer	5	North East Council for Addictions	1
Sunderland City Council	4	Northumbria Police	1

<b>Organisation</b>	<b>Number of Champions</b>	<b>Organisation</b>	<b>Number of Champions</b>
Councillors			
Health Housing and Adult services	4	Northumbria Probation service	1
Bernicia group	3	Northumbria Probation Trust	1
HMRC	3	NTW Mental Health Trust	1
JobCentre Plus	3	Outreach Worker Victim Support	1
Sunderland City Council Wellness Programme	3	People Into Employment (PIE)	1
Youth Drug and Project (YDAP)	3	Promoting Health Volunteer Coordinator	1
B Active N B Fit CIC	2	Services for Disabled Children	1
Box Youth Project	2	South Of Tyne and Wear Community Health services	1
Department of Work and Pensions	2	Sunderland TPCT Bank nurse	1
ETEC Development Trust	2	Sunderland tPCT Oral Health Promotion	1
Farrington Jubilee Centre	2	Sunderland Children's Centres	1
International Community Organisation of Sunderland	2	Sunderland City Council Extended services	1
Job Linkage	2	Encompass Healthcare	1
Promoting Health Volunteer	2	Sunderland City Council Independent Living Centre	1
Sunderland City Council	3	Sunderland City Council NGCA	1
Sunderland City Council Children's services	3	Sunderland City Council Sport and Leisure	1
Sunderland City Council City services	2	Sunderland City Council Provider Service	1
Sunderland Training Education Farm	2	Sunderland Mind	1
Youth Offending service	2	Sunderland tPCT provider	1
Age UK Sunderland	1	Victim Support	1
Alzheimer's Society	1	Volunteer	1
Child and Family services	1	Volunteer Nursery Nurse	1
Children's services	1	Washington Millennium Centre Trust	1
City of Sunderland College	1	Washington Mind	1
Developing Initiatives Support	1	XL Youth Village	1

Organisation	Number of Champions	Organisation	Number of Champions
Communities (DISC)			
Unknown	1	Youth Almighty Project	1

Figure 3 below details the recruitment of the Health Champions across specific geographical areas as well as showing the time period in which the recruitment took place. The figure shows that recruitment steadily grew across time and all areas as the programme became more firmly established.

**Figure 3. Recruitment of Health Champions**



## 4.2 Results – survey

### 4.2.1 Survey respondents

52 people completed the survey online and a further six returned paper copies either by request to the research team or by completing them during focus group interviews, making a total of 58 that were returned, a response rate of 40%. This is an excellent response rate showing a high level of engagement from those involved in the training programme. In addition this good response rate ensures that the findings discussed within this report have a high level of validity.

Tables 4 to 7 below summarise the demographic characteristics of the survey respondents, and compare these to the Sunderland population in general, where such data is available.



**Table 4: Age of Health Champions compared to total resident population of Sunderland**

<b>Age groups</b>	<b>Number (percentage) of Health Champions</b>	<b>Number (percentage) of total resident population of Sunderland (280 807)</b>
<b>16-24</b>	3 (5.2%)	33 873 (12.1%)
<b>25-44</b>	32 (55.2%)	79 725 (28.4%)
<b>45-64</b>	20 (34.5%)	52 842 (18.8%)
<b>65+</b>	2 (3.4%)	43 776 (15.6%)

*(2001 Census Factcard –Sunderland)*

Table 4 shows that the majority of survey respondents (55%) were in the 25-44 age bracket, while another large group (35%) were aged 45-64. Three respondents were aged 16-24, and two were over 65. 48 respondents (83%) were female and 10 (17%) were male.

**Table 5: Ethnicity of Health Champions compared to total resident population of Sunderland**

<b>Ethnicity</b>	<b>Number (percentage) of Health Champions</b>	<b>Number (percentage) of total resident population of Sunderland (280 807)</b>
<b>White</b>	53 (91%) British 1 (2%) Irish 2 (3%) Other	275, 571 (98.1%)
<b>Mixed</b>	-	1,090 (0.4%)
<b>Asian or Asian British</b>	2 (3%)	2810 (1.0%)
<b>Black or Black British</b>	-	362 (0.1%)
<b>Chinese or other</b>	-	974 (0.3%)

*(2001 Census Factcard –Sunderland)*

Table 5 shows that the vast majority of survey respondents were White British (91%), with one White Irish, two White other (not British or Irish) and two Asian other (not Indian, Pakistani or Bangladeshi). These responses are consistent with the resident population of Sunderland as demonstrated by the comparison presented in the table.

**Table 6: Health Champions with Limiting Long term Illness compared to total resident population of Sunderland**

	<b>Number (percentage) of Health Champions</b>	<b>Number (percentage) of total resident population of Sunderland (280 807)</b>
<b>Limiting Long Term Illness</b>	4 (7%)	67 394 (24%)

Four (7%) survey respondents reported that they had a disability.

**Table 7: Educational level of Health Champions**

<b>Educated to age</b>	<b>Number (percentage) of Health Champions</b>
<b>15 or under</b>	2 (3%)
<b>16-18</b>	17 (29%)
<b>19-23</b>	12 (21%)
<b>24+</b>	15 (26%)
<b>Still studying</b>	11 (19%)

Table 7 shows that most survey respondents continued education to age 16 or beyond, with more than half continuing their education beyond age 18, and 11 reported that they were still studying. Thus, the majority of the respondents had remained in education longer than the usual compulsory requirements for the UK.

Those completing the survey were also asked about their employment status. The majority of respondents were in full time paid work, a total of 38 people (66%). The remainder of the respondents reported being in part time paid work (13 respondents, comprising 22%) or alternatively working as volunteers (19%).

#### **4.2.2 Context of training**

The respondents were asked about where they expected to use their training and their responses indicated that the training was relevant to a wide range of settings;

- 23 (40%) expected to use it in health care,
- 17 (29%) in social care
- 22 (38%) in other public sector settings
- 13 (22%) in charity settings
- 17 (29%) in education
- 16 (28%) in the community.

Other settings that survey respondents mentioned were: to colleagues, office based; in the community for Gentoo tenants; everyday living network (2); substance misuse; within role as oral health promoter; in the community; in my voluntary work; family and friends; youth centres.

Respondents were also asked about what routine tasks they performed in the context in which they expected to use the Health Champions training. Again a wide range of contexts was reported by the respondents

- 19 (33%) selected 'Office work dealing mainly with colleagues',
- 19 (33%) selected 'Desk based work dealing mainly with service users, clients or customers',
- 10 (17%) selected 'Out and about delivering training',
- the majority 40 (69%) selected 'Out and about working with service users, clients and customers'.

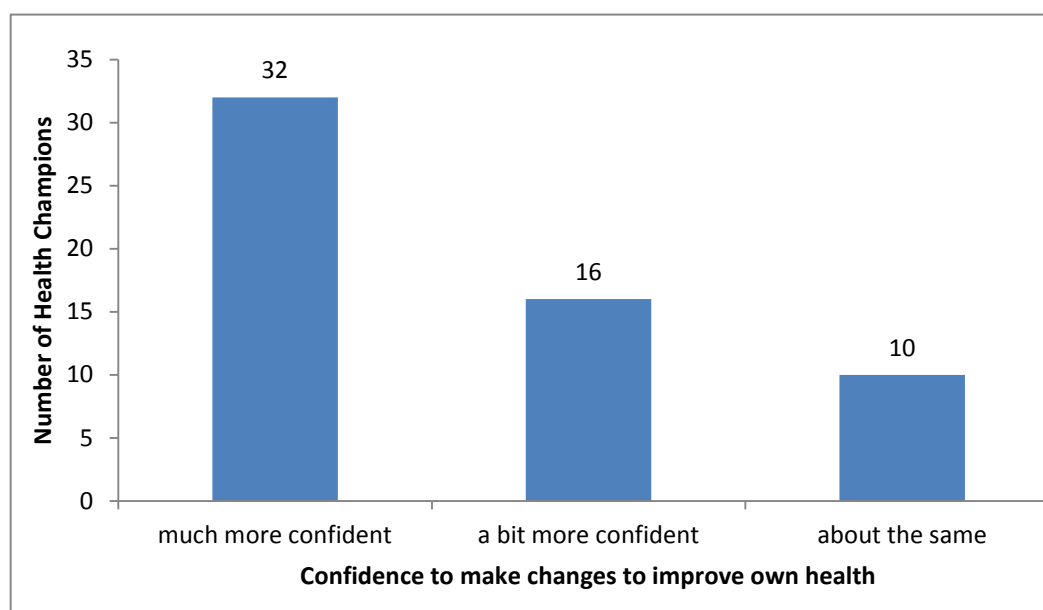
Other tasks mentioned by survey respondents were: with young people through youth work in a Youth Club setting and wider community; working in treatment rooms; delivering drop in sessions.

### **4.2.3 Personal impact on training participants**

Respondents were asked about the impact of training on their own health relating to the programme objective of raising awareness and promoting lifestyle change amongst training participants. When they were asked about using what they you learned in the training to try to improve their own health, the majority of respondents said that they had. 48 respondents (83%) replied 'Yes' while 10 (17%) replied 'No'.

Respondents were then asked about their confidence levels in relation to the training; 'Since receiving the training do you feel more or less confident to make changes to improve your own health?'. Ten respondents (17%) reported no change, while the remaining 48 (83%) reported that they felt more confident to make changes to improve their own health, with the majority (32, or 55%) feeling 'much more confident'. Thus, the majority of respondents felt that they had increased confidence in terms of making changes and improvements in relation to their own health, demonstrated in figure 4.

**Figure 4. Confidence to make changes to improve own health**

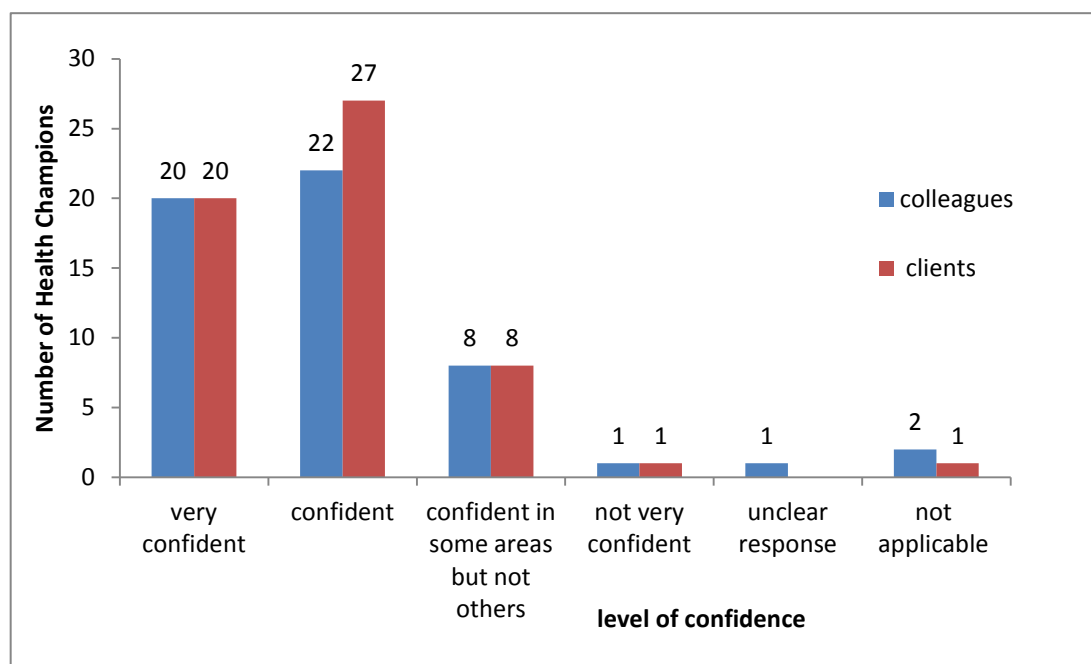


#### **4.2.4 Findings - applying the champion role**

In order to gather evidence on the second programme objective of encouraging staff, volunteers and community organisations to identify and act upon opportunities to promote health with the service users with whom they have routine contact, respondents were asked about whether they were applying the training in the survey. The survey asked them if they had used what they learned in the training to try to improve the health of people seen routinely at work. The majority of the respondents has used their training within a work context in order to improve health, with 40 people (69%) responding 'Yes' while 18 people (31%) responded 'No'.

The survey also asked people to report upon their confidence levels after receiving the training, specifically asking 'how confident do you feel in applying what you have learned to improve the health of people you have routine contact with at work or as a volunteer?' Overall increased confidence was clear from the answers that the respondents provided. For those respondents reporting the highest levels of confidence, there were no differences in working with colleagues or clients. However, for those who felt confident rather than very confident they expressed different levels of confidence dependent upon the group with which they were working, thus there was more confidence working with clients, customers and service users compared to colleagues, as demonstrated in figure 5.

**Figure 5. Confidence to apply what they have learned to improve the health of people they have routine contact with (colleagues and clients)**



*Confidence with colleagues*

22 people (38%) reported that they felt confident, with a further 20 (35%) feeling very confident. Eight people (14%) felt confident in some areas but not in others, while one (2%) was not very confident.

*Confidence with clients, customers or service users*

27 people (47%) reported that they felt confident, with a further 20 (35%) feeling very confident. Eight (14%) were confident in some areas but not others, while one (2%) did not feel very confident.

Following on from exploring confidence levels, the survey then asked people 'How easy is it for you to create opportunities to apply what you have learned with people you see routinely at work or as a volunteer?' Again the responses compared the creation of opportunities to use the training with both colleagues and clients. Here figure 6 shows that the opportunities for applying learning were seen as similar irrespective of the group being worked with. Thus, there were no significant differences in the opportunities created with colleagues or indeed with clients, customers or service users.

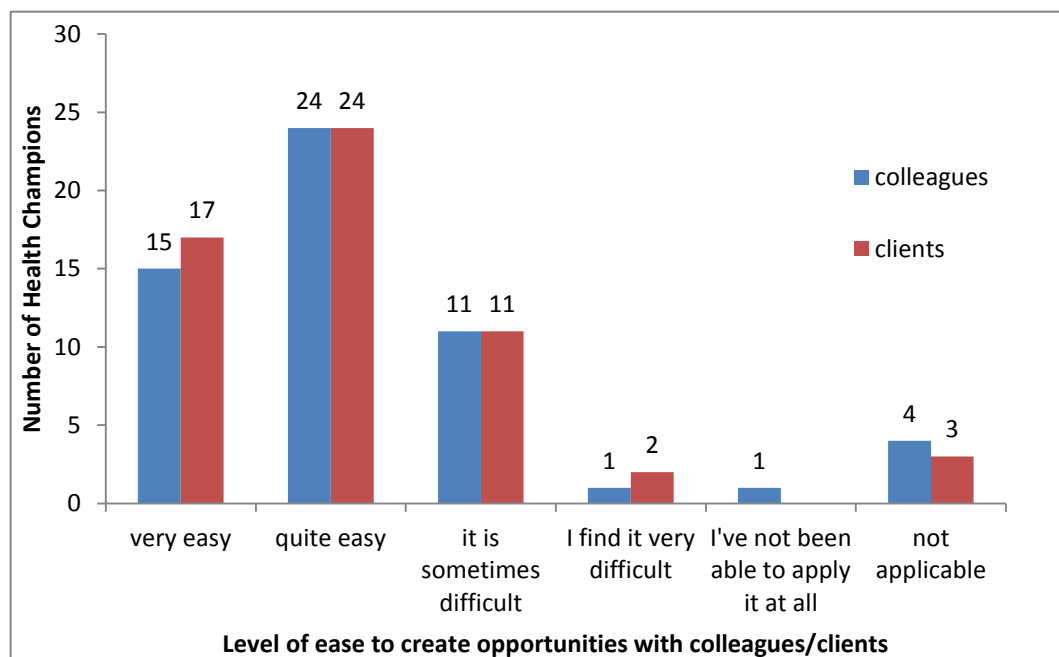
*Creating opportunities with colleagues*

24 (41%) reported that they found it quite easy to create opportunities to share what they had learned with colleagues, with a further 15 (26%) finding it very easy. Eleven (19%) reported that it was sometimes difficult, while one (2%) found it very difficult and one (2%) had not been able to apply the training at all.

*Creating opportunities with clients, customers or service users*

24 (41%) reported that they found it quite easy to create opportunities to share what they had learned with client, customers or service users, with a further 17 (29%) finding it very easy. Eleven (19%) reported that it was sometimes difficult, with two (3%) finding it very difficult. Figure 6 below summarises the creation of opportunities for the application of learning across contacts amongst the Health Champions.

**Figure 6. Level of ease to create opportunities to apply what they had learned with people they routinely see at work or as a volunteer (colleagues and clients)**



The survey then specifically asked for quantification of signposting within a recent time-frame. Respondents were asked 'Approximately how many times in the last two weeks have you signposted people to other services?'

*Signposting to colleagues*

25 people (47%) had signposted colleagues to other services in the last two weeks, with four people signposting more than ten times.

*Signposting to clients, customers or service users*

37 people (67%) had signposted clients, customers or service users to other services in the last two weeks, with 8 people signposting more than ten times.

All signposting with colleagues, clients, customers and service users is summarised in figure 7 below.

**Figure 7. Number of times Health Champions have signposted colleagues and clients to other services in the last two weeks**

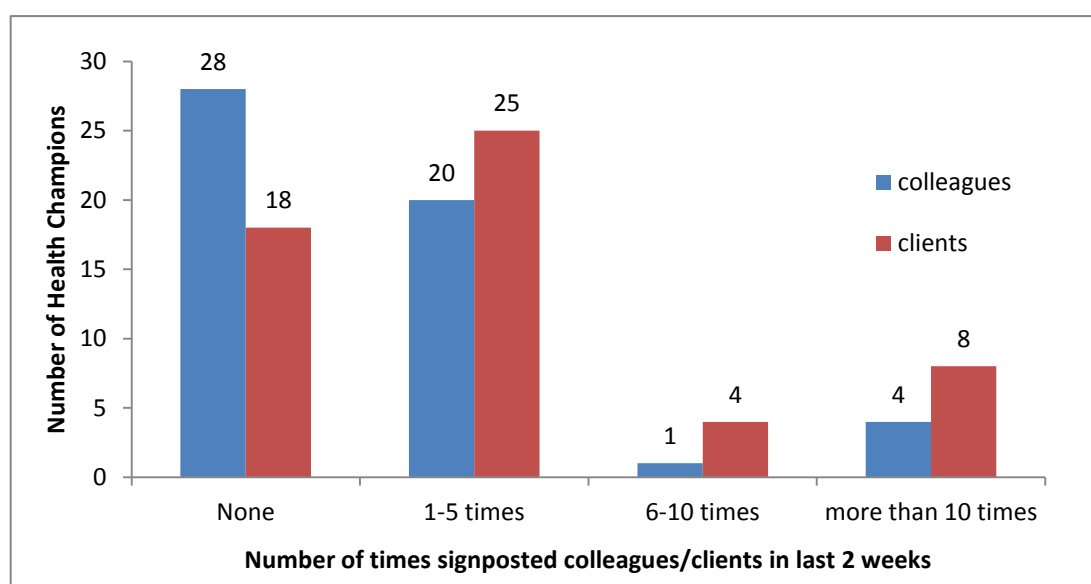


Figure 7 shows that the level of signposting activity was significant, with some Health Champions signposting more than 10 times within the 2 week time-frame measured. There was also a significant range of signposting that has occurred with a variety of organisations being used as part of this process. People who responded to the question signposted to the following organisations: NHS Smoking/ No Smoking Services; Citizens Advice Bureau (for financial circumstances); DLA (not specified in any further detail) ; Bridge; Gym/ Leisure centres; NECA; Health Trainers Services; Health Walk; Mental Health and Wellbeing; Counselling; Community and Cultural activities; Children's/ Surestart centre; NERAF( Northern Engagement into Recovery Alcohol Foundation); Counted 4; Young people; Wearside credit union; GP; Finance support groups; Independent Living Centre; Practice nurse; Chemists (pharmacist); Leaflets given on smoking, drinking and other issues.

In addition to the signposting aspect of the health champion role, the training also provided champions with the skills to use brief interventions related to both smoking and alcohol. Survey respondents were asked 'Approximately how many times in the last two weeks have you been able to use the Stop Smoking brief intervention?'

#### *Stop smoking intervention with colleagues*

Eleven people (21%) had used the Stop Smoking brief intervention in the last two weeks with colleagues, and one person had used it more than ten times.

#### *Stop smoking intervention with clients, customers or service users*

23 people (43%) had used the Stop Smoking brief intervention in the last two weeks with clients, customers or service users, with 4 using it more than 10 times.

The survey respondents were then similarly asked 'how many times in the last two weeks have you been able to use the Alcohol brief intervention?'

### Alcohol intervention with colleagues

Ten people (19%) had used the Alcohol brief intervention with colleagues in the last two weeks.

### Alcohol intervention with clients, customers or service users

22 people (42%) had used the Alcohol brief intervention with clients, customers or service users in the last two weeks, with 9 people using it more than 10 times.

Figure 8 below summarises the use of brief interventions for both smoking and alcohol, within the specific 2 week time period measured within the survey.

**Figure 8. Number of times Health Champions had used Stop smoking and Alcohol brief interventions with colleagues and clients in the last two weeks**

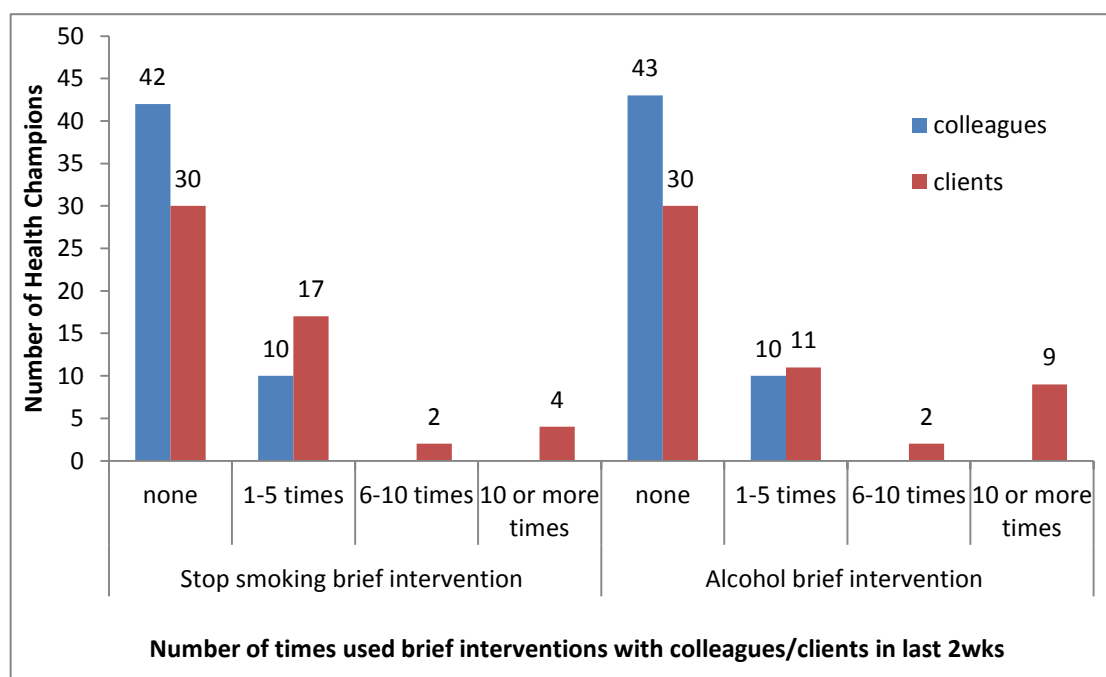
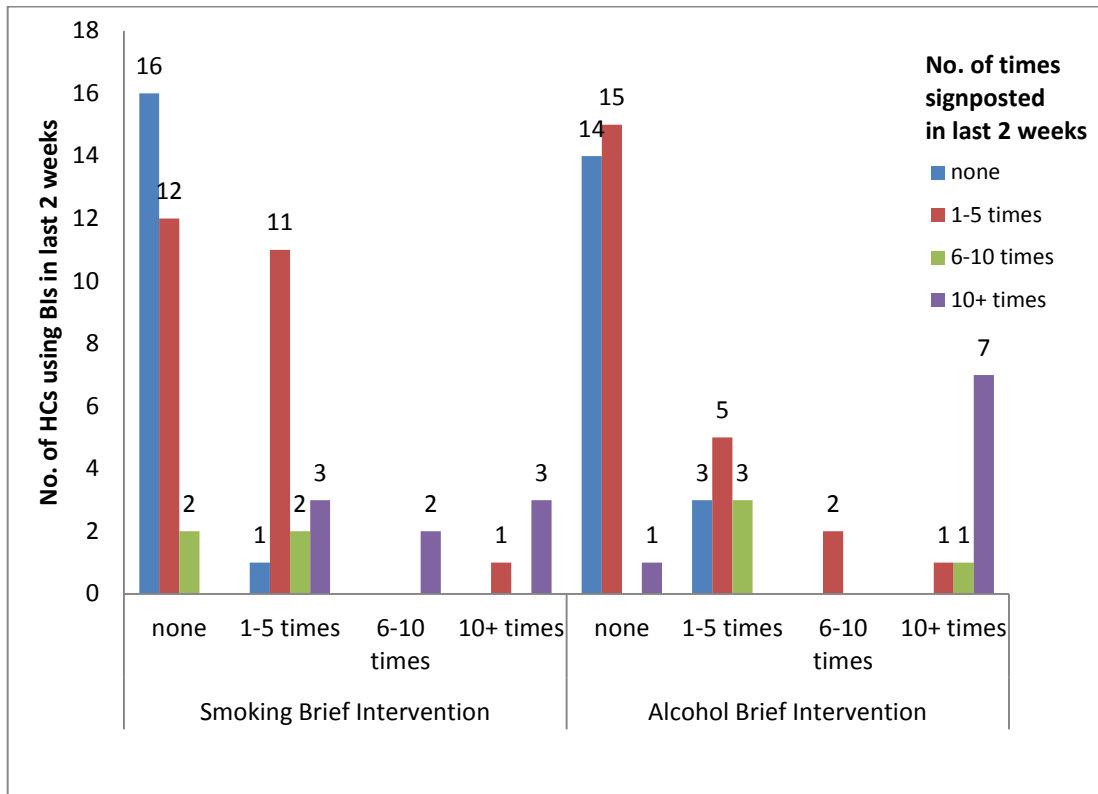


Figure 8 shows that there was a significant level of signposting as well as a significant use of brief interventions. Indeed, there was a clear relationship between signposting to other services and using brief interventions for smoking or alcohol with clients in the last two weeks. When the survey responses to these three items were compared, it can be seen (figure 9) that people who had not signposted clients to other services were also the most likely to have not used the brief interventions, while those who had signposted more than 10 times in the last two weeks were likely to have also used the brief interventions more than 10 times. The Pearson correlation coefficients for the relationship between signposting and use of the smoking brief intervention, and between signposting and use of the alcohol brief intervention, were both statistically significant ( $p < 0.0001$ ).

**Figure 9. Relationship between signposting to other services and use of brief interventions in last two weeks**





The survey also asked the Health Champions 'Approximately how many times in the last two weeks have you been able to raise awareness of health issues in other ways?', again comparing colleagues and clients/customers/service users. Figure 10 again demonstrates a high level of activity amongst Health Champions in terms of raising health awareness. Most activity had taken place with clients however, there was still significant health awareness raising occurring with colleagues.

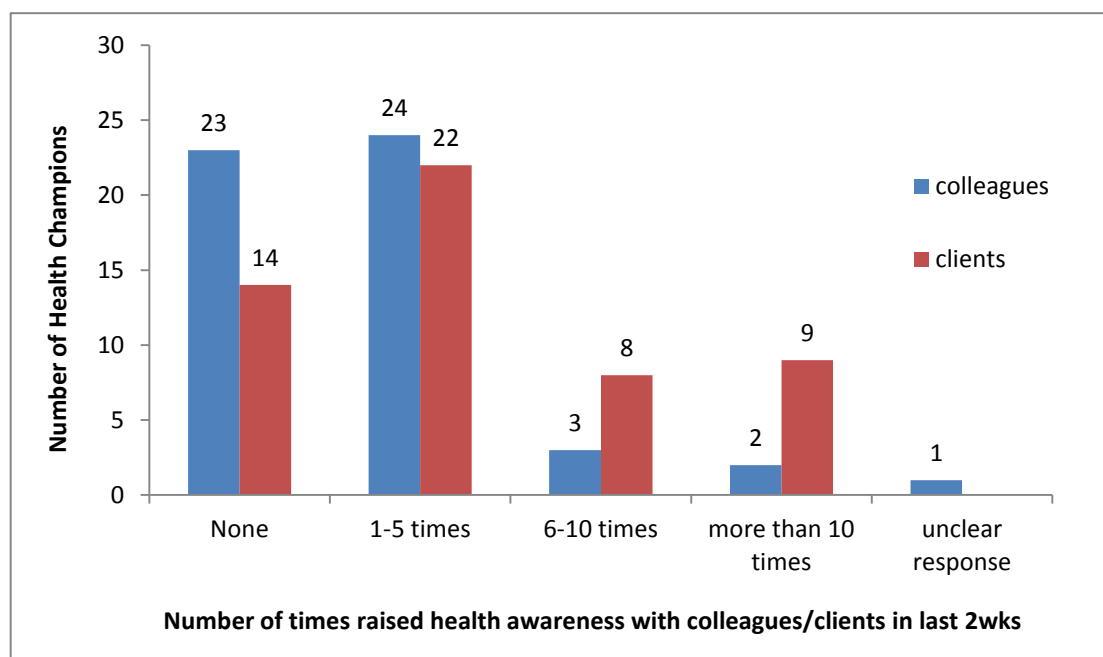
#### *Raising awareness of health issues with colleagues*

29 people (55%) had been able to raise health awareness with colleagues in other ways in the last two weeks.

#### *Raising awareness of health issues with clients, customers or service users*

39 people (74%) had been able to raise health awareness in other ways with clients, customers or service users in the last two weeks.

**Figure 10. Number of times Health Champions were able to raise health awareness with colleagues and clients in the last two weeks**

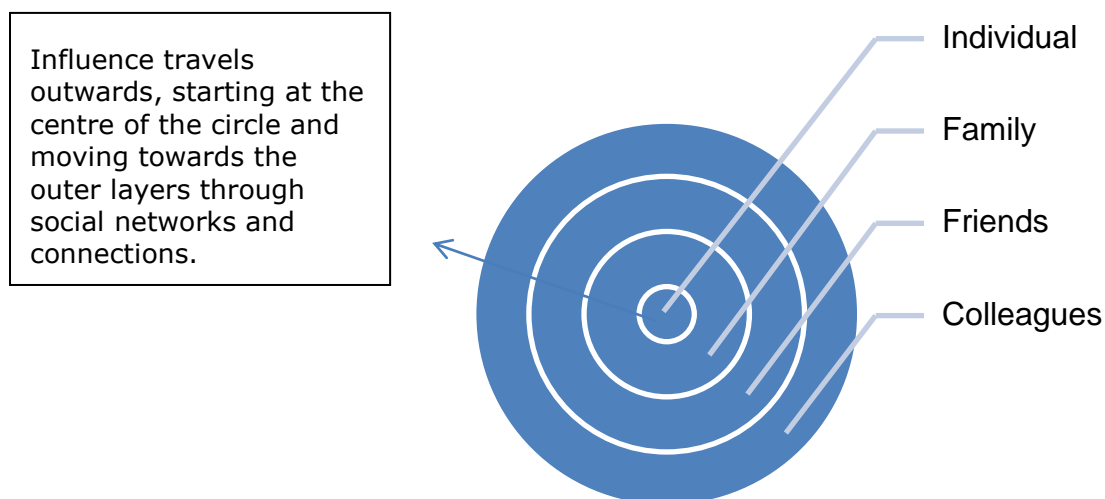


## 4.2.5 Circles of Influence

### *Friends and Family*

The survey explored the way in which Health Champions were using their knowledge and training in relation to the concept of circles of influence, starting with themselves at the centre of the circle and then moving outwards to influence others through their social networks. Given that the organisation with the highest number of trainee Health Champions is Sunderland City Council (127) and that Sunderland Employees who live within the boundaries of Sunderland Council is 61.1%, the evaluation data shows that a significant number of Health Champions trained and working within the local authority, also live in the Sunderland area. This is important in relation to the circles of influence that these individuals have as it is likely that in influencing their friends, family and colleagues that they are trying to improve health within the locality of Sunderland. Indeed, also making changes at the individual level will again impact upon local health outcomes, where there has been a clearly identified need.

**Figure 11 Circles of Influence Diagram**



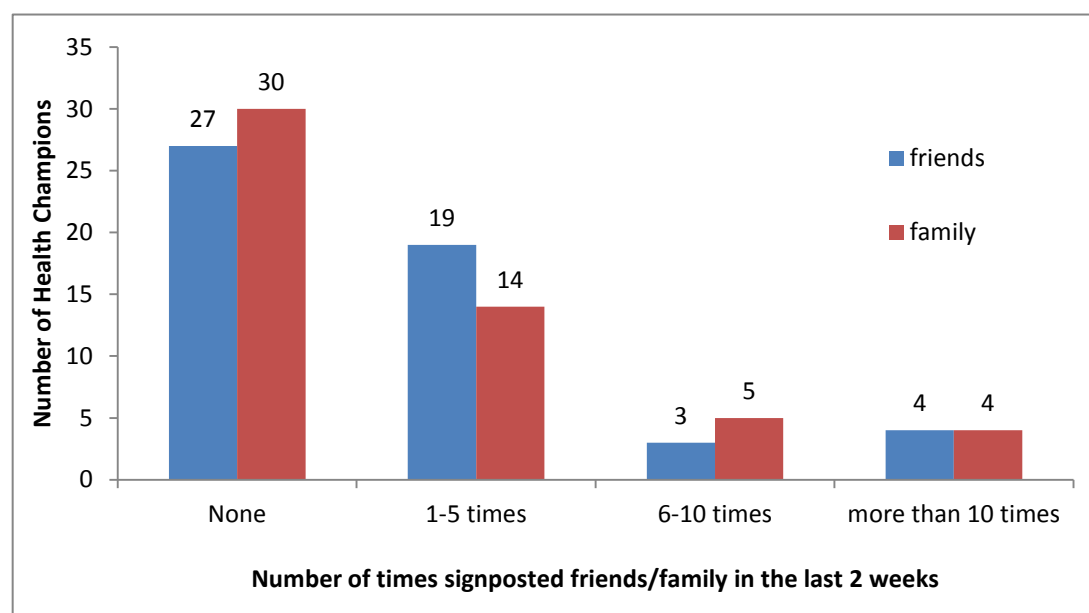
Health Champions were asked 'Have you used what you learned in the training to try to improve the health of friends and family?' The majority had used their training within the context of their friends and family. 37 people (64%) responded 'Yes', while 21 people (36%) responded 'No'.

Champions were also asked about how they had used signposting within the same context, 'Approximately how many times in the last two weeks have you signposted people to other services?' Whilst there was less signposting, this was still significant with almost half signposting their family and friends. Thus,

- 26 people (49%) had signposted friends to other services in the last two weeks, with 4 people signposting more than 10 times
- 23 people (43%) had signposted family to other services in the previous two weeks, with 4 signposting more than 10 times.

Figure 12 represents signposting amongst friends and family members of the Health Champions.

**Figure 12. Number of times Health Champions had signposted friends and family to other services in the last two weeks**



The survey also explored the use of brief interventions amongst family and friends, asking 'Approximately how many times in the last two weeks have you been able to use the Stop Smoking brief intervention?' The responses showed that

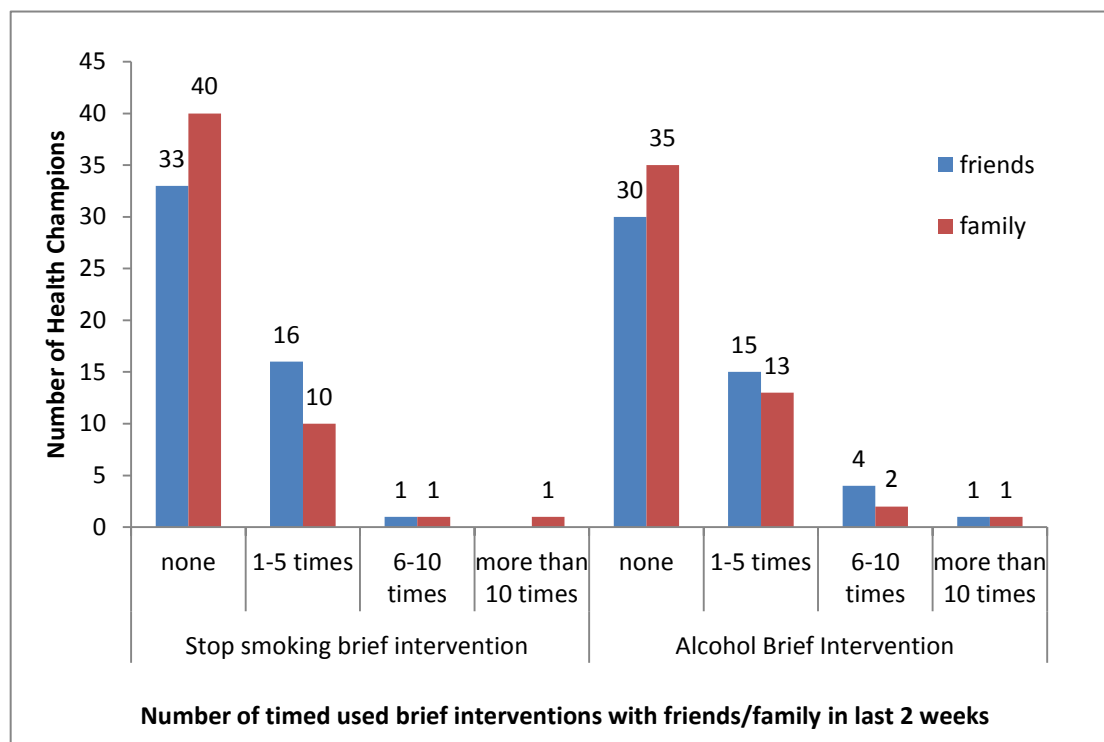
- 26 people (49%) had used the Stop Smoking brief intervention with friends in the previous two weeks, with 4 using it more than 10 times.
- Twelve people (23%) had used the intervention with family in the last two weeks.

Similar rates of the use of the alcohol brief intervention were also reported amongst friends and family

- Twenty people (40%) reported that they had used the Alcohol brief intervention with friends in the last two weeks.
- Sixteen people (31%) had used the intervention with family in the previous two weeks.

Figure 13 (below) represents the use of brief interventions for both smoking and alcohol within the family and friends context of those trained as Health Champions.

**Figure 13. Number of times Health Champions had used Stop smoking and Alcohol brief interventions with friends and family in the last two weeks**

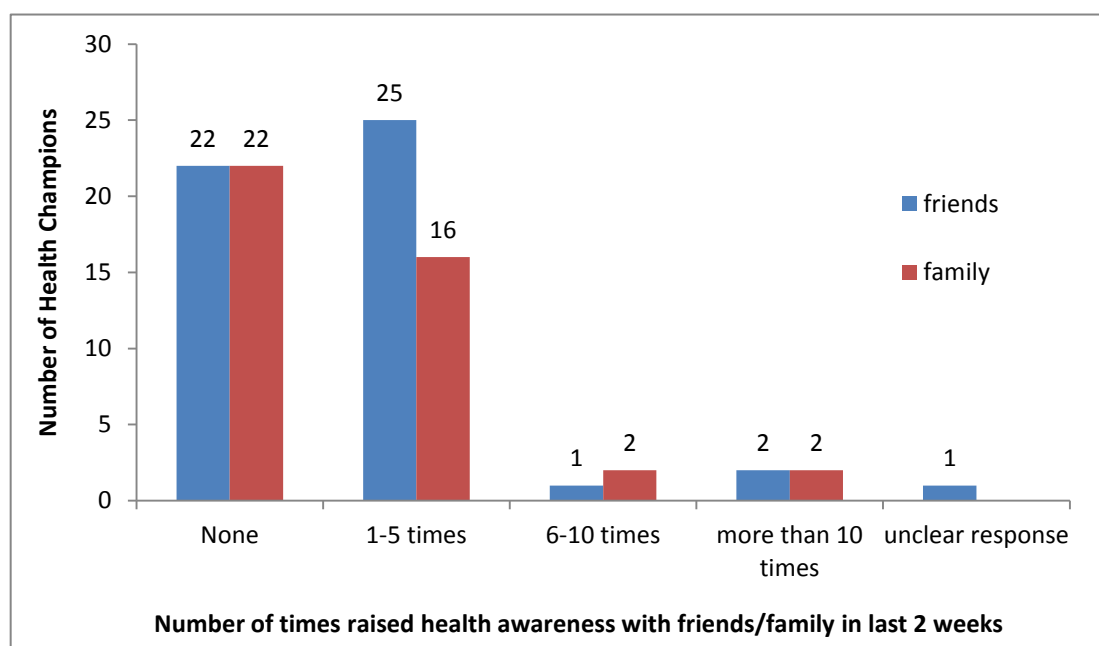


Health Champions were also asked to report about how much they had raised awareness of health, again within the same 2 week time frame. Their responses showed that

- 28 people (55%) had raised awareness among friends in the previous two weeks,
- 30 people (58%) had raised awareness among family.

Figure 14 (below) represents the levels of health related awareness raising within the family and friends context of those trained as Health Champions.

**Figure 14. Number of times Health Champions have been able to raise awareness of health issues in other ways (with friends and family) in the last two weeks**



### ***Wider community***

In measuring how Health Champions were using their training, again exploring their circles of influence, there was a survey question asking them 'Have you used what you learned in the training to try to improve the health of the wider community?' More than half of them responded that they had used their training with the wider community; 32 people (55%) responded 'Yes' while 26 people (45%) responded 'No'.

Signposting levels were then measured within the content of the wider community by asking champions 'Approximately how many times in the last two weeks have you signposted people to other services?' 22 people (41%) had signposted people in the wider community to other services in the last two weeks, with six signposting more than 10 times. The levels of signposting within the wider community are summarised within figure 14 below.

The number of brief interventions used was also measured across the 2 week time period.

#### *Smoking brief intervention with the wider community*

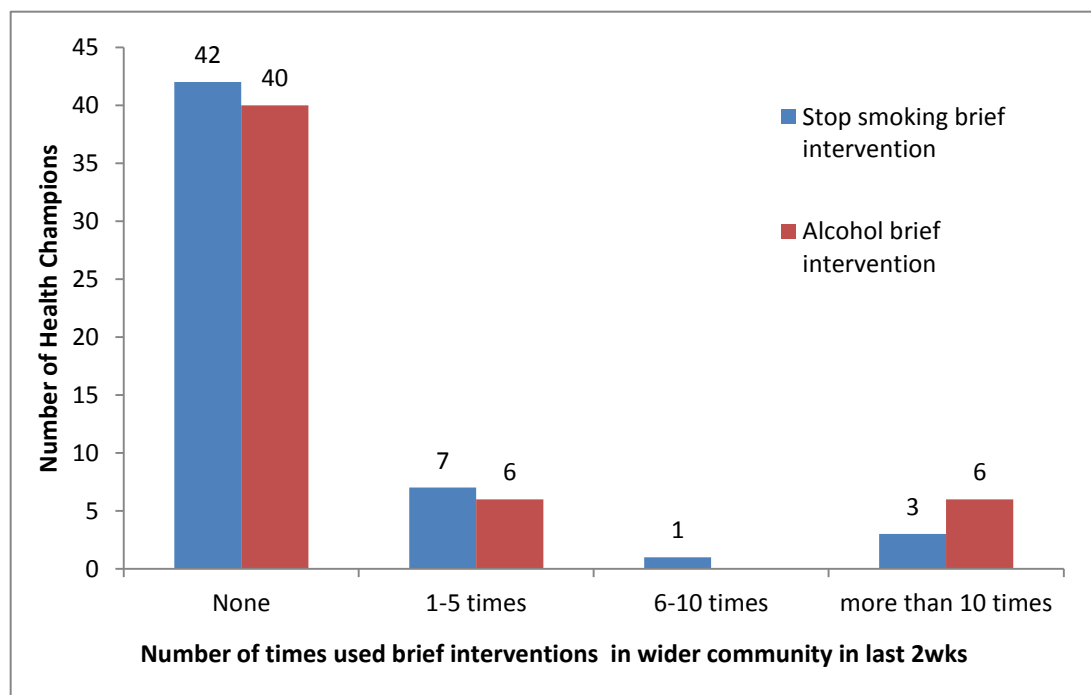
Eleven people (21%) had used the Stop Smoking brief intervention in the wider community in the past two weeks, with three people using it more than 10 times.

#### *Alcohol brief intervention with the wider community*

Twelve people (23%) had used the Alcohol brief intervention with people in the wider community in the past two weeks, with half of these using it more than ten times.

The use of both brief interventions within the context of the wider community is summarised below in figure 15.

**Figure 15. Number of times Health Champions have used Stop smoking and Alcohol brief interventions with people in the wider community in the last two weeks**



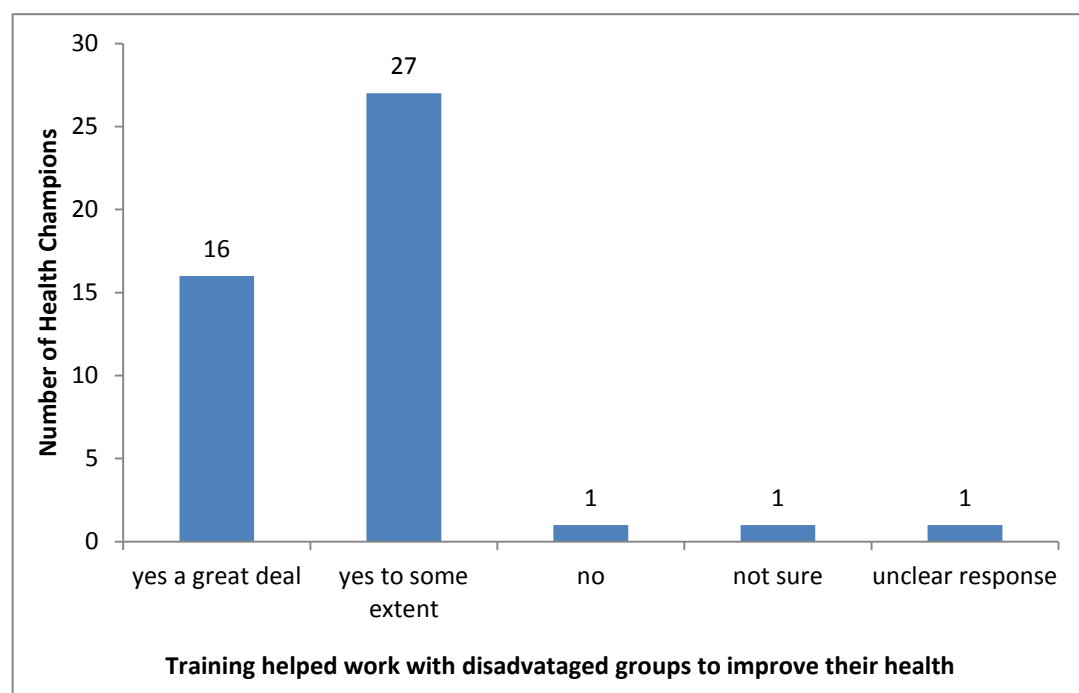
Champions were then asked 'Approximately how many times in the last two weeks have you been able to raise awareness of health issues in other ways?' 24 people (46%) reported that they had been able to raise health awareness in the wider community over the past two weeks, shown below in figure 16.

#### **4.2.6 Disadvantaged Groups**

Health Champions were asked 'At work or in the community, are you in contact with people who are disadvantaged in health or social terms?' The majority of respondents reported that they had contact with individuals considered to be part of disadvantaged groups. 46 people (79%) replied 'yes', they are in contact with people who are disadvantaged in health or social terms. 6 people (10.5%) thought they were not in contact with disadvantaged people and six (10.5%) were not sure.

Of the 46 people who were in contact with disadvantaged groups, the majority 43 (93%) felt that the training had made it easier to help them to improve their health, with 16 (35%) saying it had helped a great deal. One respondent thought it had not helped, one was not sure and one did not respond clearly. Figure 16 summarises the relationship between the training and being able to help those within disadvantaged groups.

**Figure 16. Whether training helped Health Champions to work with disadvantaged groups of people to improve their health**



#### 4.2.7 Views on training

The Health Champions training comprises five courses run by different providers: Understanding Health Improvement; Emotional Health and Resilience; Financial Capability; Smoking Brief Intervention; and Alcohol Brief Intervention. Survey participants were asked how relevant they felt each course had been to their work as a Health Champion, summarised in table 8.

**Table 8. Relevance of each training module to their Health Champion work**

Training module	Number of Health Champions (percentage)			
	Very relevant	Some parts were relevant	Not at all relevant	Unclear response
<b>Understanding Health Improvement</b>	43 (75%)	13 (23%)	-	1 (2%)
<b>Emotional Health and Resilience</b>	50 (86%)	8 (14%)	-	-
<b>Financial Capabilities</b>	36 (62%)	17 (29%)	5 (9%)	-
<b>Smoking Brief Intervention</b>	40 (70%)	15 (26%)	2 (4%)	-
<b>Alcohol Brief intervention</b>	46 (79%)	12 (21%)	-	-



### *Understanding Health Improvement*

43 (75%) said the UHI course was very relevant to their Health Champion work, with another 13 (23%) saying that some parts were relevant.

### *Emotional Health and Resilience*

50 respondents (86%) said the EHR course was very relevant to their Health Champions work, with the remaining 8 (14%) saying that some parts were relevant.

### *Financial Capability*

36 respondents (62%) felt that the FC course was very relevant to their work as Health Champions, with a further 17 (29%) saying that some parts were relevant. Five respondents (9%) felt that this course was not at all relevant.

### *Smoking Brief Intervention*

Forty Health Champions (70%) felt that the SBI course was very relevant to their HC work, with a further 15 (26%) agreeing that some parts were relevant. Two respondents (4%) felt that this course was not at all relevant.

### *Alcohol Brief Intervention*

All survey respondents agreed that the ABI course was relevant to their work as Health Champions. 46 (79%) felt it was very relevant while 12 (21%) felt that some parts were relevant.

Further comments made by respondents can be found in Appendix 6.

## **4.3 Summary of quantitative analysis**

- By December 2011, there were 603 trainees in the Health Champions programme and 155 fully trained Health Champions. 79% of trainees and 83% of champions were female.
- Trainees and champions were spread across a range of organisations both statutory and third sector.
- 58 Health Champions completed an online survey. 83% were female, 91% White British, the majority aged 25-44 years. Most had continued their education past age 18, and four had a disability. The majority of survey respondents had a role outside the office, working with clients, customers or service users.
- There was some evidence that participation in training had an influence on the respondents' health awareness. 83% of survey respondents felt more

confident to make changes to improve their own health, with 55% feeling much more confident.

- Over two thirds of survey respondents had used the training to try to improve the health of people they saw at work. 82% felt confident or very confident to apply what they had learned to improve the health of clients, customers or service users, and 70% found it easy or very easy to create opportunities to do this.
- Respondents reported that they were actively signposting to other services. For example, in the last two weeks, 47% of survey respondents had signposted colleagues and 67% had signposted client, customers or service users to other services.
- The majority of survey respondents reported having used the training to try to improve the health of friends and family, and in the wider community. In addition, 55% of survey respondents had raised awareness of health with colleagues and 74% with clients, customers or service users.
- There was some evidence that respondents were using both the smoking and alcohol brief intervention. For example, in the last two weeks, 49% of survey respondents had used the smoking brief intervention with friends, 23% had used it with family and 21% had used it in the wider community.
- Most respondents found the different modules of the training course very relevant to their work as Health Champions, ranging from 86% finding the *Emotional Health and Resilience* module very relevant through to 62% for the Financial Capability course.

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## 4 Synthesis

### **Results synthesis**

This section aims to synthesise the main evaluation findings. These findings have been derived from data collected through interviews with key stakeholders, focus groups with Health Champions, a survey of Health Champions and analysis of monitoring data. From these sources it is possible to identify some clear themes relating to the impact the programme has made both to individuals, the wider community and to addressing health inequalities.

One of the overarching objectives of the Health Champion programme is to improve health and to reduce health inequalities by March 2014. However, in order to achieve this goal, there are a number of critical steps required. This section, therefore, reports the programme's 'theory of change' (Judge and Bauld, 2001) where evaluators seek to understand and make explicit how processes of working contribute to longer term outcomes. This theory of change has been informed by the objectives of the Health Champion programme and evidenced through the data derived from the evaluation methods outlined previously.

#### **Step 1 – Build a training program to develop Health Champions in Sunderland who are responsive to local needs**

Although the evaluation of the training programme was not the primary focus of the evaluation, it was necessary to understand how individuals were prepared for the Health Champion role. Both the qualitative and quantitative data suggests that individuals were adequately prepared for the role and overall the training was received positively. The survey data demonstrates that Health Champions found the five training modules 'very relevant', with the Emotional Health and Resilience module being particularly beneficial.

#### **Step 2 – Recruit and train a minimum of 500 Sunderland Health Champions by March 2013**

To date, there have been 603 people taking part in the training programme. Of these, over one-quarter have attended all five of the pre-requisite Health Champion training modules. Those people that have attended training have been mostly from the statutory sector with Sunderland City Council accommodating the highest number of Health Champions in their organisation.

A wide range of organisations were involved in the Health Champion programme, including organisations in the community and voluntary sector and those working with disadvantaged groups. The findings from the monitoring data indicate that the programme has achieved good reach and scale in a relatively short time period.

One theme emerging from the qualitative data was the variation in the way Health Champions had been recruited onto the programme. There were some indications that those who self-referred onto the programme, rather than being requested to by their employer, were more enthusiastic and motivated by the role. This claim would, however, require further validation through quantitative approaches. In terms of future sustainability, the programme may wish to consider the programme's recruitment processes as several key stakeholders did highlight problems with opening up the programme to all front-line workers and voluntary sector staff. Their main concern was based upon the cost-effectiveness of offering free training to people across the city – not all of whom, they felt, would have the personal attributes (i.e. listening skills, empathy, being non-judgemental) to become effective Health Champions.

### **Step 3 – Increase the ability of front-line staff/volunteers to positively influence the health of themselves and others through shared knowledge, active brief intervention and signposting by completion of all five training modules**

As noted, the data shows that Health Champions were adequately prepared for their role through the training programme. Since receiving the training, the majority of Health Champions felt 'confident or 'very confident' in applying what they had learned with colleagues, clients, customers or service users. In general, Health Champions perceived the training as complementing and enhancing their existing working practices. Perhaps more significantly, Health Champions understood the boundaries of their role and were clear as to the limitations of their expertise as 'lay' health advisors.

The evidence from the evaluation strongly suggests that the outcomes for Health Champions as individuals were positive as a result of the programme. Not only were Health Champions more aware of the wider determinants of health (e.g. stress, debt, unemployment etc.) and how they interconnected, but Health Champions also reported increased self-confidence and self-esteem through completing the training. In many cases, this translated into Health Champions becoming more motivated to make modifications to their own lifestyle. For example, the survey data showed that more than eight out of ten Health Champions had tried to improve their own health as a result of what they had learned. The findings reported in this evaluation confirm the growing evidence base on people working in Health Champion roles and the positive contribution this can make to their own health and well-being (Robinson et al., 2010; White et al., 2010; Woodall et al., 2012). Indeed, a recent literature review demonstrated the personal gains for lay people engaging in public health roles which included improvements in self-esteem, empowerment and enabling people to feel that they are making a contribution (South et al., 2010a).

### **Step 4 – Foster an on-going feeling of shared responsibility and identification amongst Health Champions for improving the health of the local population and addressing health inequalities**

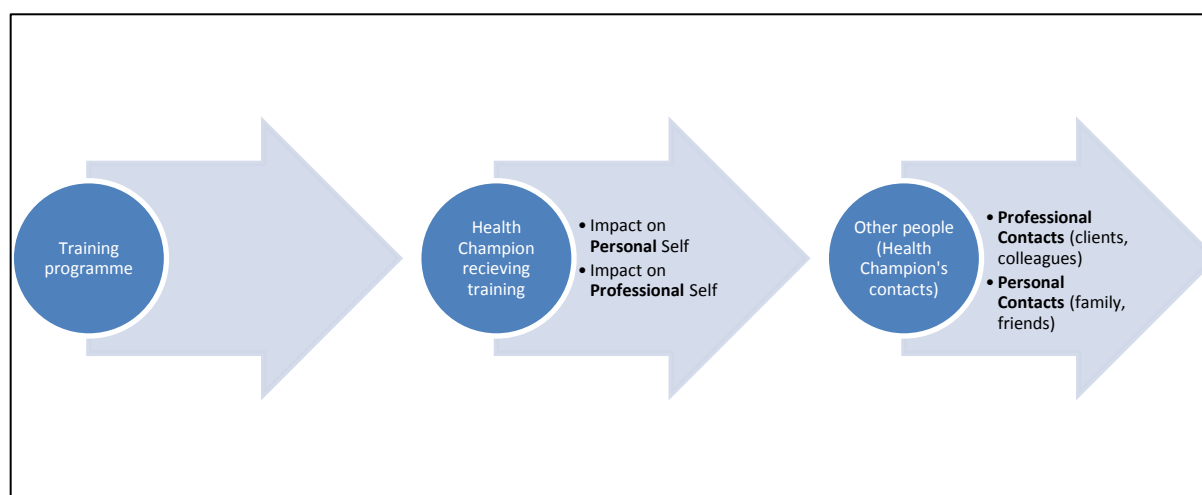
Health champions talked confidently about the impact they had made with friends and family, especially in relation to raising awareness of health issues. For instance, just under two-thirds of the Health Champions had used what they had learned in the training to try to improve the health of their family or friends. Many Health Champions had successfully modified their family and friends'

lifestyle choices and changes to alcohol intake and smoking were often mentioned. Interestingly, however, both the qualitative and quantitative findings suggest that Health Champions were less inclined to signpost their friends and family onto other services. Instead they saw their role as providing information and giving support informally as part of normal conversation and daily domestic activities.

The evidence suggests that Health Champions were making a difference to the health of the wider community. This was primarily through the contacts (i.e. clients, customers, service users) who they were engaging with on a day-to-day basis in their work-life. Health Champions often reported having increased success with supporting individuals when there was a mutual understanding of the health issues concerned. This may suggest that the concept of being 'a peer' is particularly important to the Health Champion model and in addressing the health needs of the local community. For example, 'being drawn from the target community' is considered one of the key aspects of a community health champion type role (South et al., 2010b). Several key stakeholders discussed the importance of front-line workers 'making every contact count' and the importance of raising awareness of specific health issues. Indeed, the survey demonstrates that the vast majority of Health Champions do feel able to do this, as 81.1% of survey respondents felt 'confident' or 'very confident' in applying what they had learned with clients, customers or service users.

Figure 1 shows the direct impact that the training programme has had on the participants who have undergone it and the subsequent impact that it has had on other people. The training has had a direct, and very positive, impact on the participants in two ways – on their personal selves (for example, in terms of effecting changes on their health behaviours) and on their professional selves (for example, in terms of increasing their self-confidence and their ability to do their jobs more effectively). Moreover, a further effect of the training is the impact of it through the participants on other people (contacts). 'Other people' can be categorised into two distinct groups – contacts made within a personal capacity (such as family and friends) and contacts made within a professional capacity (such as colleagues and clients).

**Figure 1. The impact of the Health Champion training programme**



The findings from the evaluation support the existing evidence about Health Champions becoming an important element of the lay public health workforce (White et al., 2010). Our findings show that Health Champions, as opposed to some health professionals, are seen as:

- More accessible;
- Use lay, non-specialist language and think holistically about health and well-being;
- Are non-judgemental;
- Usually have rapport and trust with the people they work with.

However, Health Champions were not unanimously supported after the training programme and most respondents advocated for greater support mechanisms to be put in place. Evidence points to the importance of supporting Champions in their roles. South et al. (2010b) argued that failure to provide good training, personal development and support is likely to lead to a high turnover of Champions. Some Health Champions in Sunderland did feel isolated in their role and suggested greater opportunities for meeting other Health Champions across the City would be beneficial. The monitoring data clearly shows some organisations with a 'critical mass' of Health Champions where 30 or more Champions are present. Conversely, other organisations only had one Health Champion. A further issue to arise in relation to the support provided to Health Champions was maintaining an updated view of the services that Champions could signpost people to. There were some concerns that services may become closed or relocated and this would be detrimental to signposting people effectively. Given the findings from the evaluation and suggestions in the wider literature, the programme may wish to consider how best to support Champions, particularly those who feel isolated as Champions in their organisations, after the training programme.

### **Step 5 – Spread the Sunderland Health Champion model through organizations across the City to support a whole systems approach to improving health and reducing health inequalities by March 2014**

It is apparent from this evaluation, that Health Champions in Sunderland are making a valuable contribution to addressing the health and well-being of the local community. Moreover, the programme is raising health awareness and promoting lifestyle change with the Champions themselves. Universally, Health Champions and key stakeholders were committed to the continuation of the programme as they generally believed that the concept 'worked' in terms of engaging communities to think about their health. Stakeholders did raise the issue of evaluation and monitoring and argued that tools needed to be more sensitive to capture the wider benefits

There is clearly potential for the programme to be 'scaled up' in terms of people being recruited and trained as Health Champions. However, our data would indicate that it is currently too early in the programme's life-span for it to be considered as a 'social movement'. The enthusiasm of the current Health Champions is certainly a catalyst for moving forward, but the Health Champion concept will have to engage with more organisations and reach into other communities (the Bangladeshi community in Sunderland was provided as an example).

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## 5 Conclusions and issues for consideration

The strategic aim of the Health Champions Programme is to improve the health of all disadvantaged communities in Sunderland by developing Health Champions to support local people in positively addressing the health determinants and accessing appropriate services. This independent evaluation found that there is good evidence from both quantitative and qualitative findings that the programme is building individual and organisational capacity to address health issues within local communities and workplaces. Health Champions see the training as relevant to their lives and many are motivated to take health messages out to others. It was notable that participation in the programme has increased confidence and health awareness, in some cases leading to positive behaviour changes. There is evidence that Health Champions are able to apply the training in their work and in their personal lives.

The Sunderland Health Champions Programme has an ambitious aim of creating a social movement by utilising and expanding Health Champions' circles of influence - family and friends, clients, wider community - in relation to health improvement. The evaluation used a Theory of Change approach to examine whether and how these circles of influence are being achieved. Health Champions were found to be utilising the learning from the training to try to influence friends and family in informal ways and to signpost colleagues and clients to other services. It is recognised that building a social movement will take time and health impact will depend both on having a critical mass of Health Champions and on having access to a range of appropriate services to support individuals and families.

### ***5.1 Issues for consideration***

Whilst the Sunderland Health Champions programme has successfully established an effective mechanism to engage a lay public health workforce, it will be important to continue to build community and organisational capacity to support Health Champions in their work. The evaluation has highlighted some issues which can be considered in future planning. These are discussed below.

- The Health Champions programme has aimed at wide engagement, recruiting across multiple organisations. As the cohort of champions begins to develop, consideration needs to be given to recruitment strategies. Inevitably there has to be a 'trade-off' between recruiting large numbers, and focusing resources on developing those individuals who are interested in taking on the role. Enthusiasm and commitment are seen as essential to the Health Champion role and this may be counter to a policy of employers mandating individuals to go on the course. One option would be to offer a taster course to gauge interest before individuals committed to the five modules.
- Understanding drop-off and why people drop out would help the programme make decisions about recruitment and retention. Monitoring whether people stay involved in role after initial training is important as good

retention rates in the course and in continuing engagement with the programme will maximise efficient use of resources.

- There is a need for on-going support to Health Champions in their role. This could be achieved through mutual support where cohorts of Champions work together in organisations. However given the small numbers of Health Champions in many organisations, and the potential for isolation in the role, investment in a network of champions would be more appropriate. Bringing Champions together at regular intervals to network, to share learning and to celebrate success would serve to motivate, inspire and support people in the role. This would also help build the social movement and reinforce a shared identity.
- While evidence of short term impact on participating individuals has been demonstrated, it is important that the medium and long term health outcomes are evaluated over time. Nevertheless it will be challenging to capture impact where Health Champions are promoting health in informal ways or delivering brief interventions. Consideration should be given to monitoring systems to capture of the Health Champion activity. Collecting data on signposting would enable the tPCT to see if Health Champions are able to increase uptake to preventive and support services.
- Stakeholders understand that the effectiveness of the Health Champions in supporting lifestyle change and addressing health inequalities in Sunderland will be dependent on a wider infrastructure of support services. Health Champions are in a key position in the community to provide community intelligence into the commissioning cycle – highlighting issues of need in relation to the determinants of health.



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# Appendix 1 Interviews with key stakeholders

## Background

Can you tell me something about the nature and history of your involvement with the Health Champions programme?

## Health Champion role

From your perspective, can you tell me what Health Champions do?

Who becomes a Health Champion?

What motivates people to become HCs and to undertake the training programme?

Who are Health Champions working with (who are their 'target' communities)?

What qualities or personal attributes makes a good Health Champion?

Do you think that HC's have a clear identity linked to the training?

## Recruitment and training

Are you aware of how Health Champions are recruited?

How does the training equip individuals in becoming a HC?

- Can you identify any gaps in the training provided?
- Does the training prepare people for the role within the setting in which they work?

How do people use their training? i.e. what do they do with it?

What's in place to support the smooth running of the programme, and in particular the HCs?

Are people supported to perform the HC role once they have completed the HC training?

## Implementation and delivery

Are you able to comment on how HCs are working in practice?

- Any challenges?
- How are these being addressed?

What's your view on how the Health Champion role is perceived? (by target community? PCT?)

## Impact on individual/community health

Do you think that Health Champions have been successful in supporting people to become healthier?

From your perspective do you believe that Health Champions themselves have changed in terms of confidence, skills or personal development?

How have the HCs made an impact on the service/organisation in general?

Are HCs making a difference to the communities and 'circles of influence' they are working in?

### **Learning and sustainability**

Are there aspects of the Health Champion programme which you think are particularly important to sustain long term?

Can you summarise what you think is different about Health Champions and what learning has come from programme?

Do you think that Health Champions have a role to play in addressing public health?

Do you see the programme as a 'social movement' that can achieve "industrial scale" changes in people's health? (Do HC's feel that they are part of something bigger which brings people together as HC's (social movement)?)

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## Appendix 2 Health Champion (focus group guide)

What do you do as a HC?

What is your primary role?

How did you get involved?

What motivates you to work as a HC?

What do the people you talk to think about you being a HC?

Probe here about *who* they are talking to i.e. their 'circle of influence'

What difference do you think it's made to the people you talk to?

What qualities do you think people need to be a HC?

What difference has being a health champion made to you?

Any examples?

Do you now think differently about the influences on people's health?

Do you feel that part of something bigger which brings people together as HC's (social movement)?

What support do you think health champions need to do their job well?

What about the training provided?

Has it equipped you adequately to fulfil the HC role?

Did the training prepare you for the HC role within the setting in which you work?

How do you use your their training? i.e. what do you do with it?

Which parts have you found most/least useful?

Any gaps in the training provided?

What about support from Managers? The Health Champion Programme? Other HCs?

Do you feel supported to perform the HC role after you completed the training?

Do you feel part of a wider network of Health Champions?

Do you think that you and the other health champions have a clear identity linked to the training?

What difference do you think health champions are making with the people and communities they are working with?

Do you think HCs are having a positive impact on health?

Have you signposted people to services?

What's different about what HCs bring to their role as compared to other staff in the PCT/NHS?

How do you think HCs are perceived by the community? PCT? NHS?

Do you think HCs could play a wider role than they currently do in addressing the health of communities?

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# Appendix 3a Consent Form

## Sunderland Health Champions Evaluation

CONSENT FORM
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Name.....

	Please Tick
I agree to take part in the above evaluation and I am willing to take part in an interview or a focus group.	
I have read and understood the Participant Information Leaflet. All my questions about this evaluation have been satisfactorily answered.	
I understand that my participation in this study is voluntary and that I am free to withdraw whenever I wish.	
I understand that the discussions will be recorded and written down but the recordings will be destroyed after the evaluation.	
I know that all the information about me (and other participants) must remain strictly private and confidential.	
I agree that the evaluation results can be published. I understand that all personal identifying details will be excluded and that any quotations will be made anonymous.	

Signed ..... Date .....

I ....., a member of the Centre for Health Promotion Research, confirm that I have informed the above named about this evaluation. To the best of my knowledge, they have understood and have given free and informed consent to become a participant in the evaluation.

Signed ..... Date .....

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# Appendix 3b Information sheet for participant

## **Please read this form carefully**

We would like to invite you to take part in an evaluation about your experiences as a Health Champion. This sheet tells you the purpose of the evaluation and what will happen if you take part.

Please take time to read the following information carefully and discuss it with friends, relatives and your family if you wish to. Please do not hesitate to ask us if there is anything that is unclear or if you would like more information.

### **WHY ARE DOING THIS EVALUATION?**

Leeds Metropolitan University have been asked by Sunderland TPCT to carry out an evaluation of the Health Champion's programme. The overall aim of this evaluation is to understand how the Health Champions programme is contributing to health improvements within Sunderland.

### **WHY HAVE I BEEN INVITED?**

We would like to find out about your work and learn first-hand from you about the role of a Health Champion. We will be exploring your motivations to becoming a Health Champion, the training and support you have received as well as asking you about your experiences in your role as a Health Champion.

### **WHAT WILL HAPPEN IF I TAKE PART?**

We are planning 2 group discussions with 15 to 20 people who are Health Champions. At the workshops, we will talk to you in a focus group with other Health Champions. With your permission parts of the group discussion may be audio recorded. We will keep these as records but only research staff will have access to them. The recordings will be destroyed after the evaluation.

### **DO I HAVE TO TAKE PART?**

It is entirely up to you to decide whether you want to take part. If you give permission, we'll contact you with the date of the group discussions and ask you to let us know if you want to come. If you decide to take part, you will be given this information sheet to keep. You will also be asked to sign a 'consent' form on the day. If you decide to participate, you are still free to stop at any time without giving a reason. No questions will be asked if you decide to pull out.

### **HOW WILL THE INFORMATION BE USED?**

Your feedback is very important to us and will help us to learn about the programme. We will be producing a report and also may write up findings for other publications and conferences.

## **EXPENSES AND PAYMENTS**

We'll pay for reasonable travel expenses on the day. We can also pay for childcare expenses, provided you agree this with us in advance. As we are a public institution, we will require receipts for all expenses claimed.

And as a thank you for giving up your time we'll be giving all participants high street shopping vouchers worth £20.

During the workshop, we shall provide refreshments.

## **WILL MY TAKING PART IN THIS EVALUATION BE KEPT CONFIDENTIAL?**

Yes. This means that your name will not be used at any point where we are reporting results, including when we give feedback to the programme. After the interview information will be stored securely and only the evaluation team at the University will have access to it.

## **Contact us**

We will look forward to meeting you but in the meantime if you have any other questions please call or email a member of the evaluation team at Leeds Metropolitan University. The team members are:

### **Louise Warwick-Booth**

Centre for Health Promotion Research

Faculty of Health and Social Sciences

Tel: 0113 812 4341

E-mail: [l.warwick-booth@leedsmet.ac.uk](mailto:l.warwick-booth@leedsmet.ac.uk)



### **James Woodall**

Centre for Health Promotion Research

Faculty of Health and Social Sciences

Tel: 0113 283 24436

E-mail: [j.woodall@leedsmet.ac.uk](mailto:j.woodall@leedsmet.ac.uk)



### **Rhiannon Day**

Centre for Health Promotion Research

Faculty of Health and Social Sciences

Tel: 0113 812 4372

E-mail: [r.day@leedsmet.ac.uk](mailto:r.day@leedsmet.ac.uk)



**Thank you for taking the time to read about the evaluation**



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# Appendix 3c Information sheet for participants

## **Please read this form carefully**

We would like to invite you to take part in an evaluation about your experiences as a health champion. This sheet tells you the purpose of the evaluation and what will happen if you take part.

Please take time to read the following information carefully and discuss it with friends, relatives and your family if you wish to. Please do not hesitate to ask us if there is anything that is unclear or if you would like more information.

### **WHY ARE DOING THIS EVALUATION?**

Leeds Metropolitan University have been asked by Sunderland TPCT to carry out an evaluation of the health champion's programme. The overall aim of this evaluation is to understand how the Health Champions programme is contributing to health improvements within Sunderland.

### **WHY HAVE I BEEN INVITED?**

We would like to find out about your work and learn first-hand from you about the role of a health champion. We will be exploring your motivations to becoming a health champion, the training and support you have received as well as asking you about your experiences in your role as a health champion.

### **WHAT WILL HAPPEN IF I TAKE PART?**

We are planning 3 group discussions with 15 to 20 people who are health champions. At the workshops, we will talk to you in a focus group with other health champions. With your permission parts of the group discussion may be audio recorded. We will keep these as records but only research staff will have access to them. The recordings will be destroyed after the evaluation.

### **DO I HAVE TO TAKE PART?**

It is entirely up to you to decide whether you want to take part. If you give permission, we'll contact you with the date of the group discussions and ask you to let us know if you want to come. If you decide to take part, you will be given this information sheet to keep. You will also be asked to sign a 'consent' form on the day. If you decide to participate, you are still free to stop at any time without giving a reason. No questions will be asked if you decide to pull out.

### **HOW WILL THE INFORMATION BE USED?**

Your feedback is very important to us and will help us to learn about the programme. We will be producing a report and also may write up findings for other publications and conferences.

### **EXPENSES AND PAYMENTS**

During the workshop, we shall provide refreshments.

### **WILL MY TAKING PART IN THIS EVALUATION BE KEPT CONFIDENTIAL?**

Yes. This means that your name will not be used at any point where we are reporting results, including when we give feedback to the programme. After the interview information will be stored securely and only the evaluation team at the University will have access to it.

## Contact us

We will look forward to meeting you but in the meantime if you have any other questions please call or email a member of the evaluation team at Leeds Metropolitan University. The team members are:

### **Louise Warwick-Booth**

Centre for Health Promotion Research

Faculty of Health and Social Sciences

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### **James Woodall**

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**Thank you for taking the time to read about the evaluation**

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## Appendix 4 Health Champion Survey

### Sunderland Health Champions Survey

We would be grateful if you could complete this short survey. It should take 15 minutes or less. Please try to answer all the questions, but if you don't want to answer a question then do feel free to leave it blank.

1. When did you finish your Health Champions training? (e.g. April 2011)

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2. Have you used what you learned in the training to try to improve (TICK ALL THAT APPLY):

- your own health?
- the health of friends and family?
- the health of people you see routinely at work?
- the health of the wider community?
- I haven't used it yet

3. Since receiving the training do you feel more or less confident to make changes to improve YOUR OWN health? Please indicate to what extent your confidence has changed:

	<i>Much more confident</i>	<i>A bit more confident</i>	<i>About the same</i>	<i>Less confident</i>
PLEASE SELECT ONE: I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are you in paid work or are you a volunteer? (TICK ALL THAT APPLY)

- Paid full-time work
- Paid part-time work
- Voluntary work

5. Where do you expect to use your Health Champions training (for example, at work)? (TICK ALL THAT APPLY)

- Health care
- Social care
- Other public sector
- Charity
- Education
- Community organisation
- Sport and leisure

Other, please specify:

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**6. What tasks do you perform routinely in the context where you will use your Health Champions training (for example, at work)? (TICK ALL THAT APPLY)**

- Office work dealing mainly with colleagues
- Desk based work dealing mainly with service users, clients or customers
- Out and about delivering training
- Out and about working with service users, clients and customers

Other, please specify:

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**7. How relevant do you feel the training has been to your work as a Health Champion?**

	<i>Very relevant</i>	<i>Some parts were relevant</i>	<i>Not at all relevant</i>
Understanding Health Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health and Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Brief Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Brief Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Since receiving the training, how confident do you feel in applying what you have learned to improve the health of people you have routine contact with at work or as a volunteer?**

<i>Very confident</i>	<i>Confident</i>	<i>Confident in some areas but not others</i>	<i>Not very confident</i>	<i>Not at all confident</i>	<i>Not applicable</i>

With colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With clients, customers or service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. How easy is it for you to create opportunities to apply what you have learned with people you see routinely at work or as a volunteer?**

	<i>Very easy</i>	<i>Quite easy</i>	<i>It is sometimes difficult</i>	<i>I find it very difficult</i>	<i>I have not been able to apply the training at all</i>	<i>Not applicable</i>
With colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With clients, customers or service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. At work or in the community, are you in contact with people who are disadvantaged in health or social terms (for example, people who are homeless, drug users, or have financial difficulties)?**

	<i>Yes</i>	<i>No</i>	<i>Not sure</i>
Please select one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. If you are in contact with people who are disadvantaged, do you feel the training has made it easier for you to help these groups of people to improve their health?**

	<i>Yes, a great deal</i>	<i>Yes, to some extent</i>	<i>No</i>	<i>Not sure</i>
Please select one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. Approximately how many times in the last two weeks have you been able to promote health by SIGNPOSTING people to other services?**

	<i>None</i>	<i>1-5 times</i>	<i>6-10 times</i>	<i>more than 10 times</i>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients, customers or service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wider community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you have signposted people to other services, please state which ones:*

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**13. Approximately how many times in the last two weeks have you been able to use the STOP SMOKING brief intervention with people you are in contact with?**

	<i>None</i>	<i>1-5 times</i>	<i>6-10 times</i>	<i>More than 10 times</i>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients, customers or service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wider community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Approximately how many times in the last two weeks have you been able to use the ALCOHOL brief intervention with people you are in contact with?**

	<i>None</i>	<i>1-5 times</i>	<i>6-10 times</i>	<i>More than 10 times</i>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients, customers or service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wider community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. Approximately how many times in the last two weeks have you been able to RAISE AWARENESS of health issues in other ways with people you are in contact with?**

	<i>None</i>	<i>1-5 times</i>	<i>6-10 times</i>	<i>More than 10 times</i>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clients, customers or service users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wider community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following monitoring questions are for research purposes only and will not be used to identify you:

16. Which organisation do you work for?

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17. What is your home postcode?

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18. Are you male or female?

*Male* *Female*

Please select one:

19. What is your age?

*16 to 24* *25 to 44* *45 to 64* *65+*

Please select one:

20. How would you describe your ethnic background? (Please choose only one)

- White: British*
- White: Irish*
- Any other white background*
- Mixed: White and Black Caribbean*
- Mixed: White and Black African*
- Mixed: White and Asian*
- Any other mixed background*
- Asian: Indian*
- Asian: Pakistani*
- Asian: Bangladeshi*

- Any other Asian background*
- Black: Caribbean*
- Black: African*
- Any other black background*
- Chinese*
- Other*

**21. Do you have a disability?**

	Yes	No
Please select one:	<input type="checkbox"/>	<input type="checkbox"/>

**22. At what age did you finish your education?**

	<i>15 or under</i>	<i>16 to 18</i>	<i>19 to 23</i>	<i>24 plus</i>	<i>Still studying</i>
Please select one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. Do you have any other comments about using your training or about being a Health Champion?**

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**Thank you very much for completing the survey!**



Survey respondents were linked to the following organisations: B Active N B Fit CIC; Sunderland City Council (10); Bernicia – Ashkirk Homeless Unit (2); Training Organisation; Gentoo; Tyne and Wear Fire Service; DWP Jobcentreplus (2); SOTW (2); Turning Point (3); Sunderland tPCT (5); Alzheimer’s Society; NHS (4); South Tyneside Foundation Trust (3); SNCBC; Bridge Project; Age UK Sunderland; volunteer for several organisations; Happy House Surgery; Children’s Services; YMCA; St Marks’ Community Association; Sunderland Counselling Services; Northumbria Probation Trust; Mind; HMRC; Health Housing and Adult services; Public Health; City of Sunderland Riverside Training; ICOS/ Polish community.

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## Appendix 5 Trainee organisations with more than 10 trainees

<b>Organisation</b>	<b>Number of trainees</b>
Bridge Women's Support Centre	38
Sunderland City Council HHAS	37
Adult Social Care	25
Box Youth Project	22
Turning Point	22
Tyne & Wear Fire & Rescue	18
Public Health Sunderland tPCT	18
South Tyneside NHS FT Health Trainer	17
North East Council for Addictions	16
Gentoo Living	14
Sunderland City Council Library	13
Volunteer Centre	13
Sunderland City Council – Sport and Leisure	12
Sunderland Exercise Referral Team	12
XL Youth Village	12
Sunderland City Council – Switch	10
Counted 4 Community Interest Company	9
Washington Millennium Centre Trust	9
Washington Leisure Centre	8
HM Revenue and Customs	7
Sunderland City Council Children's Centres	7
Sunderland City Council Telecare	7
Washington Mind	7
DISC	6
Gentoo Sunderland	6
Sunderland City Council Children's Services	6
Sunderland City Council Councillors	6
Youth Drug and Alcohol Project	6

Dept Works and Pensions	5
PIE People Into Employment	5
Sunderland Association FC	5
Sunderland City Council Wellness Programme	5
Sunderland North CBC	5
Sunderland Training Education Farm	5
Age UK Sunderland	4
City of Sunderland College	4
Horizons FIP	4
Mental Health Matters	4
Northumbria Probation service	4
Promoting Health Volunteer	4
Sunderland City Council City Services	4
Sunderland City Council Occupational Health	4
Sunderland North Community Business Centre/ Job Linkage	4
B Active N B Fit CIC	3
Bernicia Group	3
City of Sunderland YMCA	3
Gentoo Group	3
Job Centre Plus	3
NHS South of Tyne & Wear Provider Development	3
Northumbria Police	3
NTW Mental Health Trust	3
Rowlands Pharmacy	3
Shiney Advice and Resource Project	3
Sunderland City Council Care and Support Service	3
Sunderland City Council Switch	3
Sunderland City Council Youth Development Group SCC	3
Sunderland Pride	3
Sunderland tPCT Provider	3
Boots Pharmacy	2
City Hospitals Sunderland	2

ETEC Development Trust	2
Farringdon Jubilee centre	2
G Whitfield Pharmacy	2
Happy House surgery	2
International Comm Org of Sund	2
KS 2/3 Behaviour Support SCC	2
Lambton Street Youth Centre	2
Leema Pharmacy	2
Lloyds Pharmacy	2
Lloyds Pharmacy Hendon	2
Pallion Action Group	2
Sunderland City Council CORA	2
Sunderland City Council Dock St	2
Sunderland City Council Extended Services	2
Sunderland City Council Family Information Service	2
Sunderland City Council RCCW	2
Sunderland City Council Street Scene	2
Sunderland City Council Youth Offending service	2
Sunderland Counselling Services	2
The Keys Project	2
Youth Almighty Project	2
Alzheimer's Society	1
Barnes Infant School	1
Behaviour Support	1
Continuum CIC	1
Unknown	1
Dr Stephenson and Partners	1
Encompass Healthcare	1
Extended Services Manager SSC	1
Futures Team HHAS	1
Gay Advice Sunderland	1
Headway Wearside	1
Healthy Community Collaborative	1
Hendon Young Peoples Project	1

Home Carer	1
Nexus	1
NHS South of Tyne & Wear Non Exec Director	1
Oblivion Youth Project	1
Oxclose Children's Centre	1

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## Appendix 6 Additional comments

The following comments were returned in the 'any other comments' field:

### **The "value" of the training**

"The health champion training is very valuable. It has enabled me to help others in a beneficial way as well as myself"

"Yes it has been the best life changing training I have ever done, it is something that can be used in work & family areas and as I am a volunteer with other organisations I can use it there as well. It has been a valuable learning tool and it gave me the chance to do the level 2 smoking cessation certificate which is not something I would have had the opportunity to do if not for the health champion course"

"Enjoyable and useful, I hope there are update and refresher session and also more topics in future"

"Really helpful and useful! Thanks"

"I enjoyed the training and it has been useful to myself, colleagues and family"

"This enabled me to feel much more confident and competent. I hope it continues and grows"

"It was an enjoyable learning experience and I would highly recommend it to others. Sunderland city council should be praised for making such valuable training available to its employees"

"It is very useful training to enable myself and others"

"Thank you for the opportunity. Great for professional networking too!"

"Excellent courses. Very useful in my role."

"The most helpful part of the course was emotional resilience training. I use it regularly nearly every time I see a SU, the feedback from them is very positive"

"Enjoyed the content of all the training and found most elements of it easy to understand and tutors were good at delivering them"

"I found the courses provided a fantastic opportunity to expand my knowledge further. Working within a GP surgery the courses were beneficial to refresh my knowledge in certain aspects of the job role and I have since recommended the course to colleagues within the surgery as I feel they would learn a lot from them"

### **Other suggestions for the training**

"I really enjoyed all of the training and gained a lot of very useful knowledge. Whilst the financial capability course via CAB was excellent, I would have preferred this to have been for a full day as I feel I could have gained even more. However, I know that I can get in touch with them for assistance and I do refer cases to them via the RADAR system"

"The training was really helpful and useful within my workplace and the client group we continue to work with. It may be helpful to encourage short workshops for people within the community who would benefit from advice and guidance in these areas"

"Would like to do something on cancer"

"Feedback is some of the courses are not on the bus route (*route*) also, to have in Community centre"

"Health Champion is a great tool for wider impact and network to make awareness but the same time it could be link into a more sustainable career or professional development progression of volunteers or workers like the HEALTH TRAINERS to have a better or robust and measurable outcome for a long term value for money which could be a saving money for the National Health Services Budget"