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A Community-led Workshop to Convey the Concept of "Community-centered Model of Health Promotion:" An Experience from Sri Lanka

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Abstract

Background and Aim: This paper details the results of a formal workshop conducted by lay community members for a professional audience, as part of an initiative by the Department of Health Promotion in Rajarata University to popularize its "community centered model of health promotion". **Methods:** Ten persons from rural communities in Anuradhapura district, who had previously implemented health promotion interventions in their communities, conducted the workshop. The half-day workshop, was in 3 phases – phase I: Prioritizing issues and setting goals; phase II: Training participants on the steps of the community centered model; phase III: A discussion with participants on enhancing the effectiveness of interventions. The participants were 10 local and foreign professionals and 17 undergraduates. A self-administered questionnaire was administered to the participants and telephone interviews were conducted with community members who conducted the workshop. **Results:** The majority of participants reported a strong achievement of learning outcomes. Participants' comments indicated that the model was well presented and the community member trainers conducted the workshop well. Responses from the community member trainers indicated that they felt confident in conducting the workshop and believed they had succeeded in imparting the intended knowledge and experience. **Conclusions:** The community-led workshop was successful in terms of conveying the model, achieving the leaning outcomes of participants and in empowering community members to conduct a formal workshop for professionals. It is recommended that this model be replicated.

Keywords: Community, Health promotion, Interventions, Undergraduates, Workshop

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Introduction

Health promotion has been recognized as a necessary component in health development and is a key investment.[1] The Ottawa charter in 1986 defines health promotion as, "the process of enabling people to increase control over, and to improve, their health.[2]" Health promotion is an effective approach that makes a difference in lifestyles of people and has an impact on social, economic, and environmental determinants of health.[1] The national health promotion policy in Sri Lanka has recognized health promotion as an efficient and cost-effective approach to promote health of people.[3]

The Department of Health Promotion (DHP) in Rajarata University of Sri Lanka (RUSL) introduced the concept of "community-centered model of health promotion." The DHP in RUSL trains undergraduates and communities to apply the model for addressing community perceived health issues. The basic steps of this model are, (1) setting collective goals with the community to address health issues, (2) understanding the determinants of the health issues, (3) analyzing determinants and identifying effective actions, and (4) implementing the actions and modifying them based on the effectiveness.[4-6] The trained community members have used the model to address health issues such as tobacco consumption among males, non-communicable disease (NCD) prevalence, and to enhance the early childhood care and development.[7,8]

The DHP in RUSL organized several community symposia, for example, in the districts of Matara, Anuradhapura, and Moneragala in Sri Lanka in the years of 2019, 2018, and 2011, respectively. Those symposia opened up opportunities for lay communities to present their community-based health promotion interventions. A symposium focuses on presentations, lectures, and less hands-on than a workshop. Workshops are a good opportunity to build up new skills and to familiarize with new topics.[9] In general, workshop is a single, short educational program designed to teach practical skills or ideas to participants which they can use in their work or daily lives.[10] Even though, the communities were able to present interventions in symposia, it may not be the ideal mode to familiarize the participants with this novel concept of community-centered model of health promotion. Thus, the DHP in RUSL organized a community-led workshop described in the present paper to convey the concept of community-centered model of health promotion to professionals of different backgrounds and for undergraduates.

The objective of this paper is to document the process of the community-led workshop and the experiences of community members who conducted the workshop and achievement of

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learning outcomes of the participants. Through the workshop, the community members conveyed how they addressed the health issues: NCDs which accounts for 75% of total deaths in Sri Lanka[11] underweight of under 5 year children where 33% of Sri Lankan children have been underweight according to the national nutritional status survey, 1995[12] and alcohol consumption among males where 26% of males aged between 15 and 64 years are current consumers of alcohol[13] using the community-centered model of health promotion. There is no published evidence about community-led workshops on health promotion interventions. This paper contributes to fill that gap in literature as well.

Methods

Procedure of Conducting the Workshop

Planning and preparation for the workshop

The agenda of the workshop was prepared collectively by the community group. Four health promotion facilitators from the DHP in RUSL guided them at the preparatory stage. Before the workshop, community members role played the presentations and activities that they intend to do at the workshop. A total of five role plays were done. All the role plays were commented by the community members in the group and health promotion facilitators.

Conducting the Workshop

The workshop consisted of three phases,

- Phase 01: Discussion on identifying health issues that prevail in communities and setting goals to address those (30 min)
- Phase 02: Training the participants on the steps of community-centered model of health promotion using the issues identified as examples (45 min)
- Phase 03: Discussion with participants on ways to make community-based interventions more effective (15 min).

Phase 01

Community members described their expected or dream community with compared to current situation taking an example of a hypothetical village. Two drawings were used to show the current and expected village conditions. In the drawings, three health issues: Prevalence NCDs among women, underweight of under 5 year children, and alcohol consumption among males were visualized. In the drawing of the current village, it was showed, women are overweight, most of the children are underweight, fathers consume alcohol and behave violently. In the drawing of the dream village, it was showed; women and children are in normal weight, fathers have stopped consuming alcohol and other associated changes. After discussing about the drawings, community members grouped the participants in to six groups in a way that professionals and undergraduates were mixed. Then, they raised a question to be discussed in each group for 10 min. That was, "what are the possible ways of realizing their dream?" Each group was allowed to select one of the health issues from above three health issues. A maximum of two groups could discuss the same health issue. In each group, there was a community member to moderate the discussion and to measure the apparent enthusiasm of group members depending on how interactively the each member participates in the group discussion. After 10 min, each group was asked to present their suggestions.

Phase 02

Community members from Medawachchiya division presented how they addressed the health issue NCDs among women, following the steps of the community-centered model of health promotion.[4-6] The adopted steps of the model that they described are given in Figure 1.

After, the community members from Horowpotana and children in Mihintale divisions presented how they addressed the determinants of underweight of under 5 year children and alcohol consumption among males, respectively, following the steps of the community-centered model of health promotion. As the materials, community members used posters to present how they identified and addressed the determinants.

Phase 03

Community members had a discussion with the participants and answered for the questions about the model. Further, they asked for the comments of the participants to make their interventions more effective.

Data Collection and Analysis

Data were collected from participants using a self-administered questionnaire at the end of the workshop. In the questionnaire, it was assessed whether the identified learning outcomes from the workshop are achieved by the participants.

Participants were asked to write their commentsabout presented interventions and other learning outcomes from the workshop under an open question in the questionnaire. Further telephone interviews were conducted with three community members who conducted the workshop using a semi-structured guide by the health promotion facilitators in the DHP, RUSL to get their views about the workshop.

The data from questionnaires were analyzed using descriptive statistics. The comments of the participants and data collected from telephone interviews were transcribed and analyzed thematically.

Ethical considerations

The informed written consent of the participants was taken before the workshop to collect data from questionnaires and to take photos during the workshop.

Results

The Composition of the Community Group Who Conducted the Workshop

A group of ten community members from three divisions in Anuradhapura district, Sri Lanka were the resource persons for the workshop [Table 1]. This group of community members was a trained group on community-centered model of health promotion from the DHP in RUSL. They have been implementing

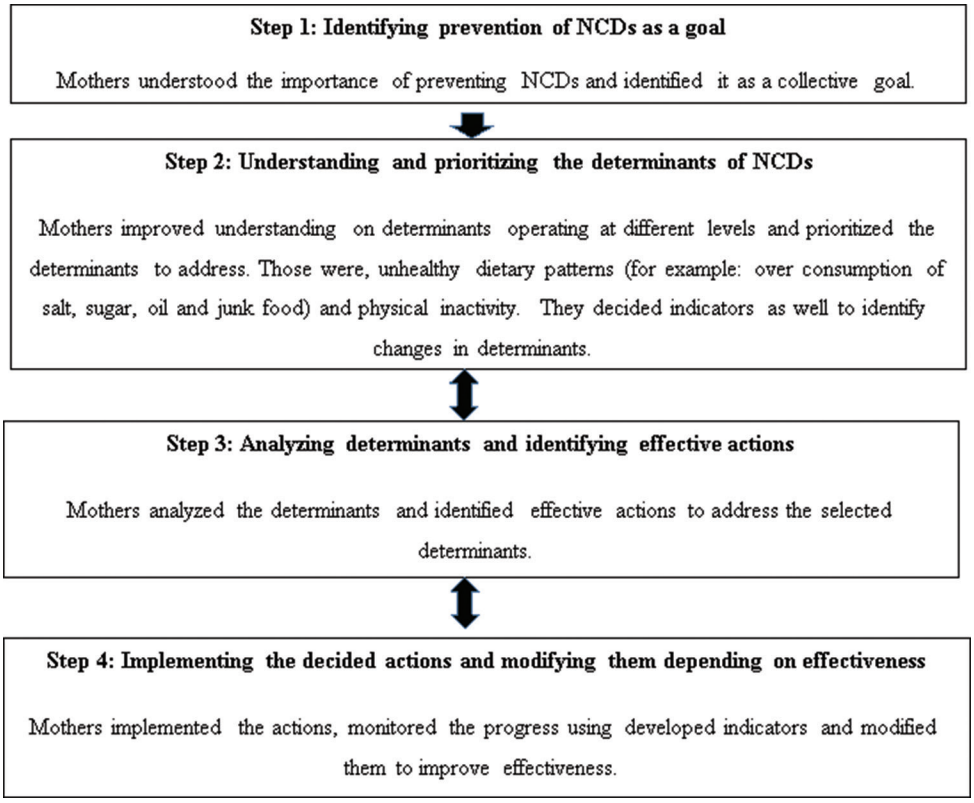

Figure 1: Community-centered model of health promotion adopted to address NCD prevalence among women

Table 1: Composition of the community group

Division	*Number of community members*	*Number of males and females*
Medawachchiya	4	3 females and 1 male
Horowpotana	3	2 females and 1 male
Mihintale	3 (children)	2 females and 1 male
Total	10	7 females and 3 males

All children were schooling and they were in the age range 12–16 years. All other community members were in the age range 35–50 years

health promotion interventions to improve wellbeing of their communities. Three of them were implementing interventions for more than 10 years and all others were implementing interventions for a minimum of a year.

Participants for the Workshop

Participants were the professionals in Medicine, Psychiatry, Epidemiology, and Patient Public Involvement and Engagement (PPIE) in research from Keele University, UK and Institute for Research and Development (IRD), Sri Lanka, academics in the DHP, RUSL ($n = 10$, three were internationals) and health promotion undergraduates ($n = 17$) in RUSL. This workshop was organized by the DHP in RUSL in collaboration with Keele University, UK and IRD, Sri Lanka.

Levels of Achievement of Learning Outcomes of Participants

The levels of achievement of learning outcomes of participants are given in Table 2. According to the results, a majority of professionals and undergraduates (above 50%) had very strongly achieved the learning outcomes: Process of implementing health promotion interventions in communities, changes achieved through presented interventions, the ability of lay communities to identify underlying determinants of health issues, how to make community feel ownership of the health promotion interventions, and how to develop indicators to measure the changes of health promotion interventions.

Learning Outcomes of the Participants: From the Comments of Participants

From the comments of participants also, it was evident that they had achieved the learning outcomes listed in Table 2. They had learned that health promotion is a process. Being a "continuing process" is one of the most specific features of the health promotion approach.[4]

"Health promotion is a process and it is a community based concept" (Undergraduate [UG] 03)

Furthermore, they had learned that the changes can be made through the community empowerment in health promotion,

"It is possible to make positive changes in lay communities through community empowerment in community centered health promotion model and 'changing the community' has to come from the community itself, can't be made to happen otherwise, it is done in health promotion model" (Professional [PF] 04)

"Community empowerment is important to address health issues and community based effort is always successful than individual efforts" (UG 12)

Participants could realize the ability of lay communities to identify underlying determinants of health issues and its importance,

Table 2: Levels of achievement of learning outcomes of participants

Learning outcomes	*Level of achievement*	*Professionals (n=10)*		*Undergraduates (n=17)*	
		No	*%*	*No*	*%*
The process of implementing health promotion interventions in the communities	Very strong	7	70	11	64.7
	Strong	3	30	4	23.52
	Moderate	0	0	0	0
	Not strong	0	0	0	0
	Not responded	0	0	02	11.76
Changes that have been achieved through the presented interventions	Very strong	6	60	10	58.82
	Strong	4	40	5	29.41
	Moderate	0	0	0	0
	Not strong	0	0	0	0
	Not responded	0	0	2	11.76
Ability of the lay community members to identify underlying determinants of health issues	Very strong	7	70	9	52.94
	Strong	3	30	6	35.29
	Moderate	0	0	0	0
	Not strong	0	0	0	0
	Not responded	0	0	2	11.76
How to make the community feel ownership of the health promotion interventions	Very strong	8	80	13	76.47
	Strong	2	20	2	11.76
	Moderate	0	0	0	0
	Not strong	0	0	0	0
	Not responded	0	0	2	11.76
Developing indicators to measure changes due to implemented health promotion interventions	Very strong	6	60	11	64.7
	Strong	4	40	4	23.52
	Moderate	0	0	0	0
	Not strong	0	0	0	0
	Not responded	0	0	2	11.76

"Community members can identify the real determinants of health issues" (PF 07)

"Identifying the health issues and underlying factors for those issues with the communities which is done in community centered health promotion model is important to address those health issues" (UG 16)

Further, participants could realize the ability of lay communities to develop indicators to measure changes of health promotion interventions and its importance,

"In health promotion model, the progress of the interventions is measured regularly which is very important" (UG 08)

"Community members are capable of identifying simple, practical indicators and they can measure changes due to interventions successfully with the use of those indicators" (PF 02)

Other than the achievement of identified learning outcomes, participants could realize the importance of the community centred model of health promotion to improve wellbeing and address health issues,

"Community centred health promotion model is important to improve wellbeing of communities" (PF 09)

"Community centered health promotion model is very appropriate to address health issues among communities" (UG 14)

Further, participants realized "community enthusiasm" as an essential factor and the importance of addressing obstacles to the health promotion process to continue health promotion interventions,

"Enthusiasm of community members is a powerful factor in implementing health promotion interventions" (UG 01)

"Identifying the obstacles to the health promotion interventions and addressing those obstacles is important, it is done as a component in the health promotion model" (UG 05)

Through the workshop as another important outcome, participants could realize the capacity of lay communities to implement health promotion interventions and to make changes in their communities using the community centred model of health promotion,

"Lay people are capable of identifying their own interventions to address various health problems in their villages and they are capable of implementing those interventions successfully using the community centred health promotion model" (PF 10)

"Even children can make changes in their villages through community centered health promotion model" (PF 04)

"There is a power in community groups, towards making a change within communities and the best group to change a community is, members of that community" (UG 07)

As well as, the participants could realize the capacity of lay community members to conduct a workshop on community centred model of health promotion,

"A community group can even guide professionals and they are capable of conducting workshops on community centred health promotion model" (UG 17)

"This group of community members who conducted the workshop had a good skill in conveying the steps of the community centered health promotion model and females had a good confidence and expressed their ideas better than males" (PF 08)

Experiences of Community Members Who Conducted the Workshop

Experiences of the community group who conducted the workshop are presented below under four key themes emerged.

All three interviewed community members mentioned that this was their first experience of being a resource person in a workshop.

Theme 01: The Factors that Contributed to Success of the Workshop

All mentioned that the workshop was successful. The mentioned contributed factors were,

- The workshop was owned by the community group, they decided the agenda and it was well planned

- It contained a lot of practical activities for participants to do as groups which is lacking in most of the workshops
- Resource persons used tangible things such as posters and drawings to conduct the workshop
- The workshop had a good flow and it explained the health promotion model step by step
- The workshop was collaboratively organized by different parties and all contributed well.

Theme 02: What They Learned from the Workshop

The key learning points were, planning is very important in doing a workshop and the attitudes of people about the capacity of lay people to improve their own wellbeing can be changed through community-led workshops on community-based health promotion interventions. "*Through the workshop, we could showcase what we were doing to improve wellbeing of our communities, we think, it helped participants to understand about what we can do at community level*" (Community Member [CM] 02).

Further, they mentioned that they could learn from the participants, it promoted mutual learning and could build up a good bond with the participants. They said, they hope to apply the knowledge gained from the workshop for their future interventions as well.

Theme 03: Views about the Participants

They mentioned that, participants actively participated in the workshop and participants treated them really well. "*Actually we were little nervous to do the workshop at the beginning, but the participants actively engaged in group work and supported us well. Then, we became very confident*"(CM 01).

Theme 04: Satisfaction about the Workshop

They considered being able to conduct a workshop in a university for professionals and undergraduates as an achievement and further said, it motivated them, "*We were able to do it well and could share our knowledge and experience with others, if participants also can initiate activities at their levels to improve community wellbeing using the health promotion model, we are really happy*" (CM 03).

Discussion

Community members could convey the concept of community-centered model of health promotion to address health issues though the workshop. The key factors behind the success of the workshop are, community members well prepared for the workshop, they used different strategies like, grouping the participants, measuring the apparent enthusiasm, asking questions from participants, letting them to discuss their ideas within groups, and asking to present their ideas. Measuring the apparent enthusiasm of participants helped community members to make necessary modifications in the flow of the workshop in a way of sustaining the participants' enthusiasm rather than adhering to a fixed agenda. These strategies made the workshop interactive and made it as a mutual learning experience between community members and the participants. Even the participants could learn how to do a workshop in an interactive manner from the community group.

There is no published literature available on "community-led workshops" about health promotion interventions. The DHP in RUSL offers the only B.Sc. degree in Health Promotion in the South Asian region. This was the first time that the DHP in RUSL organized a community-led workshop collaborating with Keele University, UK and IRD, Sri Lanka. Moreover, it was an ideal mode to convey the concept of community-centered model of health promotion. As per the comments of participants, they had realized the importance of the model to address health issues. Quantitative results highlighted that a majority of participants (above 50%) had very strongly achieved the learning outcomes of the workshop and qualitative results also highlighted the achievement of learning outcomes.

Promoting health of the people is not just a responsibility of the health sector. It requires a coordinated action by governments, non-governmental organizations, health, social and economic sectors, industry, media, and people in all walks of life need to mediate as individuals, families, and communities.[1,2,14] As concrete community participation is essential for the effective implementation of health promotion interventions,[1] the community-led workshops are ideal to convey how to implement health promotion interventions.

Don Nutbeam in his health promotion glossary[15] says that a community shares common values, beliefs, norms, needs, and they have a commitment to meet them. Thus, empowering communities to meet their needs is important and empowerment is defined in health promotion as a "process through which people gain greater control over decisions and actions affecting their health.[15]" Improving skills of communities, using small group efforts, creating a sense of community, promoting community actions through community participation in all phases of public health planning, implementation, and evaluation, and being sensitive to community perceived health needs have been identified as effective empowerment strategies in health promotion. Participatory activities make up the base of empowerment, but participation alone is insufficient, if it does not build up the capacity of communities in decision making and advocacy.[16] The community group who conducted the workshop can be identified as considerably an empowered group who has gained a greater control over the determinants of their wellbeing and they had engaged in collective efforts to address their health needs. Further, this community group could conduct a workshop about the model they used to address the health issues.

The primary health care system of Sri Lanka aims "to provide citizen-centric integrated health care that is affordable, sustainable, and ensures a continuum of care for every patient." Thus, it is necessary to reorganize the primary health care system in Sri Lanka in a way of better responding to the changes to preserve the achieved progress and prepare for the future.[17] The "raft and ripple" model of health promotion highlights that, even though external facilitators are needed to initiate a health promotion process, gradually community takes over the control of the process when they develop the capacity.[18] Thus, the role of the professionals should shift to supportive or facilitative from dominant.[16] To make this happen, professionals need to understand the capacity of lay people to make positive health changes in their communities. In this workshop, it was the community group who were dominant, acted as resource persons and from the comments of the professionals, it was clear that they understood the capacity of lay people.

Health promotion is an emerging discipline and it requires defined practice competencies to ensure high quality outcomes.

Health promotion experts from academic institutions and health promotion practitioners need to be consulted to identify what constitutes a good health promotion practice.[19] An entry level health promotion practitioner requires the competencies of planning, implementing, and evaluating of health promotion programs.[20] The community group displayed those competencies well. The DHP in RUSL used this opportunity as a teaching and learning method for health promotion undergraduates as well. Undergraduates were exposed to learn about health promotion competencies from the community group in addition to what they learn from theory components in the degree program.

Conclusions and Recommendations

The community members could successfully convey the concept of community-centered model of health promotion to professionals of different backgrounds and undergraduates through the workshop. Moreover, this was an opportunity for professionals and undergraduates as well to lean about the model and the process of implementing health promotion interventions from a community group who are practicing it in their communities. Further, the workshop was successful in terms of empowering the community members to conduct a workshop. Successful interventions that empower communities cannot be generalized to multiple populations, but should be adapted to local contexts.[16] The interventions described in the workshop will not be applicable to all community settings, but the community-centered model of health promotion can be utilized to initiate community specific health promotion interventions not limiting to a one-off workshop.

Training of lay communities on community-centered model of health promotion is important to address the health issues and the opportunities like community-led workshops should be offered for lay communities. Both governments and other institutions need to provide leadership and secure funding for such events. The mutual learning between professionals and lay communities should be promoted. If health professionals are ready to learn from the communities and to involve them in health intervention planning and implementing, more results will be achieved. At the same time, this concept of "community-led workshop" can be piloted and utilized in other approaches like PPIE as well. The DHP in RUSL plans to open up such new opportunities for lay communities in different areas of Sri Lanka to create a platform for them to communicate with each other, learn, and to share experience in future as well.

Conflicts of Interest

The authors declare no potential conflicts of interest with respect to research, authorship, and/or publication of this article.

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