



**World Health
Organization**

Centre for Health Development



Consultation on community-based social innovations for healthy ageing in middle- and high-income countries

WHO Centre for Health Development Kobe, 17 and 18 October 2017

MEETING REPORT (Appendix D)

Preface

Community-based social innovations (CBSIs) are initiatives that seek to empower older people to improve self-efficacy in caring for themselves and their peers, maintain well-being and promote social cohesion and inclusiveness. While they have the potential to improve the care and autonomy of older people, and to transform healthcare systems, more evidence is needed on CBSIs to improve our understanding of best practices and service delivery models that engage communities and span a spectrum of health and social services.

RAND Europe has been commissioned by the World Health Organization Centre for Health Development Kobe (WKC) to conduct a study on CBSIs for active and healthy ageing in middle-income countries.

The study aims to identify how these innovations are functioning across a number of rapidly ageing countries and the policies, programmes and health system factors underpinning their success.

In order to examine the evidence base for the effectiveness and cost-effectiveness of CBSIs, we conducted a systematic review of relevant literature on CBSIs for healthy ageing in upper middle- and high-income countries. From this literature we developed a typology to advance understanding of CBSIs. This informed and was complemented by a series of ten case studies of CBSIs, in collaboration with in-country partners. An expert consultation was conducted at the WHO-WKC in Kobe, Japan between 17 and 18 October 2017 to refine and validate the findings from the systematic review and case studies.

This report presents a summary of points raised during the WHO-WKC Kobe consultation.

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Background

RAND Europe have been commissioned by the World Health Organization Centre for Health Development Kobe to conduct a study on community-based social innovations (CBSIs) that support older people in middle-income countries.

CBSIs are initiatives that seek to empower older people to improve their self-efficacy in caring for themselves and their peers, maintain well-being and promote social cohesion and inclusiveness. While they have the potential to improve the care and autonomy of older people, and to transform healthcare systems, more evidence is needed on CBSIs to improve our understanding of best practices and service delivery models that engage communities and span a spectrum of health and social services.

Study objectives

The study aims to identify how these innovations are functioning across a number of rapidly ageing countries and the policies, programmes and health system factors underpinning their success. In particular the study will focus on the following features of CBSIs:

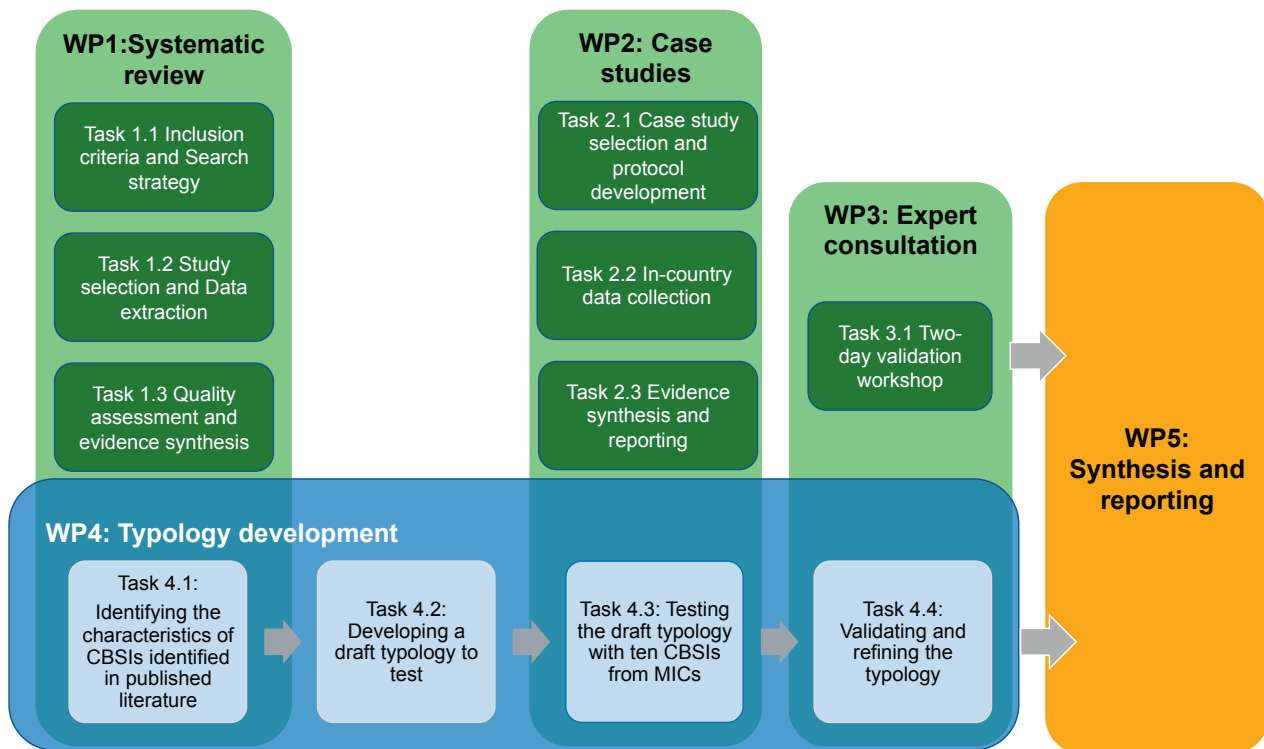
- The core roles, services and functioning (including feasibility of scale-up) of community-based social innovations for healthy ageing that seek to support older people becoming a resource for their own health and well-being.
- Their linkages with local services and sustainable partnerships to deliver health services and strengthen social systems.
- The nature of enabling policies, programmes, financing and interactions with health/social delivery systems.
- Synthesising evidence on the effectiveness and cost-effectiveness of community-based social innovations in upper middle- and high-income countries.

Methodology

The study has four major components:

- Systematic review – to provide an overview of included studies, an assessment of the quality of research, an account of outcomes reported and a synthesis of evidence around the effectiveness and cost-effectiveness of CBSIs.
- Case studies of CBSIs – to examine the effectiveness of ongoing CBSI interventions in middle-income countries through a series of country case studies, in collaboration with in-country partners. Selected case studies become the focus of primary data collection which seeks to understand each CBSI in depth, including how it operates, how it links to other health and social care services and what benefits it brings for participants.
- Expert consultation – to refine and validate the findings from the systematic review and case studies. The expert consultation was held at the WHO-WKC in Kobe, Japan.
- Cutting across each of these three work packages is a fourth strand of research which aimed to develop a typology of CBSIs (Work Package 4: Typology development). This drew on data gathered initially in the systematic review to identify the main characteristics of CBSIs and develop a draft typology. This draft typology was then tested with the evidence gathered from the case studies. The typology was further refined and validated at the expert consultation. Data gathered from each work package was synthesised and presented in a report (Work Package 5: Synthesis and reporting).

Methodological approach to the study



The present meeting report summarises the discussions and points raised in the workshops part of Work Package 3: Expert consultation. The points presented in this report are drawn from these consultation discussions (i.e. they are not a summary of the evidence collected through the other work packages, except where explicitly stated).

Consultation objectives

The Consultation on Community-based Social Innovations for Healthy Ageing in Middle- and High-income Countries took place in Kobe between 17 and 18 October 2017. It was attended by 22 persons, of whom three were experts who had been advising the project, two were principal investigators, 13 were country research partners and four were WKC staff members. The agenda and details about the participants are provided at the end of this document.

The consultation had the following objectives:

- To review, discuss and validate the findings of the case studies and community profile analysis.
- To review, discuss and validate the findings of the systematic review including the CBSI typology developed by the authors.
- To identify evidence and research gaps for the development of policy options on integrated community-based health and social care to support older populations.

Summary: Validation of the presented research

The content of the presentations on the systematic review, typology development and case studies drew on the information presented in the other sections of the main RAND Europe report and corresponding appendices (Appendix A, B and C). This data will therefore not be presented again here.

Following presentations on the systematic review, the methodological approach of the case studies and the initial findings from the individual case studies, a targeted discussion was facilitated towards further refining and validating the presented typology.

Participants considered that the two main dimensions of the typology: (i) the role and function of older people, and (ii) links with social and health systems, allowed a correct categorisation of each CBSI. Each in-country partner discussed the CBSI they worked on and identified a CBSI type from the proposed typology.

An additional suggestion to further refine the typology was to add a new dimension that would capture the sustainability of the projects.

The presented typology proposed four models of CBSIs: 'basic', 'networked', 'user-driven' and 'adaptive'. A description of these types is available in the main RAND Europe report. During the discussions, participants expressed that the term 'basic' can have various meanings and that it would be preferable to change it. It was suggested that it should be replaced with 'foundational'.

Another suggestion was to ensure that the typology categories are clearly explained so that an external audience can also assess a CBSI's journey in moving between various categories. However, it was re-emphasised that the proposed typology does not infer a hierarchy of models: one category is not necessarily better than another, as the categories may describe different types of CBSIs. This was supported by participants, who expressed that it is important for the typology not to convey any judgemental message in ranking CBSIs against each other.

Another recommendation was to employ multidimensional scaling, which would allow a greater granularity of understanding for each

category. To this end it was suggested to develop indicators ranging from 1 to 5 to express various stages in each category.

Further reflections considered the sustainability of CBSIs, which was seen as linked to their integration with health and social care systems and dependent on removing financial barriers. It was also considered that the governance system (bottom-up or top-down) that fosters the establishing of CBSIs is highly dependent on the wider governance context, and will affect sustainability in very different ways (Viet Nam and China may be very different to Chile and Ukraine, for example). A consideration of 'replication vs. innovation' highlighted the need to ensure more international networking events for exchanging knowledge and experiences.

Summary: Impact and sustainability of CBSIs

Considerations of the impact of CBSIs have been guided by the principles set forth in the WHO's ecological framework for healthy ageing.¹ Healthy ageing was described as a process of developing and maintaining a 'good fit' between a person and the contexts in which they live (the person–environment fit over time). To this end well-being was highlighted as a key outcome of healthy ageing, consisting of the person's assessment of their ability to be and do what they value (the person–environment fit). Attaining a good intrinsic capacity – consisting of the composite of all the physical and mental capacities of an individual was discussed in regard to a person's environment (all the factors in the extrinsic world that form the context of an individual's life).

Discussions highlighted the following types of impacts:

- (1) Increased levels of knowledge and improved levels of health literacy at community level.

1 WHO World Report on Ageing and Health. Geneva, 2015.

- (2) Improved perceived health status among older people, both self-reported and assessed.
- (3) Improved mental health status among the community.
- (4) Older people feel empowered as a result of being part of the process. In addition, participants gain a sense of community ownership and the desire to demonstrate the model to others.
- (5) Improved linkages, both intergenerational and with health and other services, local government authorities or academic institutions.

The discussion also stressed some of the existing challenges that CBSIs might face in their desire to attain an impact on healthy ageing. These consisted of geographical challenges that could affect group cohesion, strong urban/rural divides, conflicts, funding and cultural issues related to gender (e.g. Iran (Islamic Republic of)). A series of factors were highlighted as facilitators to achieving impact on healthy ageing. Models such as the Older People's Association – with different names in different contexts – are important actors that provide a sense of belonging and connectivity within the community. Two different intergenerational approaches – both young people supporting older people and older people supporting younger people – were seen as beneficial when trying to counteract ageism. A more general comment stressed the importance of leveraging collective knowledge and experiences from groups such as those put together for the purposes of the consultation in attaining impact and scale.

In respect to ensuring sustainability of CBSIs, participants raised questions over the desirability of scaling up some of the initiatives. The group felt that the CBSI could continue in the current form but could also be further developed based on future needs. Need and desire to scale up are therefore dependent on the particular CBSI and the country context.

It was also expressed that the sustainability of CBSIs is often restricted by funding cycles. Ensuring necessary skills and capacities to apply and manage funding requirements was seen as a possible solution to securing further funds that would counteract the limitations of short funding cycles. Funding cycles also often imply the need to demonstrate that something new is being implemented, which could lead to a continuous pilot stage for CBSIs.

Participants stressed the danger of applying a 'copy and paste' model to replication and scale-up of CBSIs. To this end it was seen as important to identify what is to be replicated while at the same time considering context specificities.

When considering scalability and sustainability, M&E are important mechanisms to capture and demonstrate impact. However, these efforts are dependent on existing skills. As CBSIs are dynamic models that need to remain relevant for older people's evolving needs, monitoring and evaluation frameworks need to be designed to capture this nimbleness while identifying changes and impacts.

Summary: Key themes arising from CBSI case studies

Starting from the empirical evidence gathered through the case studies, the participants in the consultations engaged in an in-depth discussion around various concepts that could enable or serve as barriers to CBSI activities.

Networks could be seen as both barriers to and facilitators of CBSIs' actions. CBSIs often entail building networks leading to greater empowerment and ultimately engagement beyond the existing CBSI network. At the same time, family networks may get in the way of this empowerment process, for example when children may hold back their parents from participating in CBSIs. Networks, by their nature, can also exclude, or serve certain people well by excluding others. However, there are examples of CBSIs that generate sufficient community

engagement for people to be safely alone. This becomes an important consideration especially in contexts where older people (and others) are not able to access any social support or healthcare network.

CBSIs operate in complex environments. Understanding these is important to maximising CBSIs' impact. Environments can inherently create inequities within and between groups of people due to complicated history, challenging geography and adverse climate. Rapid urbanisation impacts on growing inequities, which are exacerbated by rural/urban migration. Inequities can also be generated by bureaucracies, which may be hard to navigate depending on the CBSI staff's skills.

Environments also raise important questions on the need to coordinate and integrate CBSI activities within wider national systems (whether health or social care). This was seen as particularly challenging in situations where there was no clear interest or willingness to engage with CBSIs from the services side. Evidence is an important instrument that could enable engagement of various actors and ultimately lead to greater coordination and integration. But navigating issues of integration and coordination may also be impaired by the existence of such issues within the very systems by which integration and coordination are sought. To overcome them, CBSIs should try to understand the governance structure of local government agencies, including existing referral systems. However, it was stressed that it is important not to judge CBSIs' success based on their ability to establish these connections, as attribution and contribution are not dependent on CBSIs' actions alone; for example, a lack of such connections could result from existing structural barriers at system level.

This connects to the question of engaging in M&E efforts that would allow greater accountability and improvements in CBSI activities, and foster their sustainability, potentially even influencing policy at various

levels. Undertaking these efforts is dependent on availability of funding and skills. They should aim to capture mid-term outputs and outcomes, which could include the satisfaction level among beneficiaries and efficiency gains as well as longer-term impacts such as cultural changes. Importantly, such efforts should capture lessons arising through the CBSI's functioning which would facilitate replication.

The consultation also offered opportunities for the participants to highlight specific expertise developed by each CBSI which would be important to share more widely. Specifically, the following were mentioned: abilities to network within CBSIs; adopting a bottom-up approach and co-designing processes; developing criteria for selecting elderly volunteers; undertaking advocacy efforts; and understanding the needs of specific communities. Participants also explained what they hoped to learn from other CBSIs. Here, the following were highlighted: ability to document and communicate CBSI activities; knowledge on how to run small businesses and attract participants; understanding of how to cooperate with formal services and ensure government commitment, engage in capacity-building efforts, address rural and urban challenges and reach sustainability in terms of funding.

Recommendations expressed during the consultation

The consultation participants expressed that at a local level CBSIs would benefit from ensuring better links with local services, strengthening of the Older People's Associations model (or equivalent), creating opportunities for capacity and knowledge building within CBSIs, and both ensuring internal evaluations that would strengthen internal capacities and seeking external evaluations which would enhance credibility of findings.

A key set of recommendations pertained to dissemination of research findings. Several

participants mentioned the need to make governments aware of these projects and stressed the importance of credibility and credentials when publishing materials. Publication of the study report, individual case studies, a set of good practices arising from the research and academic publications in journals in various languages, presentations in local communities and at international conferences, and knowledge sharing using virtual networks and platforms were mentioned as potential routes of dissemination.

Participants expressed that CBSIs need to be supported by policy environments conducive to innovation which are also attuned to older

people's needs. Furthermore, communication around CBSIs should present not only outcomes but also the stories of participants and the CBSI's journey, which would bring clarity on the range of needs CBSIs are trying to address and avoid 'copy and paste' scenarios in replication efforts.

The conclusion session also highlighted the importance of CBSIs' research within the wider body of knowledge that policymakers are interested in and which entails the recognition that communities are key in the realisation of the Sustainable Development Goals, and thus in the global Universal Health Coverage agenda.

MEETING AGENDA

Consultation on Community-based social innovations (CBSI) for healthy ageing in Middle- and High-Income countries

17–18 October 2017
Kobe, Japan

PROGRAMME

Objectives:

- To review, discuss and validate findings of the case studies and community profile analysis
- To review, discuss and validate the findings of the systematic review including the typology of CBSI developed by the authors
- To identify evidence and research gaps for the development of policy options on integrated community-based health and social care to support older populations

TUESDAY, 17th October

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| 8:45 – 9:00 | Registration |
| 9:00 – 9:05 | Opening Remarks by the Director of WKC, Dr Sarah Barber |
| 9:05 – 9:45 | Overview of the meeting, agenda, objectives and presentation of the participants, expectations |
| 9:45 – 10:45 | Session 1: CBSI Systematic review – towards a typology of CBSI Presentation & discussion of the findings of the systematic review – includes Presentation of the CBSI typology (RAND Europe, Dr Emma Pitchforth) |

10:45 – 11:05 (Break)

Session 2: Exploring CBSI case studies

- (a) An overview of major findings
- (b) Country presentations (5 countries)

12:40 – 13:50 Lunch break

13:50 – 15:25 Session 2: Exploring CBSI case studies (part 2)

- Country presentations (5 countries)
- Discussion on research results

15:25 – 15:35 (Break)

15:35 – 17:20 Active Recap of day 1 and agenda for day 2

17:20 End of day 1

WEDNESDAY, 18th October

9:00

Session 4: The impact of CBSIs (Chair: Dr Shoshanna Sofaer)

Objective of this session is to allow for in-depth discussions and group work on the effect/impact of CBSIs on healthy ageing.

In two groups participants will consider some of the cross-cutting themes:

- (Group A) Impact on healthy ageing – Norah Keating (Facilitator)
- (Group B) Scaling up and sustainability – Du Peng (Facilitator)

Brief report back from both groups

Break

Session 5: Exploration of key themes (Chair: Dr. Paul ONG)

Objective of this session is to allow for in-depth discussions and group work on key themes for CBSI research. The results of the group will allow to identify gaps in research and opportunities for policy recommendations

In small groups participants will consider some of the cross-cutting themes:

- (Group 1) Social capital and social inclusion (incl. intergenerational support) – Norah Keating
- (Group 2) Equity (exploring social, health and other determinants) – Shoshanna Sofaer
- (Group 3) Integration/coordination/partnerships with health, social care and other services (e.g. education) – Du Peng
- (Group 4) Measuring impact: what and why? – Megumi Kano

Brief report back from both groups

12:30 – 14:00 Lunch

14:00 Session 6: How do CBSIs continue to innovate?
 Chaired by expert review member (Du Peng) with specific inputs from study site
Objective of this session is to allow for in-depth discussions on strategies to improve delivery of services by CBSI

Part 1 – Potential for learning between countries and different CBSIs models
 (Loic Garcon, Technical officer)

Part 2 – What else can we learn from other models of social innovation (Loic Garcon, Technical Officer)

Break

Session 7: What do we really need to know that we don't have yet – (Chair Dr. Norah Keating)

Discussion of the main gaps in the evidence, priorities for addressing and suggestions for taking the research agenda forward.

Objective of the session is to contextualize CBSIs within the broader goals of the global UHC agenda, to identifying gaps in research and policy for integrated community-based care support for older populations.

Closing – Dr. Sarah Barber

17:00 End of the consultation

List of participants

Expert Group (3)

- Professor Peng Du, Director, Institute of Gerontology, Renmin University of China, China.
- Professor Norah C. Keating, Director, Global Social Initiative on Ageing (GSIA); International Association of Gerontology and Geriatrics (IAGG); Department of Human Ecology, University of Alberta, Canada; Centre for Innovative Ageing, Swansea University, United Kingdom; Optentia Research Unit, North West University, South Africa.
- Dr Shoshanna Sofaer, Director of Strategic Research Planning for Health Policy Research, American Institutes for Research (AIR), United States of America.

Principal Investigator (2)

- Ms Ioana Ghiga, Analyst, Innovation, Health and Science, Cambridge Centre for Health Services Research (CCHSR), RAND Europe, United Kingdom.
- Dr Emma Pitchforth, Associate Research Group Director, Innovation, Health and Science, Cambridge Centre for Health Services Research (CCHSR), RAND Europe, United Kingdom.

Country Research Partner (13)

- Mr Mehdi Amiri, Deputy Manager, General Office for Health, Tehran Municipality, Islamic Republic of Iran.
- Dr Hoang Huy Dang, Director, Viet Nam Elderly Working Group (VEWG), Viet Nam Healthy Lifestyle Alliance (VHLA), Viet Nam.

- Mr Xueyi Deng, Director, Ageing China Development Centre (ACDC), China.
- Dr Grzegorz Gawron, Lecturer, Faculty of Social Sciences, Institute of Sociology, University of Silesia in Katowice, Poland.
- Dr Elena Golubeva, Research Professor, Social Work and Social Security, Northern (Arctic) Federal University, Russian Federation.
- Dr Yasuyuki Gondo, Associate Professor, Clinical Thanatology and Geriatric Behavioral Science, Graduate School of Human Sciences, Osaka University, Japan.
- Ms Seyedesedighe Hosseinijebeli, PhD student, Researcher, Health Economics Department, Iran University of Medical Sciences, Islamic Republic of Iran.
- Ms Sayaka Kawahara, Master student, Clinical Thanatology and Geriatric Behavioral Science, Graduate School of Human Sciences, Osaka University, Japan.
- Dr Jongjit Rittirong, Assistant Professor, Institute for Population and Social Research, Mahidol University, Thailand.
- Mr Alejandro Rodriguez-Musso, Director, Outreach and International Cooperation, Universidad de Valparaíso, Chile.

- Mrs Mira Sataric, Amity's Programme Coordinator and Translator, Association of Citizens Amity, Serbia.
- Dr Prakash Tyagi, Executive Director, Gramin Vikas Vigyan Samiti (GRAVIS), India.
- Dr Saori Yasumoto, Associate Professor, Clinical Thanatology and Geriatric Behavioral Science, Graduate School of Human Sciences, Osaka University, Japan.

Country Research Partner – Unable to attend (1)

- Ms Maya Abi Chahine, Program Manager, Faculty of Health Sciences, American University of Beirut, Lebanon.

WHO Kobe Centre (WKC) (4)

- Dr Sarah Louise Barber, Director
- Mr Loïc Garçon, Technical Officer
- Dr Paul Ong, Technical Officer
- Dr Megumi Rosenberg, Technical Officer.