World Health Organization

Centre for Health Development

Understanding community-based social innovations for healthy ageing

Executive summary

Ioana Ghiga, Gavin Cochrane, Louise Lepetit,
Catherine Meads, Emma Pitchforth

Preface

Community-based social innovations (CBSIs) are initiatives that seek to empower older people to improve their self-efficacy in caring for themselves and their peers, maintain their well-being and promote social cohesion and inclusiveness. While they have the potential to improve 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 (WHO-WKC) to conduct a study on CBSIs for 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 particular the study focuses on the following features of CBSIs:

- The core roles, services and functioning (including feasibility of scale-up) of CBSIs for healthy ageing that seek to support older people to self-care and maintain their well-being.
- Their linkages with local services and sustainable partnerships to deliver health services 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 CBSIs in upper middle- and high-income countries.

Our study has two major components. 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.

For more information about RAND Europe, please contact:

Ioana Ghiga
RAND Europe
Westbrook Centre
Milton Road
Cambridge CB4 1YG
United Kingdom
ighiga@rand.org

For more information about the WHO-WKC or this work, please contact:

Loïc Garçon
WHO Centre for Health Development (WKC)
1-5-1 Wakinohama-Kaigandori, Chuo-ku
651-0073 Kobe
Japan
garconl@who.int

Executive summary

Health systems across both developed and developing regions are struggling to meet the diverse and complex needs of increasingly ageing populations. In response to these challenges a number of recent reports (Ong et al. 2016; WHO 2013) have highlighted the need for research into the role of innovations in providing health and social care. Community-based social innovations (CBSIs) are one type of innovation that may help to address the needs of older people. In the context of ageing, CBSIs are underpinned by three main principles, namely: the empowerment of older people to care for themselves where possible; a focus on social inclusion; and the maintenance of well-being in contexts of disease, disability and declining health (Ong et al. 2016).

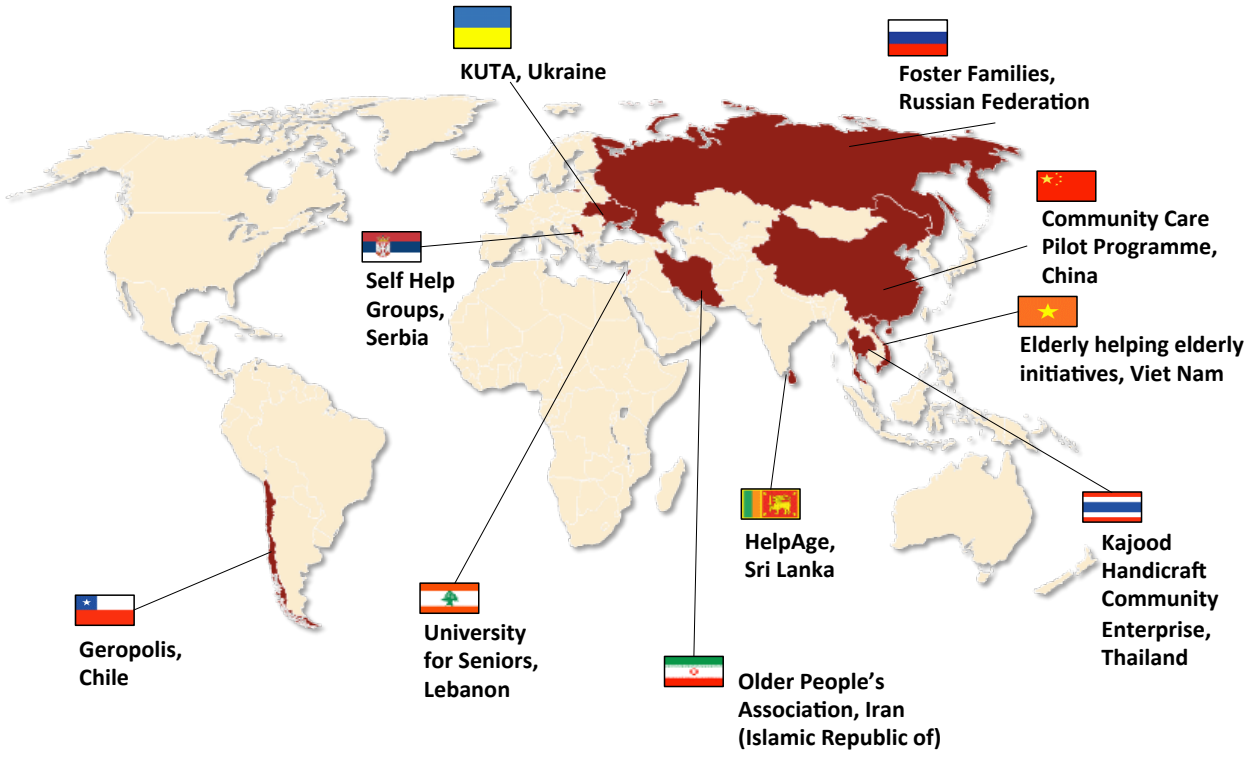
The study aims to identify how CBSIs are functioning across a number of rapidly ageing countries and the policies, programmes and health system factors underpinning their success, as well as to examine the evidence base for the effectiveness and cost-effectiveness of CBSIs.

The study draws on evidence from a systematic review and ten case studies, raising several considerations regarding the CBSIs' impact on healthy ageing, as well as their sustainability and scale-up.

CBSIs' impact on healthy ageing

Given the exploratory nature of the research, when considering the range of 'health' impacts from the CBSIs, we employed the term 'health' very broadly in anticipation that it could incorporate physical and mental health and

Map illustrating the geographical distribution of the ten CBSI case studies



broader well-being. While well-being and health are different concepts they are not necessarily mutually exclusive (UK Department of Health, 2014). Given their subjective and objective dimensions it is difficult to separate them in this study. We did not seek to further define or restrict this conceptualisation as we were interested in understanding how the CBSIs themselves conceptualised and measured these types of outcomes. Moreover, we were guided by the 2015 WHO World Report on Ageing and Health which sets out a framework for action to promote healthy ageing. The report formulates healthy ageing as 'the process of developing and maintaining the functional ability that enables well-being in older age' (WHO 2015, 28). Functional ability is viewed as a set of health-related features that support people in being able to engage in activities which they find valuable. It consists of the individual's intrinsic capacity (which is defined as the composite of all physical and mental capacities), environmental characteristics and the interaction between the individual and the environment (WHO 2015).

By positioning healthy ageing as a process, the question of well-being as an outcome becomes central.

Evidence from all the case studies showed that CBSIs have an impact on the well-being of older persons. The theme of older people feel they are still important members of the society came through in all case studies, with older persons finding that the CBSI activities provided a medium for them to interact with peers, be of help and live an active lifestyle. CBSIs that had an intergenerational dimension contributed to a greater perception of societal inclusiveness for older persons.

CBSIs can also help address several environmental factors. These initiatives contribute to creating receptive environments that ensure an 'ageing in place' process (such as in Russian Federation) or can help address the physical (geographical) challenges that older people can face, as shown by the activities run in Chile by Geropolis.

These CBSIs also contribute to ensuring the person–environment fit, which entails the dynamic and interactive relationship between older persons and their environments (WHO 2015). Involving older persons in managing or designing spaces brings an additional element of empowerment, which was highlighted as beneficial (e.g. involvement in the conceptual development of mural paintings in Chile).

The primary health benefit is psychosocial (e.g. well-being, social and mental health benefits from participating in activities with peers), which has implications at both an individual and a community level.

CBSIs have been shown to lead to improved perceived health status among older people, both self-reported and assessed. Involvement in CBSIs has often helped beneficiaries avoid social isolation and loneliness and offered them companionship and a sense of belonging, which in turn lead to mental health benefits.

Seen cumulatively these benefits can be considered at community level. Increased optimism and a more positive outlook on life in general, and forming a support network in which beneficiaries receive but also provide mental support, increase the capacities of communities to come together and increase social participation.

Some CBSIs also have physical health impacts, although there are limitations on what can be assessed, given the relative lack of medium- to long-term monitoring and evaluation (M&E) data.

As shown also from the results of the systematic review, currently the evidence for CBSIs leading to physical health impacts is limited and highly dependent on the particular CBSI activities. When these entail direct health service provisions it is more likely that health outcomes will be monitored and noticed (e.g. the case study from Sri Lanka). However, for many CBSIs, impacts on physical health are not the primary aim and therefore may not be expected; they are then also unlikely to be monitored.

There is also a significant group of CBSIs that focus on education, training and income generation. It can be argued that increased levels of knowledge and health literacy could lead to direct health gains, in particular in managing lifestyle factors relating to chronic diseases such as diabetes and hypertension.

CBSIs can help contribute to people-centred services.

One of the strategic policy directions of the Framework on integrated, people-centred services of the World Health Organization (WHO) is empowering and engaging people and communities (WHO, 2016). CBSIs are clearly demonstrating that they are empowering and engaging communities and helping build trust and social networks to support older persons. This can lead to empowering individuals to shape their environments, which contributes to the healthy ageing process as explained above. From the systematic review, evidence also points to CBSIs' potential to equip older people with new skills, offering a rewarding experience accompanied by a sense of empowerment and achievement, as well as leading to a greater independence and self-support.

Another way the CBSIs contribute to the attainment of people-centred services is through engaging and empowering informal carers. The case studies from China, Viet Nam and Russian Federation have shown how peers of older persons can take on functions that might otherwise fall within the remit of social or healthcare professionals and fill gaps in the continuum of care that exist especially in rural areas.

Sustainability and scale-up of CBSIs

Given that many of the CBSIs are low-cost and rely on either volunteers or older people as agents of change, most models appear to be relatively sustainable.

Evidence from the ten case studies suggests that most CBSIs are able to continue in their current form and can therefore be seen as a sustainable approach to providing care for older people. However, challenges exist in regard to increased demand on services or factors affecting the scale-up of the CBSIs. The reliance on volunteers was seen both as an advantage and a disadvantage for the sustainability of the programmes examined.

In order to scale up or expand activities, CBSIs may need to develop strategies for securing long-term funding.

While CBSIs may present a low-cost model for providing support to older people in middle- and high-income countries, many CBSIs face resource constraints in scaling up or expanding their services, either as a result of limited funding or increasing demand for services as a result of increases in ageing populations. Information gathered from our ten case studies suggests there is a need for CBSIs to develop strategies for long-term funding and/or fundraising activities.

While the mix of people, skills and governance structures varied considerably across the CBSIs examined, the role of leadership and key individuals as 'product champions' appears to be a significant factor in the success of CBSIs.

CBSIs rely on the supply of a number of key skills, including those of volunteers, health practitioners, trainers, M&E experts and administrators. A common feature of all the CBSIs we examined in the case studies was the crucial role played by key individuals in managing, delivering and advocating the activities of the CBSI.

M&E processes were limited across CBSIs, but were seen as crucial to learning and adapting, demonstrating success and potentially attracting the resources needed to scale up CBSIs.

While M&E was seen as a crucial component in learning in, adapting and scaling up CBSIs, the majority of cases identified had limited to no M&E

processes in place. Developing mechanisms for M&E may help CBSIs to demonstrate gains in relation to health and healthy ageing. Such M&E mechanisms would need to be cognisant of the individual beneficiaries as well as environment and the interaction between the two. This in turn can be used to demonstrate success to policymakers and leverage funding from donors.

While linkages to the immediate health and social care system appeared to be limited across the CBSIs, many considered strategic partnerships as an important factor in a CBSI's sustainability.

Despite limited linkages with health and social care actors, the CBSIs identified were establishing linkages with the wider ecosystem of actors involved in older people's day-to-day activities. Factors identified by interviewees affecting linkages with health and social care systems appear to be rooted in informal networks and relationships, leadership and skills of CBSI staff and the reputation and longevity of the CBSI.

The evidence gathered on CBSIs suggests that the external context in which a CBSI operates should be considered, especially with regard to the country or region's policy context towards older people.

Policy contexts conducive to CBSIs, for example providing national-level legislation and policies for older people's rights, were seen as an enabling factor in the case of some CBSIs. CBSIs also have the potential to facilitate policy changes for older people through advocacy and the promotion of rights.

A CBSI typology

The research also sought to develop, test and define a typology for CBSIs. This specific aim was rooted in the need to: (1) provide a definitional and organisational structure to enable researchers and research users to organise evidence and establish a vocabulary that would facilitate a quicker identification of evidence and discussions around CBSIs; and (2) start to populate the typology in order to inform decision makers and implementers as to the relative advantages and challenges of different models.

The first draft of the typology was developed from the literature identified through the systematic review. This was complemented by the evidence from the ten case studies of CBSIs. The typology is organised around three main dimensions: empowerment of older persons, linkages with the health and social care services and scope, and scale and complexity. For each category of the typology we reflect on features, strengths and challenges.

In the table below we present the main types of CBSIs in our typology and their strengths and potential challenges.

Overview of characteristics of types of CBSIs

Typology category	Characteristics			Strengths	Potential challenges	Examples
	Empowerment	*Linkages with health and social care sectors*	Scale			
Foundational	• Low level of empowerment, with activities primarily focused on peer support	• Low level of linkage and coordination with local health and social care systems	• Small scale both in terms of the number of activities engaged in and the geographical area of operation	• Good opportunity to test or pilot a new intervention within a particular context • Requires a low level of funding, resources and skills	• Difficulties in scaling up interventions • Reliance on pre-existing networks or infrastructures (for example the Older People's Associations in the Chinese Community Care Pilot Programme) • Challenges in reaching a larger segment of the older population in a region • Health outcomes associated with these CBSIs are primarily related to reductions in social isolation and loneliness, with foundational CBSIs having limited ability to affect long-term health in older populations or change ageing-related policies	China and Serbia
User-driven	• Medium level of empowerment, with beneficiaries actively engaged in committees and meetings to help shape activities and courses offered	• Low level of linkage and coordination with local health and social care systems, beyond involvement in training courses, as they are often not explicitly designed as health interventions	• Small scale in terms of the geographical area of operation, often linked to a particular university • Primarily offers training and educational activities, including cultural and recreational activities, and relies on shared resources and membership fees to fund activities	• Well-being, social and psychological health appear to be the primary outcomes of the intervention, as well as increases in the health literacy of participants • Can be relatively low-cost, able to sustain activities with relatively little funding and able to generate funds through membership fees	• Tends to serve a particular type of beneficiaries, predominantly older women from relatively affluent socio-economic backgrounds • May not be appropriate for older people who have limited mobility or autonomy (e.g. bedridden or severely disabled) • Difficult to link to the health and social care system, as not primarily focused on health	Ukraine, Lebanon, Thailand
State-supported, networked	• Low level of empowerment as interventions tend to be more top-down, aimed at beneficiaries with limited agency	• Low level of linkage and coordination with local health and social care systems, beyond involvement in training courses, as often not explicitly designed as health interventions	• Several different activities on a small scale geographically, or operates a small number of activities on a medium-scale geographically	• Ability to reach those most in need • Ability to coordinate with the health system • Ability to operate across a larger area/scale up • Sustained and dependable funding/political support to run the programme • Can attract greater attention/ visibility from other actors, such as universities, due to state support	• Reliant on state funding, difficult to adapt • Low level of empowerment for beneficiaries; however, this may mean interventions are more appropriate for older people with limited mobility or autonomy (e.g. bed-ridden or severely disabled)	Russian Federation and Viet Nam
Adaptive	• Medium to high level of empowerment, with beneficiaries actively engaged in all aspects of the CBSI, including designing and managing the CBSI activities and policy/advocacy activities	• High level of linkage and coordination with local health and social care systems, through referral systems and coordination on direct service provision as well as representation in national-level policymaking	• Large, complex interventions often spanning a large geographical region or operating at national level • Tends to require high levels of funding and able to reach a large proportion of the older population in a given region/country	• Able to reach a large number of beneficiaries • Able to adopt a more holistic approach • Potential for attaining health outcomes beyond social benefit	• Substantial human resources/skills needed	Chile, Sri Lanka, Iran (Islamic Republic of)

Considering the evidence gathered through all research strains, the following reflections for policy, research and practice of CBSIs are presented.

Policy implications	CBSI implications
Map and engage CBSIs at local level in view of understanding their potential in furthering efforts to ensure people-centred health services A greater understanding of CBSIs at national level could be ensured by undertaking a mapping exercise that could employ the typology created throughout this research. This could facilitate both public- and private-sector actors better understanding the opportunities for engagement with CBSIs. **Ensure a better understanding of the value for money that CBSIs bring** There may be an inherent assumption that CBSIs are cost-saving to health and social care systems, but this may not be the case and this will be important to ascertain. Capturing the societal costs of CBSIs, such as the time and resources given by volunteers, older people and family members, will be important to consider in addition to the range of societal benefits offered by CBSIs. **Create a policy environment conducive to moving CBSIs away from a continuous pilot stage through dedicated funding streams** A policy environment conducive to CBSIs' functioning should consider not only creating opportunities for accessing seed funding but also potential funding streams that could be accessed towards diversification of activities and scaling up. These could be in the form of national funds or credit schemes for CBSIs. **Foster spaces to ensure knowledge translation and networking between various actors** Policymakers could foster interactions through various initiatives (e.g. as part of already established events dedicated to ageing) between CBSI representatives and other local actors (e.g. health professionals). These spaces would need to consider incentive mechanisms for the latter category.	**Look for opportunities to collaborate with community groups operating in the same geographical area** Coordination with existing initiatives supporting older people may help ensure that duplication of effort is reduced and may support wider, national-level advocacy for older people's rights. **Build strategic partnerships with local policymakers or academia beyond the health and social care system, depending on the objectives of the CBSI** CBSIs should consider where there are opportunities to coordinate or collaborate with existing services. Adopting an ecosystem approach to partnerships, whereby the variety of stakeholders working on ageing-related issues are included in both formal and informal partnerships, can be seen as an important factor. **Promoting intergenerational activities, where applicable, may be an important feature in the sustainability of CBSIs and may help to reduce the stigma of ageing in middle-income countries** CBSIs should consider where there may be opportunities to promote intergenerational activities and what the incentives are for their involvement. **Embed M&E processes in CBSIs which are low-cost, effective and not burdensome** Specific M&E indicators for evaluating the impact of activities on older people's health (physical, mental and well-being) as well as potential broader healthy ageing benefits, may help CBSIs to demonstrate progress to donors. Coupled with this, M&E indicators can be used by CBSIs to set milestones and measure progress against their own objectives. **Create opportunities to disseminate learning and evidence of impact** CBSIs should consider advocacy and dissemination strategies to share learning among CBISs and the wider policy community working on ageing-related issues.

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