**EXERCISE 9.1: REFLECTION ON PART 1 AND INTRODUCTION TO PART 2**

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| **Activities: 30 mins** |
| If you have been working through Part 1, welcome back course members to Part 2 of the course. Invite comments on the course work and written work from Part 1.  Outline the course programme for Part 2 of the course and go through H9.1A.  In Part 1 the course explored ideas about health. This session you will be concentrating more on how to put these ideas into action, finding out how things are organised locally and the community health work that is going on. We will be going out and talking to people and also inviting people to come and talk to us. Are there any childcare arrangements or other issues that need to be taken into account?  This course is about a community development approach to tackling health problems. To remind us of some of the themes touched on in Part 1, in this unit we will look at some of the key policy documents which have influenced community development and health - the Alma Ata Declaration and the Health 21 – World Health Declaration. We will also be looking at some more local policies and how they relate to the issues that affect our lives. |

**EXERCISE 9.2: THE ALMA ATA DECLARATION/WORLD HEALTH DECLARATION**

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| **Activities: 60 mins** |
| This exercise works best if you have a fairly spacious room with a lot of light upright chairs that you can easily move around. Please pay due care and attention to safety aspects, particularly if some people have accessibility difficulties.  1. In community health work people often refer to the Alma Ata Declaration and the slogan ‘Health for All’, so it seems important to know a little about what it was.  2. Alma Ata is a place. It is near the border of the former Soviet Union and China and in 1978 the World Health Organisation and UNICEF organised a conference there. It was significant because the ideas discussed at the conference and the declaration or statement produced at the end showed a shift in thinking by all the countries represented.  3. The conference participants wanted to look beyond traditional health services and the medical idea of treatment and cure towards more emphasis on the social and economic influences on health. We identified some of these influences at the beginning of Part 1 when we looked at what affects our health. The Alma Ata Declaration was signed by 134 countries, including the UK. For those attending the conference, the idea of ‘Health For All’ represented a commitment to greater justice and equity in how health resources were used.  4. The Health 21 – World Health Declaration of 1998 endorsed the key statements of Alma Ata and brought it up to date. It is this document that we will be looking at today although you will also get a copy of the key clauses of the original Alma Ata Declaration for your own reference and background reading.  5. Give out H9.2A. How do people feel when faced with official documents like this?  Remind them of Unit 5 in Part 1 – the session about power, and how jargon and official language can make us feel stupid. Sometimes this makes us not want to look at anything of this nature, but if we do this, we cut ourselves off from information which could be helpful or that we need to know.  6. Split the group into pairs to discuss the document. Ask each pair to concentrate on one particular clause and ask them to note down what  they think each clause means and if there are any ideas from Part 1 of the  course that relate to this.  7. Bring the group back together for feedback and general discussion.  Discussion Points  • What do the group members think of these statements?  • Do they feel that the document has any relevance for people in  Scotland? In their own communities?  8. Next, give out H9.2B for participants to read in their own time and  confirm briefly the key concerns of Alma Ata which are:  • A commitment to EQUITY  • The RIGHT of people to be involved in significant decisions concerning their health services - COMMUNITY PARTICIPATION.  • The need for the medical profession to collaborate with others who make a contribution to people’s health - INTER-SECTORAL COLLABORATION. |

**EXERCISE 9.3: NATIONAL AND LOCAL POLICY**

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| **Activities: 60 mins** |
| The Scottish Government in 2007 established its National Performance Framework. Within its overall purpose of creating ‘a more successful country where all of Scotland can flourish through increasing sustainable economic growth’ it has set 5 strategic (overall) objectives with a number of related outcomes (statements of what needs to change). Give out H9.3A – the Government’s Strategic Objectives and National Outcomes. In small groups ask people to identify which of these most strongly connect to the key issues within their communities.  • Is it just the ‘healthier’ objective and outcomes that are relevant or  are there others that connect to local health issues as well?  At local level, Councils, Health Boards and other partners are required to develop plans and strategies that will describe how they will contribute to meeting the Government’s national priorities. There may be a variety of local strategy/planning documents which serve this purpose.  Using your local Single Outcome Agreement (or alternative local strategy/plan) ask people to identify the key themes, topics or actions which are most relevant for them. Note - the experience of searching through these types of documents can be a bit daunting. To make this easier it may be better to pre-select relevant sections of the SOA or other local strategies/plans. Bring people back together and in closing discussion try and highlight the links between the statements in the World Health Declaration, the National Performance Framework and the local strategies/plans. Remind participants about the discussion in Unit 1 in relation to who has responsibility for health and the need to look at this wider than just the NHS. |

**EXERCISE 9.4: SOCIAL JUSTICE**

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| **Activities: 30 mins** |
| What is happening in our communities?   1. Explanations for poverty and ill health differ widely and are often strongly expressed. This exercise involves examining two very different views about life in some of our larger housing schemes. 2. Give out H9.4A and H9.4B. Here are two very different views about life in working class communities. Read them carefully and discuss the following points:  * What different views are represented here? * Are these views shared by more people in society? * How do these opinions and ideas compare with experiences in the group? * How do these different views make us feel?  1. Now ask the following questions:  * Would they like to see something change about this? And if so, what would they change? * Why did it concern them or make them angry, upset or frustrated?   Write up key points and encourage all group members to take part in this discussion. Then recap about why people may want to try to change things. For example, is it:   * a concern for justice, because things are unfair? * so that people don’t have to suffer? * to reduce isolation? * because the issue makes people feel hopeless? * because some people are not getting the help that is available to other people?   Draw out the underlying values that are involved. If it seems appropriate  remind people of the idea of equity - suffering that is unnecessary or unjust. |

**EXERCISE 9.5: RECAP AND SUMMARY**

**(15 mins)**

Recap on the main points from this session referring to the flipchart if necessary:

* Alma Ata and Health 21
* National and Local Policies/Plans
* Social Justice

Give out Learning Log Unit 9 and allow participants time to fill it in before they leave.