**Transcript**

***Professor Jane Farmer – Community participation in health improvement***

Okay, my research is about working with rural communities, and it’s about designing things with rural communities. And the premiss of it is that in the past you’ve had lots of top down solutions to rural health issues and our idea is that bottom up might work better. So we work through a process with rural communities around what are their health issues, what are their service issues and we bring data to them, we get them to ask questions themselves and we bring them round to an idea of how they would like, what their priorities are about health and health services and how they would like to see those addressed.

Okay, so there would be several outcomes really. One is around looking at what communities themselves would design for their services and having done some work of this kind previously in Scotland, it’s actually quite interesting the kind of quite radical solutions that communities will come up with that policymakers might never have thought of. So there’s that. There’s the kind of well, what do people actually come up with themselves. Then during that process we also find that people, they learn a lot about health and health services so what we want to do is to develop a way of measuring the kind of literacy if you like, that they get about health in that process and obviously down the line we want to then measure if the services, or ideas that the communities have actually do improve their health and are implementable. So we get the communities involved in the next stage which is that to implement the designs that they come up with.

Okay, well I think one of the ideas is really that in a lot of policy documents nowadays the services are told to engage communities in decision making. But there’s really very little advice as to how to do that and also as to what their actually trying to achieve in that process. So what we’re trying to do is figure out A. a way that the services can actually do this. How can they involve communities? B. Does it really give good outcomes? What kind of outcomes does it give? Does it give better service designs? Does it give better health down the line? And does it help people to understand more about their health and their services. So really the benefits are really, are kind of obvious, I hope in that they should, this is a way to involve people much more in designing things for themselves.