



ORIGINAL ARTICLE

# Impact of Community-Based Approach as Policy Tool: World Health Organization-Designated Safe Communities of Korea and Health Action Zones of the United Kingdom

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**Abstract**

**Objectives:** The aim of this study is to ascertain and identify the effectiveness of area-based initiatives as a policy tool mediated by societal and individual factors in the five World Health Organization (WHO)-designated Safe Communities of Korea and the Health Action Zones of the United Kingdom (UK).

**Methods:** The Korean National Hospital discharge in-depth injury survey from the Korea Centers for Disease Control and Prevention and causes of death statistics by the Statistics Korea were used for all analyses. The trend and changes in injury rate and mortality by external causes were compared among the five WHO-designated Safe Communities in Korea.

**Results:** The injury incident rates decreased at a greater level in the Safe Communities compared with the national average. Similar results were shown for the changes in unintentional injury incident rates. In comparison of changes in mortality rate by external causes between 2005 and 2011, the rate increase in Safe Communities was higher than the national average except for Jeju, where the mortality rate by external causes decreased.

**Conclusion:** When the Healthy Action Zones of the UK and the WHO Safe Communities of Korea were examined, the outcomes were interpreted differently among the compared index, regions, and time periods. Therefore, qualitative outcomes, such as bringing the residents' attention to the safety of the communities and promoting participation and coordination of stakeholders, should also be considered as important impacts of the community-based initiatives.

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## 1. Introduction

In the governance era, the policy tools or instruments have been more significant than program itself regarding its impact on the outcomes, and they are identifiable by being structured to address a public problem [1]. Of the policy tools, a community building such as area-based initiatives (ABIs) is characterized as a multiagency collaboration, long-term perspective, locality, and so on. In this context, the meaning of the community is different from simple collection of building or general public. It also holds territorial and relational concepts among the people. Mattessich and Monsey [2] found several definitions of community such as (1) “a location or interaction among individuals for mutual support with a common interest or tie” and (2) “people who live within a geographically defined area and who have social and psychological ties with each other and with the place where they live.” Similarly, Green and Haines [3] define community development as “planned effort to build assets that increase the capacity of residents to improve their quality of life.”

Therefore, strengthening the community capacity for long-term outcomes is a fundamental factor rather than achieving short-term outcomes in the area-based community development such as the World Health Organization (WHO) Safe Communities and Healthy Action Zones (HAZs) in the United Kingdom (UK). These characteristics may serve as disadvantages as a community-based policy tool. Although Howlett and Ramesh [4] characterized the use of community as the weakest form of policy instrument, they also asserted that community-based policies are favored in many societies because of their cost-effectiveness, consistency with the cultural norms of individual freedoms, and support for family and community ties. Although many researchers have not paid attention to community-oriented governing techniques, community-based policies have key focal components of using local geographic areas as the communities; enhancing existing community-based services, community structure, or identity; building a stronger bond among the general citizens and nongovernment community organizations; and establishing decentralized policymaking [5]. As community-based policies are the ABIs, it is difficult to detect the effects of each program. However, they are a useful policy tool to capture and manage the changes in communities as a whole. The aim of this study is to ascertain and identify the effectiveness of ABIs as a policy tool mediated by societal and individual factors in the WHO-designated Safe Communities of Korea and the HAZs of the UK.

## 2. Materials and methods

### 2.1. HAZs of the UK and the evaluation

In the late 20<sup>th</sup> century, improving specific geographic area was a popularized approach as a

government-programmed policy tool [6]. However, in the UK, ABIs have been deployed to ameliorate the problems in distressed areas owing to the inadequate responses of both the market and the state [7]. HAZs have been established as vehicles for change since 1997 in the UK. The aim was to explore mechanisms for breaking through current organizational boundaries to tackle inequalities, and deliver better services and better health care, building upon and encouraging cooperation across the National Health Service. Twenty-six zones were selected with a range of projects designed to be developed over a 7-year period because of their high levels of ill health and disadvantages. However, HAZs need to be assessed in detail according to the following items by index: (1) improving health and reducing health inequalities, (2) tackling the root cause of ill health, (3) empowering local communities, (4) reshaping health and social care, (5) becoming learning organizations, and (6) developing effective partnerships.

To evaluate HAZs, the theory of change has been introduced in analyzing the outcomes. The “Theories of Change” was designed by the Aspen Institute to evaluate U.S. social policy programs [8,9]. The theory of change evaluation is a hybrid of both process and outcome analyses that can be used without any comparison groups with perspectives of all stakeholders involved, and it provides a strategic perspective on the policy interventions that are dynamic and complex [10–12]. However, the use of the theory of change as an evaluation tool should be based on a solid understanding of the outcome measure of the impact of policy as well as sufficient development of evaluation theory and method itself [7]. Indeed, central to a theory of change evaluation can be surfacing the implicit theory of policy instrument and outcome relation [13]. Even with the proper quantitative measure of both outputs and outcomes of ABIs, there are limitations in data analyses such as geographical coverage of survey data and noticeable changes slowly taking places [14]. For example, in the evaluation of HAZs, Sullivan et al [6] focused on four key areas: detection and examination of changes, study of collaborative capacity, and assessment of health inequalities. As an outcome, Bauld et al [15] compared the Mortality of HAZ with non-HAZ area to explore population level impact based on the theory of change. The results show that mortality from CHD decreased between 1997 and 2001. The mortality rate from suicide increased in deprived non-HAZ local authority areas and in second wave HAZs between 1997 and 2002. The greatest decrease was observed in first wave HAZ areas. Mortality from accidental falls in nondeprived local authorities is the lowest, although it increased in all four groups. The greatest decrease in mortality from accidents is in second wave HAZs [15]. A mixed picture emerges from this brief analysis. HAZs appear to have outperformed other areas in relation to a number of indicators that are related to their programs and national policy priorities. However, the findings are not consistent among the indicators.

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