

FOR PATIENT ASSOCIATIONS & COMMUNITY ORGANIZATIONS

You've built the community.

Now activate its health.

Health-Shared helps patient associations and community organizations turn trusted communities into living health networks — where members learn from each other, build confidence, and take practical action.

Designed for associations, charities, and community-led organizations that already have trusted relationships with people they serve.

Not another social
feed

Health activation
layer

Built on
community trust

Peer support &
lived experience

Evidence-grounded

01 THE PROBLEM

Trust is not the same as activation.

Patient associations and community organizations already do extraordinary work building trust and belonging. But trust on its own does not always translate into health action. Members still need structure, peer support, and a reason to keep engaging.

Between appointments	One-way information	Fading engagement	Missed potential
<p>Members still navigate their condition alone, without peer support or practical reinforcement.</p>	<p>Content and announcements don't create confidence. People need to learn from each other.</p>	<p>Trust built at events or through newsletters rarely becomes ongoing daily support.</p>	<p>Lived experience stays siloed. The community's most valuable resource goes untapped.</p>

Health-Shared is built for that gap. It helps organizations move from *community as audience* to *community as active health support*. The evidence on patient and community engagement shows deeper involvement can improve quality of life, self-efficacy, social support, and in some cases reduce avoidable healthcare resource use.

02 THE MODEL

A structured activation layer for the community you already have.

Health-Shared gives your organization a way to create an ongoing health activation space — where members share what works, learn from lived experience, and stay engaged between appointments, events, and formal touchpoints.

01

AI-Assisted Discovery

Structured discovery interviews surface real member needs, barriers, and language — so the community speaks to what people actually experience.

02

Guided Onboarding

Prompts and onboarding flows that make participation accessible and welcoming for all members, regardless of confidence or technical ability.

03

Peer Learning

Members share lived experience, practical strategies, and real-world insight — the knowledge that clinical content alone cannot provide.

04

Recognition & momentum

Light recognition mechanisms to encourage contribution, reward participation, and keep engagement sustained over time

05

Community Visibility

Your organization gains clearer insight into what members are actually struggling with, between events and formal touchpoints.

06

Continuity Layer

Stronger links between support, information, and action — so the community becomes useful in everyday life, not just at peak moments.

This is not social media noise. It is a **structured, health-focused community model** informed by published work on communities of practice, patient engagement, and community engagement in healthcare.

03 WHY IT MATTERS

Six reasons this is valuable for your organization.

More value for members

Members participate, learn, and support each other — not just receive information.

Stronger relevance

Your community becomes useful in everyday life, not just around campaigns or annual events.

Better quality of life

By supporting self-management and peer learning, the model helps people live better, not just feel informed.

Stronger case for Funders

A more active, evidence-informed community builds a compelling case to supporters, clinicians, and funders.

Lower unnecessary system use

Earlier action and better self-management can reduce avoidable strain on healthcare services.

Deeper lived-experience voice

Lived experience becomes a structured resource for others — not just a campaign talking point.

04 WHO IT'S FOR

Especially relevant for organizations already serving these communities.

Health-Shared works best where trusted relationships already exist and where members need ongoing practical support between clinical appointments. People living with chronic conditions

- Rare disease communities
- Carers and families
- Under-served or disadvantaged groups
- Healthy aging populations
- Long-term recovery communities
- People facing isolation or low confidence
- Communities with fragmented support

The evidence shows

Well-designed community engagement models can improve

✓ Health behaviours

✓ Health service access

✓ Health literacy

✓ Self-efficacy

✓ Social support

✓ Quality of life

Especially where there is genuine power-sharing and community voice.

05 GETTING STARTED

Start with one community, one health theme, or one cohort. Health-Shared is designed to begin as a focused pilot — so you can test, learn, and grow without disrupting the identity or trust of your existing community.

DURATION 8 – 12 weeks

STARTING SIZE One defined cohort or health theme

COMMITMENT LEVEL Low — designed around your existing capacity

APPROACH Build from trust that already exists

Pilot-Ready	Community-Led	Practical
Start with one trusted group, not your whole network.	Build from existing relationships and lived experience.	Turn peer support into something active, structured, and scalable.

EXAMPLE PILOT COHORTS

Condition-specific member group	Carers' support cohort	Healthy aging initiative	Self-management community
Newly diagnosed pathway	Youth / family support cohort	Prevention & lifestyle subgroup	Post-treatment recovery group

Trusted by leaders in primary care, public health, and community-centered healthcare.

“Empowering lived experience to lead and teach is a bold step toward inclusive, sustainable healthcare.”

Dr Sandra Appiah

Health-Shared Africa Advisor

“Health-Shared empowers individuals with the tools for sustainable self-care while providing verifiable insights for funders and policymakers. In an era of rising chronic disease burdens, it represents a scalable, equitable model to foster genuine behavioural change and reduce healthcare inequities.”

Prof Azeem Majeed

Professor of Primary Care and Public Health

BROADER SUPPORT

Health-Shared is supported by voices connected to public health and primary care, including leaders connected to PHAST and WeLReN.

The model is grounded in published research on community engagement, patient activation, and communities of practice in healthcare.

Research underpinning the model

Health-Shared is grounded in published work on communities of practice, patient engagement, community engagement, and digital self-management support.

Engagement reduces utilization

The literature indicates patient engagement can lead to reduced hospital admissions, improved effectiveness, efficiency and quality of health services, and enhanced accountability.

Source: [Bombard et al. Engaging patients to improve quality of care: a systematic review](#)

Community engagement & better health outcomes

Community engagement approaches frequently improved health behaviors, health service access, health literacy, and a range of health outcomes, especially when collaborative partnership was present.

Source: [Cyril et al. Exploring the role of community engagement in improving the health of disadvantaged populations](#)

Community engagement & health inequalities

Solid evidence that community engagement interventions have a positive impact on health behaviors, self-efficacy, and perceived social support outcomes across a range of settings.

Source: [O'Mara-Eves et al. Community engagement to reduce inequalities in health: a systematic review](#)

Virtual communities of practice

A Health-Shared-relevant study found the platform rated as usable and acceptable, with strong perceived potential to support patient activation, self-management, and improved patient-provider engagement.

Source: [Kashora et al. Virtual Communities of practice and patient self management](#)

Communities of practice in healthcare

A systematic review found that CoPs in healthcare showed improvements in hospital-based services, primary care, and direct clinical outcomes among studies with statistically significant effects.

Source: [Noar et al. The aims and effectiveness of communities of practice in healthcare: A systematic review](#)

Patient engagement & system improvement

Patient engagement can inform education, tools, planning, and policy, and can enhance service delivery and governance; higher-level co-design was more often associated with care-process or structural outcomes.

Source: [Bombard et al. Engaging patients to improve quality of care: a systematic review](#)

Five steps from community trust to health activation.

1

Choose a group or theme

Start with a defined community or health issue where trust already exists.

2

Invite a core cohort

Begin with a smaller group before expanding to the wider membership.

3

Run AI supported discovery

Capture what people actually struggle with, what support they value, and what they wish they'd known.

4

Turn insight into participation

Those themes become onboarding, prompts, shared learning, and practical activity.

5

Grow activation over time

Members gain confidence and peer support. Your organization gains clearer insight into member needs.

08 VALUE BY STAKEHOLDER

What this means for everyone involved.

Community Leaders	Members	Funders & Partners	Society
<p>A stronger way to turn trust and participation into practical health value. Structured activation that deepens your community's relevance and impact.</p>	<p>More peer support, more confidence, more relevance. More help between formal touchpoints and appointments.</p>	<p>A clearer activation model with stronger logic for impact and sustainable value. Evidence-informed participation that supports funding conversations.</p>	<p>A stronger community support layer that can reduce avoidable healthcare use through earlier action, better self-management, and stronger follow-through.</p>

10 COMMON QUESTIONS

Direct answers to the questions we hear most.

Is this just another online forum?

No. Health-Shared is a structured health activation model, not an open discussion space. It is built around guided participation, peer learning, and meaningful follow-through.

Will this replace our existing community?

No. It is designed to strengthen and structure the trust you have already built, without changing your culture, identity, or existing communications.

Is this only for clinical organizations?

No. It is especially relevant for community organizations, charities, and patient associations that already have trusted relationships with the people they serve.

Can we start small?

Yes. The model is designed to begin with one community, one subgroup, or one health theme — so you can test, learn, and grow at your own pace.

Do members need to be technically confident?

No. The platform is designed with usability and accessibility in mind, and accessibility considerations are actively addressed in pilot design.

TURN YOUR TRUSTED COMMUNITY INTO A LIVING HEALTH NETWORK

You have already built trust, belonging, and participation.
The next step is to help that community become more active in improving health and quality of life.

[BOOK A COMMUNITY DEMO](#)

ASK ABOUT A PILOT