Chapter 4
What makes communities tick?

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Learning objectives

- Identify and describe a community of place and a community of interest.
- Assess community capacity for community health development.
- Correlate community capacity and community health development in rural and remote communities.
- Access tools to appraise community capacity.
- Identify social capital within communities and assess how this impacts on community capacity.

Introduction

First, this chapter identifies the different ways we can use the term ‘community’ when working with rural communities to improve health and wellbeing. We examine two definitions of community: a community of place and a community of interest. The definitions we provide are consistent with the sociological literature on community.

Secondly, we discuss some of the capacities a community needs to have, and we need to be aware of, when we work with communities in community health development. Community health development involves community-level activities beyond what we traditionally think of as health, such as festivals, markets and events. It also involves activities within health, such as health planning, health promotion, early intervention, prevention, and health services development.

Community capacity building always involves partnerships between communities, a whole range of professionals, governments at all levels, and others who can assist. The tasks involved in working to address the social determinants of health at the community level are so complex that these partnerships are essential in achieving a sustainable outcome.

There are a number of useful tools available to help assess community capacity. Most of these are generic, that is, they do not specifically address health development; rather, they provide a guide to assess capacity for all kinds of development. There is as yet insufficient research to tell us which specific capacities are related to specific kinds of community health development.

In this chapter, the case study of Treetown is introduced to illustrate how we define and understand communities and community functioning. The case study of Seatown is then provided to illustrate the importance of existing tools in helping to understand the subtleties of a community, and how such tools can be used to develop and evaluate community development strategies.

Case study 4.1 Treetown: a cosy community?

Treetown (population approximately 1000) is a small rural town located away from the coast and several hundred kilometres from the capital city. The town is the centre for a well-established agricultural district with wheat, barley, wool, and beef cattle as the main primary industries. The local government area, with its administrative base in Treetown, has a population of 4000. The population of the district is stable, but it is ageing with a quarter of the population of the local government area aged 60 years or over.

It is this older group that has the say about what happens in the town — which industries will be supported, what infrastructure is required, and how the community resources are distributed. Over the years, the farms have been productive because of reasonably predictable rainfall, and it is the farm income and the agricultural industry that makes the town viable. The same farming families have been in the district for generations and are always members of the local council and the backbone of the numerous service and sporting clubs. It is the farmers who lobbied to ensure that the local bank remained open. Farmers established the community development council to support the diversification of the town's economy with the introduction of new industries such as grape growing and machinery manufacturing. While small businesses and the service industries are vital to the communities' survival, the 'main-street businesses' are not represented on the council and are not decision makers in the community.

The main street of Treetown has a prosperous feel about it: plenty of activity, few empty commercial premises, and a well-tended park at the southern entrance to the town. Some call the hospital and general practice the 'heart' of the town and the buildings are well cared for and demonstrate the level of community ownership and contributions that have gone into their establishment over the years. The local hospital board consists of older people, mainly farmers, who have been associated with the hospital for generations. The district depends on the health care provided by the 10-bed local hospital, the general practice with three doctors, the aged care facilities, and the community health centre. It is thought that if, for any reason, the town could not recruit GPs, the hospital would be under threat. This would be a problem not only because of the need to travel to obtain inpatient care, but also because the hospital and health services are the major source of 'off-farm' employment.

While the farms and small businesses are reasonably affluent, the Indigenous people, who are the custodians of the land, find it difficult to gain employment in Treetown. This situation, along

with limited access to their land, food supplies, and water resources, has made it difficult to maintain a viable lifestyle. Most Indigenous people now live in a 'community' of about 400 people located outside Treetown. Although actively developing their community, dispossession of land and consequent material poverty as well as other factors have impacted negatively on community members' health. Historically, there has been poor access to health services in Treetown, although the general practitioners are well aware of the need to address Indigenous health issues and have a history of working collaboratively.

Discussion

Is Treetown a community?

Treetown can be defined as a 'community of place'. A community of place has three aspects. Firstly, there is a more or less commonly agreed geographic boundary. People, when asked, can identify those areas that make up the community, although the boundaries might be defined differently for different purposes. For example, for health service administration, Treetown might include the three little surrounding towns; but, as far as sporting events go, the towns might have their own teams and not be part of the Treetown community. Secondly, there are patterned social interactions amongst people who live in the area. There is an acknowledgment by most people who live there that they are part of a community. These patterned interactions are supported through a local society. There are organisations, structures and networks that enable people to come together and fulfil their business and social needs (Wilkinson 1991, Burke 2001a, Cheers and Luloff 2001, Taylor et al 2007). However, not all people that can meet their needs are in this community (Bourke 2001b).

Understanding communities is rather like doing a jigsaw puzzle. Treetown is not a cosy idyllic community or one big happy family. Decision making is not shared throughout the community and Indigenous people are excluded from many aspects of community life. It is a real-life community with all the exclusions, prejudices, strengths, and ups and downs of any community. However, Treetown, like Mallacoota, the town mentioned in the previous chapter, has been able to purposively bring together its resources, both financial and people skills. There is expertise to develop health services and maintain the bank, sporting facilities, and service clubs. We call these community capacities: the combined influence of a community's commitment, resources and skills that can be used to build on community strengths and address community problems and opportunities (Cheers et al 2005).

A community of interest

Within Treetown there are 'communities of interest'. Adopting Guterbock's (1999) definition, communities of interest are groups of people who share a consistent set of interactions around a common interest, whether it be an economic, social, political, spiritual or cultural interest. Communities of interest may come together for a specific time-limited purpose, such as advocating a new service or lobbying a political party about an issue before an election. An example of a community of interest in Treetown is the environmental group, which lobbies government for improved infrastructure to support a

wind farm. People with similar cultural and ethnic backgrounds frequently interact as a community, providing for the social, cultural, and spiritual needs of their members.

Communities of interest are not necessarily bounded geographically and people may belong to more than one community. Almost always, communities of interest and communities of place coexist in multiple layers. In Treetown, for example, non-Indigenous people talk about the Indigenous community as if it were one community. However Indigenous people may see themselves as part of many communities: the Traditional Owner Groups because of kinship lines, the Indigenous community in Treetown, or other communities focused on towns where people were brought up (Cummins et al 2007).

What are Treetown's capacities to engage in health development?

Looking at its history, Treetown could be said to be a community with capacity to support development. But now things are different and there are new challenges. There is an ongoing drought and a downturn in the newly emerging industries. There is an increased prevalence of depression in all age groups, and Indigenous people are unable to access the health services because of financial and transport problems. What capacities does the community have to cope with the current issues?

One of the most important community capacities is the ability to bring community together across sectors to address development issues, deal with social problems and advance community wellbeing: the ability to mobilise a 'community field' (Sharpe 2001). The basic characteristic of the community field is the purposive interaction across diverse sectors that facilitates awareness of local concerns and enhances the flow of information, financial resources, and expertise to address the problem. It is problem-solving across sectors, rather than just in any one sector, that is important. It is also important that it is the whole community's interests that are uppermost, not just the interests of any one community group.

Typically, Treetown uses its local council and community development association to solve development problems. At any meeting of the local council, we find the town's powerful people, primarily from the primary industry sector, discussing the problems of drought and trying to work out solutions. There is not yet the emergence of a community field, a range of people coming from diverse sectors working together for community betterment.

To develop community health, including addressing mental health concerns, bringing people together from diverse sectors is essential. We know that health issues affect everyone, and that community participation in all types of health activities has long been argued to be fundamental (WHO 1991). With only sections of the community working together, health development will be thwarted.

Overall, this case study illustrates the need to assess community strength and capacity in order to assist in health development.

Challenges for the learner and teacher

1. Why do you think it is important to have people from different community sectors, (primary industry, education and others) working with the health sector to improve health?
2. If Treetown wanted to address the problem of depression among young people, which community sectors might need to plan together?

Case study 4.2 Seatown: a town under siege

Seatown is an isolated coastal town of 6000 people, 500 km from its closest neighbour, a centre of only 19 000 people. It is the regional centre for an area that extends about 300 km north, 300 km south and 500 km inland. It has a diverse population with 10% of its residents born overseas and 18% of Indigenous descent. It has high levels of alcohol-related problems. Because of this, the town has a bad image in the media; this image fails to demonstrate the strong community cohesion that also exists.

As a result of the issues facing the local community, the local population health unit began to deliver and support programs aimed at promoting fundamental cultural changes in the local community. Specific activities include a Christmas campaign, a children's festival, a reconciliation committee, the development of a local growers' market and a men's health program, based on a community development model. A number of new initiatives are also occurring independently of the population health unit, such as the opening of the Cultural and Heritage Centre, and a boom in real estate with local industry providing increased local optimism and employment.

Beyond the obvious health implications, demonstrating success is important in today's funding environment, which, to justify their continued existence, demands evidence that programs are having an impact.

In an attempt to measure program impact, researchers surveyed residents in Seatown in 2003 using an instrument that measured levels of social, community and civic participation, trust of subgroups within the community and of government and private services, experience of racial tension, and self-reported mental and physical health status.

From a representative sample of residents, the researchers learned that irrespective of gender and culture, most people enjoyed living in the town, felt that they could draw on the advice and support of their friends, with whom they met regularly, and would participate in activities benefiting the community. Most residents attended community activities of some sort; the most popular being those suited to families. Participation in civic affairs was also high.

Yet within this cohesive community, residents also reported conflicts, stresses and loss of privacy that detracted from living in the region. There was a general feeling that life in the town had either not improved over the years or was getting worse. Unlike non-Indigenous residents, Indigenous residents were more likely to think constantly about their identity as an Indigenous person, and in the previous four weeks one-third of Indigenous respondents had felt physical or emotional symptoms as a result of how they were treated because of their culture. Finally, although the overall health of the community was similar to the national population, some

subgroups, particularly within the Indigenous people, demonstrated much poorer physical and mental health.

A social model of health is important in promoting and sustaining healthy communities. The Director of Seatown Health was vocal in his support for a social model of health:

> As long as governments continue to focus the majority of health dollars on institutions and people that deal with the sick, we shall continue to face spiralling health costs. Throughout history, it has been socio-political change that has had the greatest impact on health — not drugs or doctors. International evidence supports investment into social determinants of health and the fundamentals such as transport, housing, food and activities that foster civic participation such as the arts, sport, culture, festivals and events. It is time to act on this information. (Director, Seatown Health Services).

Discussion

Assessing community capacity and strength

There are several ways to assess the strengths of Seatown and understand its complexities. First, we can use an instrument, or a set of instruments, to ask community members about social, community, and civic participation, trust between subgroups within the community and other topics of interest. This is an individual-focused process. A second method is a collective community approach using an assessment tool that is used by a selected group of community members who go through a research process to provide a collective view about the communities' strength and capacities. Both methods are appropriate; which approach is used will depend on the purpose of the audit and the nature of the community. The following section provides information about community capacity assessment tools.

Assessing community capacity for health promotion

According to Laverack (2003) and Labonte and Laverack (2001), there are nine domains that are important for developing community capacity:

- assessing the level of community participation
- assessing leadership
- assessing organisational structures
- problem assessment
- ability to mobilise resources
- ability to question and analyse
- links with others (partnerships)
- ability to call on outside agents
- program management expertise.

Ideally, the process of capacity building involves four phases. First is the preparatory phase: groups, individuals, and/or the community as a whole discuss whose capacity is being built and what empowerment really means in practice. Secondly, in collaboration, an assessment of each of the capacities is made and shared with the community. Thirdly, a strategic planning exercise is used to identify how to strengthen each of the domains, and finally there is a follow-up phase where progress is measured.

The strategic planning phase consists of five components:

- the assessment of the domain
- the reasons for the assessment
- an assessment of how to improve capacity of the domain
- the strategy that will be used
- the resources needed.

Assets approach to community capacity building

There is always a tendency to focus on deficiencies and gap analysis in the development of programs. The assets approach aims to focus the community on positive talk, to identify 'what is' by a process of 'the 4Ds':

- Discover: appreciating and valuing the best of what is
- Dream: envisioning what might be
- Design: dialoguing what should be
- Deliver: innovating what will be.

The electronic community capacity assessment tool

As mentioned earlier, there are different ways of auditing capacity; few measure the whole of community. One instrument that does is the community capacity assessment tool developed by Primary Industries and Resources, South Australia (PIRSA) in association with Cheers et al (2005). This electronically-based community capacity audit/assessment tool was developed initially to profile capacity to support local primary industries; however, the latest version (2007) has a broader community base for measuring a community's capacities and can be used for a number of purposes including maintenance of effective health and social services. The assessment tool is used by a community assessment group and assesses seventeen capacities in eight sectors. The South Australian Government holds copyright for this tool.

Poor health status and concerns about the social environment in rural and remote Australia have prompted many researchers to highlight the particular need for social studies to enable the specific capacities related to health development to be better understood (Humphreys et al 1992, Baum 1999, Dixon and Welch 2000, Rolley 2000). To date, however, there has been very little research on the connection between health status and the social environment.

Understanding health development issues and community strength in Seatown

In Seatown, some of the components that may contribute to health development and community strength could include:

- changing demographic and socioeconomic status
- social network characteristics, social and civic participation, and social patterns that characterise the person's actions in times of need and adversity
- attitudes regarding social and inter-racial trust, personal ambition, norms and ideals, tolerance and civic participation
- attitudes regarding community leaders and adequacy of community services
- health status; specifically the Short Form Health Survey or SF-12, which has been widely used and tested as a stand-alone means of determining general health status at the population level (Sanderson and Andrews 2002).

Interventions to enhance community strength may need to be able to respond to as many of these components as possible to have a sustained effect.

A critical part of any assessment is measuring the trust bestowed by community members upon other members. In the study at Seatown, Indigenous respondents reported significantly lower levels of trust in local institutions and other community groups than non-Indigenous respondents. Trust is not a warm fuzzy attribute of a society; it has hard economic benefits. The former Chairman of the USA Federal Reserve Bank, Alan Greenspan (1999), states:

> … trust is at the root of any economic system based on mutually beneficial exchange … If a significant number of people violated the trust upon which our interactions are based, our economy would be swamped into immobility.

Trust also has physical benefits. High levels of social mistrust have been shown to result in higher levels of total mortality, infant mortality and cancer in communities (Kawachi 1997). The precepts of how trust develops are complex. Studies show that trust is often dependant on both cultural and social identity and that cooperation usually decreases as social distance increases (Buchan et al 2002).

Racism is another significant determinant of health (Kennedy et al 1997, Harris et al 2006) that has also been shown to result in increased high-risk-taking behaviour.

Similar to Treetown (Case study 4.1) and Mallacoota (Case study 3.3), Seatown has a cohesive community, drawing on the richness of the social, community and civic connectivity of its members. This needs to be celebrated and built on. However, there are also inherent inequalities and divisions that will ultimately restrict the development of the community, the enjoyment of life in the region and the physical and mental health of members of the community. Understanding this reality and complexity is the basis for development of successful interventions (WHO 1991, Turrell et al 1999, Ziglio et al 2000).

Challenges for the learner and teacher

1. What is the possible impact of racism with regards to the improvement of health in Seatown?
2. How might you work with schools to influence cultural norms around discrimination?
3. What are the challenges of working outside the mainstream health paradigm?
4. What stereotypes and values might you bring to this process and how would you guard against them?

Key points

- Communities of place have a commonly agreed geographic boundary, patterned social interactions amongst people who live in the area, and organisations, structures and networks that enable people to come together and fulfil their business and social needs.
- Communities of interest share a consistent set of interactions around a common interest (eg economic, social, political, spiritual or cultural interest). They may come together for a specific time or a limited purpose (eg to advocate for a new health service) or may be more long term (eg cultural or ethnic communities).
- People may belong to more than one community; almost always communities of interest and communities of place coexist in multiple layers.
- Community capacities are the combined influence of a community's commitment, resources and skills that can be used to build on community strengths and address community problems and opportunities.
- The assets approach to community capacity building focuses on positive talk to identify 'what is' by the 4D-process: (1) Discover: appreciating and valuing the best of what is; (2) Dream: envisioning what might be; (3) Design: dialoguing what should be; and (4) Deliver: innovating what will be.
- Capacity building involves four phases: (1) Preparatory phase: groups, individuals, and/or the community as a whole discuss whose capacity is being built and what empowerment really means in practice; (2) Assessment of each of the capacities is made collaboratively and shared with the community; (3) Strategic planning exercise to identify how to strengthen each of the domains; and (4) Follow up where progress is measured.
- The strategic planning phase consists of five components: (1) assessment of the domain, (2) reasons for the assessment, (3) an assessment of how to improve capacity of the domain, (4) the strategy that will be used, and (5) the resources needed.

- Community problem-solving is more likely to be successful if engagement is across all community sectors and the whole community's interests are uppermost, not just that of any one community group.
- Nine domains that are important for developing community capacity for health promotion: (1) level of community participation, (2) community leadership, (3) community organisational structures, (4) problem assessment, (5) ability to mobilise resources, (6) ability to question and analyse, (7) links with others (partnerships), (8) ability to call on outside agents, and (9) program management expertise.
- Assessment of community capacity may be individual-focused or collective; a mixed approach using a set of validated instruments is usual. Individual-focused assessment involves asking community members about participation (social, community, and civic), trust between community subgroups and other topics of interest. Collective assessment engages a selected group of community members provide a collective view about the communities' strength and capacities. Both methods are appropriate and which approach is used will depend on the purpose of the audit and the nature of the community.
- There are inherent inequalities and divisions that will ultimately restrict the development of the community, the enjoyment of life in the region and the physical and mental health of members of the community. Understanding this reality and complexity is the basis for development of successful interventions.

Recommended readings and resources

- ABCD (Asset-Based Community Development) Institute (2005). *Discovering Community Power: A Guide to Mobilising Local Assets and Your Organisations Capacity*, ABCD Institute and WK Kellog Foundation. http://www.northwestern.edu/ipr/abcd.html (Accessed March 2007)
- ABCD (Asset-Based Community Development) Institute (2005). *Hidden Treasures: Building Community Connections*, ABCD Institute and WK Kellogg Foundation. http://www.northwestern.edu/ipr/abcd.html (Accessed March 2007)

These two publications are practical guides to how to go about community development, including tools to assess various aspects of communities.

- Bourke L (2001a). Rural communities. In: *Rurality Bites: The Social and Environmental Transformation of Rural Australia*, Bourke L and Lockie S (eds), Pluto Press, Sydney, 118–128.

This publication provides an overview of rural community life.

- Cheers B and Luloff AE (2001). Rural community development. In: *Rurality Bites: The Social and Environmental Transformation of Rural Australia*, Bourke L and Lockie S (eds), Pluto Press, Sydney, 129–142.

This chapter covers key concepts about community development.

- Larson A, Gilles M, Howard PJ and Coffin J (2007). It's enough to make you sick: the impact of racism on the health of Aboriginal Australians. *Australian and New Zealand Journal of Public Health* 13:322–329.
- Laverack G (2003). Building capable communities: experiences in a rural Fijian context, *Health Promotion International* 18(2):99–106.

This publication provides a practice framework for community capacity building.

- Putnam R (1993b). The prosperous community: social capital and public life. *The American Prospect* 13:35–42.

This article introduces the concepts of social capital.

- Taylor J, Wilkinson D and Cheers B (2007). *Working with Communities in Health and Human Services*, Oxford University Press, Melbourne.

This book covers community practice frameworks and the key skills required for working with communities.

Learning activities

1. Using a town or community you are familiar with, describe the process you would follow to complete the planning phase of a community development program.
2. Describe how you would ensure that a representative group from the community/ communities is engaged in this process. What challenges might you face and how might you deal with them?
3. Describe how you would work with the community to influence cultural norms around drinking behaviour.
4. Describe some of the challenges and requirements of conducting a community-based evaluation as described in Case study 4.2.