

Creating Healthy Communities through Building Belonging, Connections and a Healthy Future By Ted Smeaton

Facilitating Health - an overview

Traditionally the institutional and government response to creating healthy communities is to increase access to medical staff, drugs and hospitals. The growth of the formal health system in the 20th century and early 21st century as a disease care system has been significant.

In the mid to late 20th century health professionals started to question the bias of the downstream focus, “the devotion of the disease care system to saving swimmers drowning down stream by heroic measures, rather than asking who or what is pushing them in the river in the first place” (Antonovsky, 1996). This led to an increase in disease prevention and health promotion.

Health promotion has concentrated on changing lifestyle behaviours. Lifestyles refer to “the consciously chosen personal behaviour of individuals as it may relate to health” (Kaeuter 1990). While an individual’s personal decisions play a significant part in determining health outcomes, more recently we have seen greater acknowledgment by policy makers and healthcare professionals of the significant role played by social and cultural circumstances that either propel or restrain health seeking behaviour (McKinlay 1993). That said, Antonovsky (1996), after a review of the literature, commented “when we look closely at the concept of lifestyle as it appears in the literature however, what is found is a list of (generally well documented) risk factors; smoking, other substance abuse, over nutrition, drunken driving, unsafe sex, exposure to injuries. We remain squarely in the camp of disease prevention.”

While health promotion for disease prevention has its place and there are many examples of where it has worked to good effect, Morgan and Ziglio, (2007) postulate that the more chaotic and economically depressed people are, the less likely they are to respond positively to health promotion messages, thus potentially having the unintended effect of increasing health inequalities in communities such as Ballinacurra Weston.

There has been a growing realisation that there needs to be an emphasis placed on the role of social conditions that create or inhibit good health and wellbeing.

The World Health Organisation has been promoting the idea that health is determined by a broad set of interrelated factors that are not only connected to personal behaviour but each factor is profoundly affected by the others. Eating a good healthy diet is affected by access to good food, a way of keeping it fresh and often money to purchase it. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health Final Report of the Commission (WHO

2008) documents a compelling case that health inequalities exist because of the political, social and economic forces that dictate the circumstances in which children are raised and families live and work. There is significant evidence to show the economic and social inequalities that create barriers to access of health services. (NHS Health Development Agency 2005, Harris, Eckersley 2001, Mahnken 2001) There is also strong evidence to show the connection between social networks, social exclusion and poor health outcomes (Berlet and Hacket 2000, Savage, Bailey and O'Connell 2003).

Eckersley (2004) documents a strong connection between social inclusion, meaning, happiness and health outcomes at both an individual and collective level.

Baumeister and Leary in summing up their research made the following observation "There are multiple links between the need to belong and cognitive processes, emotional patterns, behavioural responses and health and well-being The desire for interpersonal attachment may well be one of the most far reaching and integrative constructs currently available to understand human nature" (Baumeister and Leary cited in Howard 2006).

There is significant research that shows the correlation between health outcomes and a person's control over their life or work. (Stansfeld & Candy, 2006). The more people perceive that they are in control of their life the more likely they are to experience positive health outcomes. The World Health Organisation, in its report on Closing the Gap in a Generation, makes the important point that health is multi-faceted and to have healthy societies we must look beyond the traditional health system.

"Traditionally, society has looked to the health sector to deal with its concerns about health and disease. Certainly, maldistribution of health care – not delivering care to those who most need it – is one of the social determinants of health. But the high burden of illness responsible for appalling premature loss of life arises in large part because of the conditions in which people are born, grow, live, work, and age. In their turn, poor and unequal living conditions are the consequence of poor social policies and programmes, unfair economic arrangements, and bad politics. Action on the social determinants of health must involve the whole of government, civil society and local communities, business, global fora, and international agencies. Policies and programmes must embrace all the key sectors of society not just the health sector." (WHO 2008).

The Social determinates of health can be broadly classified into the following categories:

1. Personal behaviour
2. Social relationships (networks of support)
3. Physical environment
4. Economic status
5. Access to health care

Given the broad and complex relationships and areas of human endeavour, these five determinates of health cover a wide variety of innovative approaches needed to create a truly healthy society. While institutionalised medicine and health services have a role in changing personal behaviour, treating diseases and even preventing disease, partnerships with governments, and more importantly communities, will create a much more effective holistic approach to a healthy society.

Community Building and healthy communities

What role then can community building, in particular strength based approaches such as Asset Based Community Development, have in creating strong healthy children, families and communities?

There is no doubt that people sometimes engage in complex and self harming behaviours. It also seems that educating people about the danger of unhealthy behaviours or even suggesting positive alternatives will only take us so far. Strength based practitioners have for a long time known that building on people's strengths is a very effective way of changing behaviour. We have discovered through our work that citizens and communities exploring and understanding what matters to them or rediscovering what they care about is a powerful tool for creating citizen action to create a healthy, vibrant community.

As Margaret Weakly said "There is no power like the power of communities discovering what they care about." Communities that grow healthy and strong discover or rediscover what they care about. In all communities, no matter how marginalised or traumatised, people care about something. Parents care that their children have a good healthy life, that their children have a better life than they had. Once people re-engage with what they care about, positive, individual and collective life affirming action is more likely to occur. (Green, M. 2006).

In short, when communities create a shared hopeful vision, understand what they have and knowing that they collectively can make a difference, individual and community change occurs.

A few years ago I spent some time in a small Indigenous community in Western NSW, Australia. It consisted of a set of dilapidated fibro houses in the red dirt with broken down cars, oppressive heat, a small tin shed that doubled as the general store. On the gun-barrel straight dusty main road there were rows of 44 gallon drums painted in the distinctive red, black and yellow of the Australian Aboriginal flag. Not a piece of rubbish was to be found and there was a sign that said "we are a tidy town". A group of men were working on bringing an old rusted tractor back to life; children covered in red dust were kicking a football and laughing. A group of women were sitting under a tree, knitting and laughing.

That evening, I met with a group of elders and we talked about this little community, about their challenges, hopes and dreams. One of the elders, while holding her magic stone as she told me about how this town had woken up out of a haze of disappearances and violence and alcoholism. She told me proudly that for the first

time in ten years Santa Claus had come to town. There was a Christmas tree and children received presents for the first time.

I spoke to the young health nurse who came to the community once a week and he said that there had been a change in behaviour; that people were drinking less, violence had decreased and the community was stronger. He thought it was because Auntie had returned and went from house to house asking people about their hopes and dreams.

Listening Campaigns are a practical process where citizens come together to mobilise community members' talents, gifts and strengths. It animates community members to collectively act on what they care about.

Rediscovering what a person really cares about will often lead to healthy action once communities understand what resources they have, in particular the gifts, abilities and strengths of its citizens. Citizens begin to realise that everyone has a role in creating the vision of the future, that they have a part to play as well, not only in receiving health services, but creating health outcomes through activity, not only learning but teaching as well.

For citizens to take action to create a healthy, vibrant community, they must be able to believe they can make a difference. Unfortunately, when society organises as if creating healthy communities is predominantly the realm of medical treatment and specialised care carried out by highly trained medicos with expensive equipment in elaborate state of the art facilities, individuals see very little role for themselves other than as passive recipients of wondrous technology.

However, once health is defined as a partnership, and citizens have an equal role or, as the literature suggests, even a more powerful role in creating a healthy community, it becomes possible not only for citizens to change individual behaviour but collectively to make a powerful difference to a community's health and wellbeing.

Many community strengthening efforts we have been involved in started with collecting stories of success. These are examples of when citizens and communities have successfully created new opportunities or effected change, when they have felt most proud of themselves, their family and community. Collecting these success stories, no matter how small they appear to outsiders, creates a sense of agency and empowerment. Collectively citizens remember they have the ability to affect their individual and collective lives. Or as one community leader said to me "we are watering hope".

Helping individuals remember that they can together create health and wellbeing through collecting stories of success becomes even more important in an age where health and wellbeing has become a commodity that is bought and sold and predominantly the realm of experts.

Building a sense of belonging, networks and health and wellbeing

“Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.” Marmot (2010)

Strength based approaches such as Asset Based Community Development have an intentional focus on connecting assets together to co-produce the future that the community wants for itself. This approach recognises the power of the local. Where better to build a place of reciprocal trust, care and belonging than the place people call home. Such processes create a sense of belonging, of place and relationships. Two key processes that can be utilised to create a sense of belonging and place are listening conversations to discover care and asset mapping.

Listening conversations help create a sense of connection between people as they get to know one another's hopes and dreams for themselves, their community and each other. These processes build friendships and support networks.

Asset mapping is a process for citizens to collectively know what they have internally to build upon, their own individual talents and gifts. The process of people collectively realising theirs and others' gifts and the role that each plays, creates a space for belonging, friendship, trust, care and reciprocity.

Exploring and documenting an individual's gifts, strengths and talents can bring a new appreciation of people who are labelled and on the edge of community. Kretzmann and McKnight (1993), O'Brien (2003), Green (2006), Howard (1996), Smeaton (2009) have documented the role of mapping assets in the role of creating opportunities for people on the edge of community to participate in community life, contribute their gifts, strengths and co-create a healthy, vibrant community, with all the health benefits of autonomy, control, physical activity, support networks, belonging and relationships, and enhanced access to services.

These examples include people with disabilities, older citizens, people with mental health issues, migrants and young people.

A basic tenant of our approach is that citizens should be seen as co-producers of their own healthy, vibrant community, rather than community members being defined purely as patients or consumers of healthy life style messages or complex technical medical solutions.

A wonderful process for creating healthy, vibrant communities is gift exchanges, and time banks (cross reference), once citizens have discovered and recorded their gifts, talents and skills that can be used as a currency of exchange.

Time banks and gift exchanges not only give people access to resources and skills they need to enhance or maintain health, but are built on relationships and create trust and reciprocity. There are powerful examples across the world where time banks and gift exchanges have successfully engaged people who are marginalised and not seen as productive citizens, including older citizens, and people with disabilities and/or mental health issues.

Building healthy communities - start by asking the right questions!

Turning the question around from how do we prevent disease to how do we create health and wellbeing is fundamental to a strength based approach.

A very different journey would be embarked upon if instead of starting by asking how many doctors and hospital beds do we need and how can we decrease at risk behavior, we ask what creates wellbeing, or what is life giving in this community.

Key questions that may lead to defining what creates wellbeing and is life giving, that are rarely asked by our institutions that are charged with creating or maintaining health include;

- What are the passions of our people, and where is the energy that sustains those passions that requires our attention and nourishment to benefit our whole community?
- What is the knowledge and wisdom of our people we do not yet know about, and the benefits of which our community cannot live without?
- What gifts, talents and wisdom exist in our elders and our past that builds community?
- What gifts, talents and wisdom exist in our young people and our past that builds community?
- What do people care about and how can we harness that care to create a healthier community?
- What makes our community strong?
- What do we do that makes us healthy?
- What do we do in times of stress and crises that is helpful?
- What makes this a great place to live?
- What helps increase our sense of belonging?
- What helps us feel like we are in control of our life?
- What does the community do to improve health?
- What do we have that we can use to increase our health and wellbeing?
- What helps us to trust and support each other?

Asking these questions and creatively recording the answers helps us to start concentrating on what works and how we can assist in creating more of the activities, relationships and assets that assist in creating health lives.

The small community of San Remo has harnessed the skills of the whole community to build a community garden, the land was given to the community by the local council, the neighborhood house supported the process by storing the equipment until the older men in the community built a shed and went on to build garden boxes, waterways, fences, table, chairs and sun shelters. Groups in the community have their own garden blocks, from the school, family groups, first nation children, elders all work together to create a vibrant, connected place. This little garden has more

than the very important outcome of access to healthy, fresh food, but has created a strong sense of community where people who did not trust each other (elders and young people) have made trust a reciprocal relationship.

Through all community members contributing their wisdom and talents to the building and maintenance of the garden, we have seen positive health outcomes including an increase in exercise, social relationships, decrease in alcohol use, reported increase in community cohesion and the ability to support each other in times of crisis.

What would Grandma and Granddad do!

In the small community of Morisset, after a community wide conversation about creating an ecologically sustainable Morisset, a group of both young and older people devised a series of community workshops called what would 'Grandma do?' and what would "Granddad do?". These workshops were designed to use the knowledge and talents of the communities' elders. It was recognized that they had skills to fix things that had been lost in our consumerist 21st century lifestyle.

While these workshops were developed with the view of creating a more sustainable neighborhood, they had a great effect on creating a healthier community.

These workshops assisted community members to remember the need to be connected together to get things done, the old knowledge, crafts and processes by necessity created an increase in physical exercise. The adage, if your grandmother does not know the food, don't eat it, helped people to go back to healthier eating habits utilizing fresh fruit and vegetables.

This very clever project built on the talents of its elders, the community's desire for a more connected neighborhood and a desire to create a sustainable future.

Discovering what people care about enough to act, and assisting the community to achieve it, had many outcomes much broader than its initial goal of sustainability.

Discovering care and strengths leads to healthy communities

The process of what people care about and what are the individual and collective strengths inevitably leads to action and positive health outcomes in and of itself, regardless of the activity. People successfully working together for the common good of their community will in and of itself create strong social capital. Howard (2006), in her study of two community building projects, concluded that community building activities create the opportunity for increasing positive health outcomes by providing the opportunity for people to

- “engage in physical activities such as gardening, walking in the park, even letter dropping information about activities in which they were involved;

- connect people with people in their community to build friendships and support networks;
- plan activities with other people in that have capacity to improve their health and that of other people;
- share their experiences and discover, as one interview did, that “I am not the only one in this situation”;
- open up space for those with chronic conditions, or caring for someone who is chronically ill to connect with people around an issue other than mental illness
- provide a focus that is outside of home and is based on building relationships across the community.”

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