

APPROACHES TO WORKING IN COMMUNITIES

There are various models (or approaches) for working in communities. An approach is like the lens you see the community and your work through. The models are not mutually exclusive – you may incorporate different components of different models at different stages of working in a community¹.

COMMUNITY DEVELOPMENT

Community development is action taken by people locally to improve the social, economic, environmental, or cultural conditions of their community. Community development involves the acquisition of knowledge, skills, attitudes etc. that together build a community's capacity to respond to the issues identified (social, economic, environmental, health promotion, etc.).

It is a process that supports community members collectively identifying their strengths, resources, and capacities; and then mobilizing these strengths and resources in an organized way to address agreed-upon needs and priorities in a way that works for the community.

The Community Development Alliance (Scotland) describes community development² as:
...a process, a way of doing things. It can:

- bring people together
- help people to identify the problems and needs which they share and respond to these
- help people to discover the resources that they already have
- promote knowledge, skills, confidence and the capacity to act together
- strengthen organization and leadership within communities
- strengthen contacts between communities.

Once people are working together it can help them to:

- take action to address inequalities in power and participation
- deal directly with issues they think are important
- change the relationships between communities and public or private organizations
- help public organizations to work in more open and inclusive ways
- promote increased local democracy, participation and involvement in public affairs.

COMMUNITY CAPACITY BUILDING³

We recognize that looking at healthy communities means more than looking at how well or how poorly community members are faring. Looking at community health must also include looking at the **capacity** in place in communities to make and keep citizens healthy, and to help address the difficult circumstances many people face.

Community Capacity is

what a community is capable of, which is influenced by many factors, including leadership, how groups make decisions, who gets included in groups, how groups work with each other, and what kinds of skill and knowledge-building opportunities communities can access.

¹ Information about Stages of Change Theory, Social Learning Theory, and Social Support Theory are drawn from an internal document of the Heart and Stroke Foundation of Ontario (2003).

² Community Development Alliance (Scotland), (2008) What Community Development Does. Retrieved from <http://www.communitydevelopmentalliancescotland.org/WhatCDDoes.asp>

³ Sharing Strengths, (2002). Toolkit: Planning for Child and Youth Health. Sharing Strengths: Wolfville.

Community Capacity Building is:

a process that combines the influence of commitment (will to act), resources (financial and otherwise), and skills (talents and expertise) deployed to build on community strengths (Adapted by Sharing Strengths from the Community Foundation of Canada, 1999.)

Communities are strengthened when we identify, honor, and mobilize the gifts and skills of their individual members, organizations, and institutions. Communities are weakened when we focus on the deficiencies, needs, and problems of their individual members. Strong communities develop when enough people give of their gifts, skills and expertise. This is possible when structures and supports are put in place to identify and mobilize the capacity of communities.

A U.S. Department of Housing project⁴ takes a ‘community-building’ approach to its work with people who live in public housing. The partners involved define community building as:

“..a holistic approach that focuses its efforts on people. It is predicated on the idea that residents must take control of their own destiny and the destiny of their communities. It is built on efforts to help residents take on new responsibilities, make new connections with the larger community, get and retain jobs, start their own profitable businesses, and even own their own homes.”

They describe community building not as a program but as a process, or approach, to ‘carrying out familiar activities engaging residents in community service, providing job training and supportive services, and stimulating residents’ participation in economic development that actively fosters stronger communities and enhances the capacity of communities and individuals to help themselves.

Naperstek, Dooley, and Smith discuss the common characteristics of community building activities. While their work is urban-based, the principles they outline can be applied across urban and rural settings. They state that community building activities:

- Involve residents in setting goals and strategies;
- Begin with an awareness of assets, as well as problems, in the community;
- Work in communities of manageable size;
- Tailor unique strategies for each neighbourhood;
- Maintain a holistic view of service delivery;
- Reinforce community values while building human and social capital; and
- Develop creative partnerships with institutions (in the city.)

HEALTHY COMMUNITY MODEL⁵

How to build healthier communities: A model for community change

There are five basic parts to this model:

1. Community context and planning
2. Community action and intervention
3. Community and systems change
4. Risk and protective factors and widespread behavior change
5. Improving more distant outcomes (the long-term goals)

⁴ Community Building in Public Housing: Ties that Bind People and Their Communities (1997). Naperstack, Dooley, and Smith, The Urban Institute/Aspen Systems Corporation.

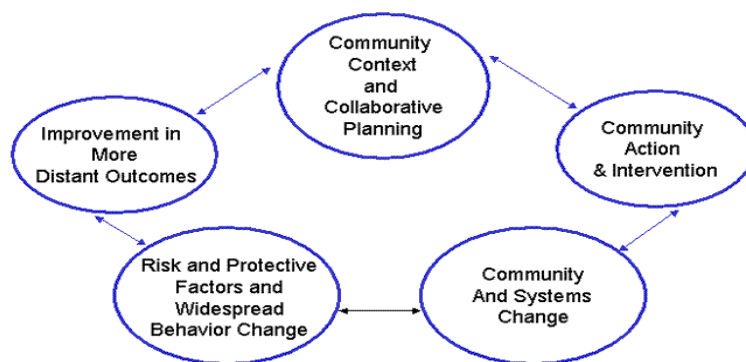
⁵ The Healthy Community Model is adapted from the Community Tool Box: <http://ctb.ku.edu>

Before looking specifically at each of these parts, here are a couple of general ideas to keep in mind as we go through this model:

- First, this model is meant to be *fluid* and *interactive*. For example, an understanding of the community context and planning should guide community action, which should affect community and systems change, and so on.
- Second, this model is meant to be a continuous cycle. For example, improvement in more distant outcomes, such as reduced rates of violence, should lead to a renewed cycle of planning and action for these or other issues that matter to members of the community.

With these ideas in mind, let's look at the individual parts of this logic model or theory of action.

Working Group Logic Model: Our Theory of Change



1. **Community context and planning**

The first step is understanding the context in which people act. By the context, we mean people's experiences, their dreams for a better life, and what makes them do what they do. The context is influenced by many things, such as:

- People's hopes and expectations--for example, the belief that things can change
- Job and family demands
- Problems, especially poverty
- Strong and deep leadership--having a diverse team with the vision, competence, and persistence to shake mountains
- Adequate financial resources
- Approval (or resistance) from the community (or from those in authority) when people attempt to change things
- The broader political and social context

Within this context, people may come together to identify issues that matter to them, such as drug use, job opportunities, decent housing, or crime, to give just a few examples. They may then document the health or development of the community with *community-level indicators*, which are used to measure the extent of problems at the local level. For example, records of assaults at school are one community-level indicator of violence in the community; nighttime single-vehicle car crashes are often used as an indicator of the level of substance abuse in a community.

Later in the life of the community group, these can serve as benchmarks for detecting whether or not they are getting closer to their goals. For example, they can look at the level of violence and see if it has decreased since the partnership has been in existence.

With an understanding of the context, the group can move forward with planning. *Collaborative planning* is a critical and ongoing task of a successful organization. It brings together people and organizations with different experiences and resources. Together, they clarify or develop the group's vision, mission, objectives, strategies, and action steps. In doing so, they can bring about changes in the community.

2. **Community action and intervention**

The planning process should be followed by action--going out and doing what was outlined. If the plan of action was thorough, this part should generally go fairly smoothly.

That's not to say there aren't bumps in the road. Sometimes, action runs into some pretty serious resistance. Even a relatively harmless effort to fix up low-income housing may be resisted by local officials, who delay needed construction permits.

Similarly, efforts by a community partnership to take money from law enforcement and put it into substance abuse prevention will probably be opposed by the police and their allies. This opposition might take many different forms. For example, the police might deny requests for information; others might cast doubt on the capability of members of the partnership to get the job done.

3. **Community and systems change**

The goal of the action plan is to bring about community and systems changes. Bringing about these changes is an important step towards achieving your organizational goals.

By *community change*, we mean developing a new *program* (or modifying an existing one), bringing about a change in *policy*, or adjusting a *practice* related to the group's mission.

Systems changes are similar to community changes, but take place on a broader level. A business might implement its child-friendly practices throughout its operations nationally. Another example is a change in grant making policy to award cash incentives to grantees that reach their objectives.

4. **Risk and protective factors and widespread behavior change**

Our belief is that when these community and systems changes occur, they should, taken together, change the environment in which a person behaves. This is sometimes referred to as increasing *protective factors* and/or decreasing the *risk factors* that community members face.

What are risk and protective factors? They are aspects of a person's environment or personal features that make it more likely (risk factors) or less likely (protective factors) that she will develop a given problem. Often, risk and protective factors can be considered flip sides of the same coin. For example, if drugs are readily available in your community, then easy accessibility is a risk factor. If they are very difficult to find, then that lack of drugs is a protective factor. The intended effect of environmental change is widespread behavior change large numbers of people in the community engaging in behavior related to the group's objectives.

5. **More distant outcomes**

Improvements in more distant outcomes, such as reducing violence or increasing employment rates and family incomes, are the ultimate goals of collaborative partnerships. Our belief is that by reducing the risk factors (and enhancing the protective factors) for the issue you are trying to address, you will affect the bottom line. That's true whether your bottom line is lower rates of teen pregnancy, higher rates of immunization for small children, or any other topic.

As we discussed earlier in this section, data on community-level indicators can help you determine just how much progress you have made towards your ultimate goals. Information to see if efforts are working in different areas could even be organized together in an annual community "report card." This could let people throughout the community know how things are going, including information on community-level indicators, important community changes, and success stories.

This process is an interactive and continuous cycle.

- The community context affects the organization's planning
- Guided by ongoing planning, the group generates community action and implements interventions
- Community action brings about community and systems changes
- These community and systems changes, taken together, decrease risk factors (and enhance protective factors)
- This environmental change should affect the behavior of a large number of people in a positive manner
- This widespread behavior change should effect the "bottom line"-- the community -level indicators of improvement in the organization's long-term goals

POPULATION HEALTH ⁶

'Population health' is an approach used in the health sector to describe how to approach and work with communities.

The population health approach recognizes that health is a capacity or resource rather than a state; it relates to the notion of being able to pursue one's goals, to acquire skills and education, and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health. One way to articulate this concept of health is "the capacity of people to adapt to, respond to, or control life's challenges and changes"⁷

Using a population health approach in our work means:

- focusing on the health of populations, and not only individuals;
- addressing the broad factors that impact people's health;
- basing decisions on research information (which we define as data, evidence, and community input);
- investing up front in making and keeping communities well before problems develop;
- using multiple strategies to address community health and well being;
- facilitating and encouraging collaboration, joint responsibility, and ownership for community health across sectors;
- evaluating our work so we can be accountable for the outcomes; and
- engaging community members in working for the community's health.

HEALTH PROMOTION⁸

At a 1986 international conference on health promotion sponsored by the Canadian Public Health Association, Health and Welfare Canada, and the World Health Organization, the Ottawa Charter for Health Promotion was developed. People around the world use the 'Charter' to describe health promotion. In the Charter, health promotion is defined as:

The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social

⁶ For more information about population health, please see: <http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/index.html>

⁷ Health Impact Assessment as a Tool for Population Health Promotion and Public Policy, by C.J. Frankish et al., Institute of Health Promotion Research, University of British Columbia, Vancouver: 1996.)

⁸ For more information on health promotion, please see:

<http://www.phac-aspc.gc.ca/ph-sp/phdd/pdf/charter.pdf> or <http://www.hpclearinghouse.ca/downloads/framework.pdf>

and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being⁹.

The Charter identifies five key strategy areas for health promotion action: creating supportive environments; developing personal skills; building healthy public policy; strengthening community action; and reorienting health services. To be most effective, it is important to consider using a variety of strategies over time, in various settings, and across levels by working with partners from various sectors.

Creating Supportive Environments: Increasing people's access to resources for health, opportunities for well-being, protection from threats to health and enhanced ability to develop self-reliance in health.

Developing Personal Skills: Abilities and positive behaviour that enable individuals to deal effectively with their health and well-being.

Building Healthy Public Policy: Identifies the need for health promoting policies to be developed in all sectors of society (e.g., transportation, recreation, justice) and at all levels.

Strengthening Community Action: Collective efforts by communities directed toward increasing community control over the determinants of health and improving health.

Reorienting Health and Other Services: Increased emphasis on health promotion and prevention.

The following questions, drawn from *A Best Practices Approach to Health Promotion*, may be helpful for strengthening a health promotion approach to healthy communities.

- What approaches are we using?
- Are there ways to make the program more comprehensive?
- Are there ways to work with others to take a more comprehensive and coordinated approach to the issue?
- Does our program fit into a comprehensive intervention?

Creating Supportive Environments:

- How will the environment change to be more supportive of people's positive decisions for health (e.g., safer, more trails)?
- Is the physical space where the program will be taking place a supportive environment (e.g., planning a workshop for seniors but the building has a lot of steps and no elevator)?

Developing Personal Skills:

- What support, information and education will be provided to empower people to take more charge of their health?
- What personal skills will be enhanced (e.g., self-esteem, low-fat cooking skills)?

Building Healthy Public Policy:

- What policy changes need to occur to support the goal of this program?
- What policies could be developed or reoriented to affect health promotion?
- What will the public policy look like (e.g., zoning by-laws that require open play areas and bike lanes)?

Strengthening Community Action:

- How will community action be strengthened through this program?
- How are people being encouraged to get involved and take action on decisions that affect the health of their community?

⁹ http://www.who.dk/AboutWHO/Policy/20010827_2

Reorienting Health and Other Services:

- How could services be more oriented toward wellness and meeting the needs of the whole person (e.g., well-women's clinic in community)?
- Have we involved local hospital and health professionals?
- Have we involved people from education, housing, transportation and other professions?

PATCH

The **Planned Approach To Community Health (PATCH)** is a community health planning model that was developed in the mid-1980s by the Centers for Disease Control and Prevention (CDC) in partnership with state and local health departments and community groups.

PATCH is a process that involves and enables members of a community to plan, implement, and evaluate health promotion and disease prevention programs. The **PATCH** process helps a community establish a health promotion team, collect and use local data, set health priorities, and design and evaluate interventions.

The goal of **PATCH** is to increase the capacity of communities to plan, implement, and evaluate comprehensive, community-based health promotion programs targeted toward priority health problems. **PATCH** objectives aim to reduce the prevalence of modifiable risk factors for the leading causes of preventable disease, death, disability, and injury.

Five elements are considered critical to the success of any community health promotion process.

- Community members participate in the process.
- Data guide the development of programs.
- Participants develop a comprehensive health promotion strategy.
- Evaluation emphasizes feedback and program improvement.
- The community capacity for health promotion is increased.

SOCIAL LEARNING THEORY

This theory focuses on the importance of observing and modeling the behaviours, attitudes, and emotional reactions of others. Mass media messages can give individuals the opportunity to identify with characters that demonstrate new behaviours.

An offshoot of social learning theory is social cognitive theory. This focuses on people's beliefs that they can exert control over their motivation, behaviour and social environment (self-efficacy). They also expect that certain behaviour will lead to certain outcomes. The concept of self-efficacy has been used in physical activity, dietary fat intake, and smoking. Self-efficacy can be enhanced by modeling or watching others overcome barriers, tracking progress, and providing constructive feedback and reinforcement for accomplishments.

SOCIAL SUPPORT THEORY

Social support can help implement and maintain behaviour change. Ways to enhance social support include:

- Interventions that target existing social networks and help create new ones;
- Peer support;
- Providing participants with relationship-building skills; and
- Involving parents in interventions targeting children and youth.

SO WHAT IS COMMUNITY DEVELOPMENT?

Think about what's happening in your own community, and in your organization's work to support and strengthen communities. You may have used some of the approaches described above, or you may use your own approach and not necessarily have a name for it.

Reflect on the critical components of your work – are there similarities with any of these approaches?

Are you doing something different, or in addition to these approaches?

What does community development mean to you?

Your Own Definition of Community Development

HOW IS COMMUNITY CAPACITY BUILDING DIFFERENT?

Thinking about your personal and/or work experience, does community development automatically involve community capacity building? Why or why not?

Are there differences between the two? If yes, what are they? If no, why not?

Is there anything unique about community capacity building in your mind?

Your Own Definition of Community Capacity Building