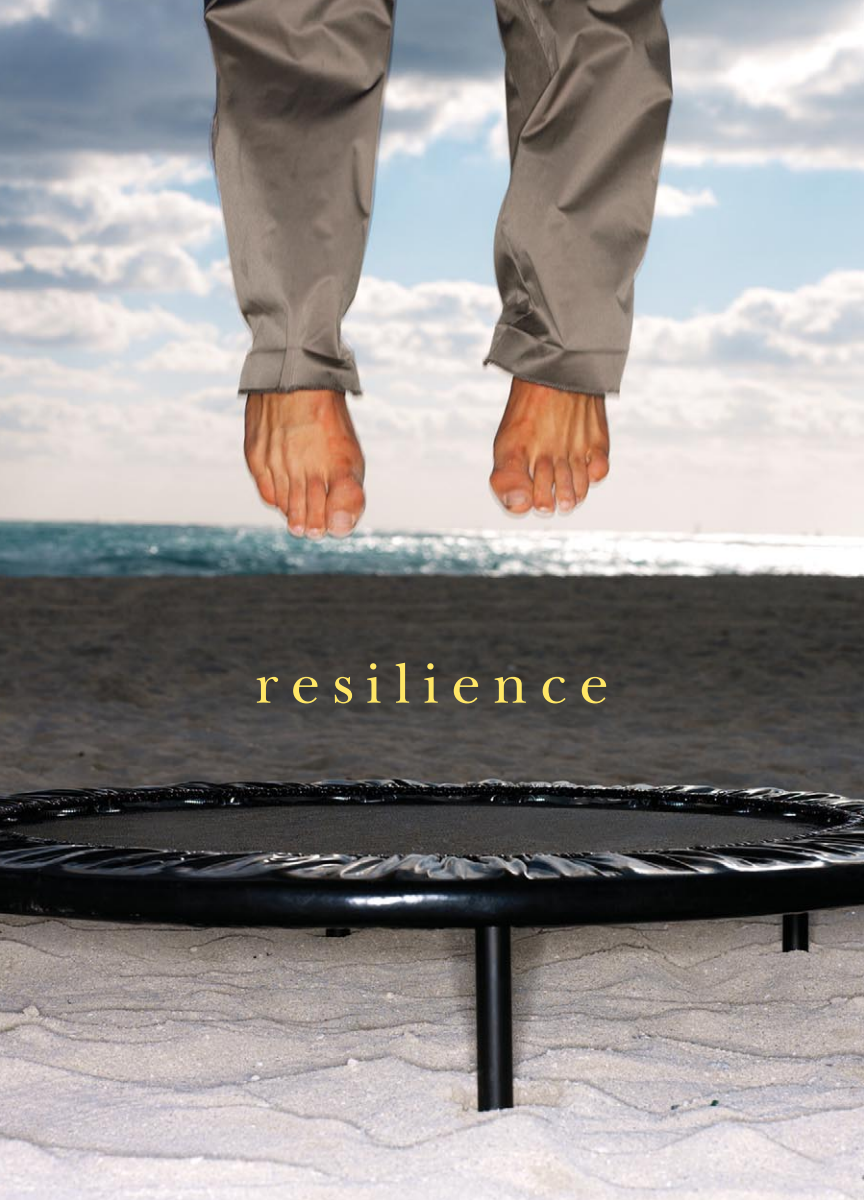




# HEALTH IN A NEW KEY

**A POCKET GUIDE TO DEVELOPING HEALTHY, RESILIENT COMMUNITIES**



resilience

This is the short story of resilience, the remarkable capacity of individuals and communities to bounce back from adversity and even thrive in a world of turmoil and change.

How we can begin to build on our strengths – instead of becoming prisoners of our weaknesses – is the subject of this guide. For the full story and sources, see *Resilience: Health in a New Key*, available at [www.slhi.org](http://www.slhi.org).

**THE STANDARD KEY:** Health is the absence of illness and pathology. Stephen Hawking, the brilliant theoretical physicist who has an advanced neurological disease, is unhealthy.

**A NEW KEY:** Health is the harmonious integration of mind and body and spirit within a responsive community. Stephen Hawking, who uses his gifts to advance understanding and wonder in the world, *is* healthy.

“Life can only be understood backwards, but it must be lived forward.”

Soren Kierkegaard

Individuals and Communities are locked in a risk-based model of development. Over time, this fosters a culture of dependency, a focus on “needs” and a sense of entitlement.

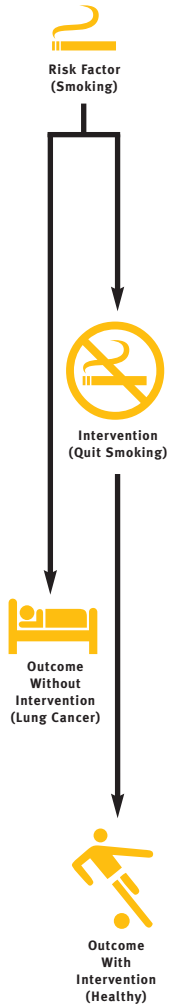
Increase awareness of the principles, techniques and advantages of strength-based community development and resilience to balance the deficit model. Promote the development of healthy communities in a *new key*.

WEIGHT

COUNTERWEIGHT



# The Standard Key



**HEALTH:** Proceeds through diagnosis and treatment based on science, evidence and best practices. Illness, pathology, needs and deficiencies are identified. Treatment and services are provided. Patients and communities are “restored” to health.

## The Risk of Risk

In the risk-based model of health, we

- ESTABLISH a causal/correlative relationship between the presence of a factor or group of factors with an undesirable outcome: smoking with lung cancer, high cholesterol with heart disease, community poverty with increased levels of violence.
- IDENTIFY individuals/communities/populations that exhibit these factor(s) as being *at risk* of having the associated outcome.
- TAKE ACTION to eliminate or reduce these risk factors in the identified groups, thereby reducing the presence of the undesirable outcome.

The risk-based model grows out of the dominant American cultural view that focuses on needs, deficiencies and problems. Much of what we do in healthcare and public health is risk assessment and intervention, and we have an impressive track record to show for it.

It's not the risk-based model itself that is flawed, but rather its *one-dimensional application* over time.

## ALL OF US

- Have needs and deficiencies.
- Some have greater needs and deficiencies than others.
- These are targeted for deficiency-based policies, programs and services.

## BUT OVER TIME

- These communities become service environments. Their citizens become “clients” or “consumers.”
- They begin to think of themselves as persons with “special needs.”
- They become dependent on outsiders and institutions.
- They think of themselves as being entitled to services.

## THE ‘THERAPEUTIC SOCIETY’ EMERGES

- This creates the *therapeutic society*: therapy and service interventions expand, services beget more services, success is measured by the increase in the number of services provided.
- Entire therapeutic industries emerge, along with armies of brokers, consultants, regulators and researchers to grease the wheels of community progress.
- A culture of what's missing, what's negative, what's in deficit becomes the whole truth of how individual and community issues are approached.
- The glass is always half empty.

“Whether the glass is half-empty or half full depends on whether you're drinking or pouring.”

# A New Key

Resilience, for social-ecological systems, is related to:

**HEALTH:** Is the harmonious integration of mind and body within a responsive community. Diagnosis and treatment, yes, but the focus shifts to strengths and assets first, not just deficits.

Health is not either-or. It's both.

## STANDARD KEY      A NEW KEY

risk	◀	▶	resilience
problems	◀	▶	opportunities
deficits and needs	◀	▶	strengths and assets
diagnosis and treatment	◀	▶	prevention and wellness
medicine	◀	▶	public health
individual	◀	▶	community
drill down	◀	▶	connect across
fix it	◀	▶	adapt to it
centralization	◀	▶	decentralization

## Resilience

Resilience is the capacity to recover from, and adapt to, life's difficulties. It is a kind of individual and community *buoyancy* – to stay afloat in a sea of misfortune and change. It is a kind of *elasticity* – the ability to snap back after being bent and stretched.

Resilience has multiple dimensions across social-ecological communities and individuals.



The magnitude of shock a system can absorb and remain within a given state.



The degree to which the system is capable of self-organization.



The degree to which the system can build capacity for learning and adaptation.

## SOCIAL-ECOLOGICAL COMMUNITIES

Resilience is related to

- The **MAGNITUDE OF SHOCK** a system can absorb and remain in a given state.
- The degree to which the system is capable of **SELF-ORGANIZATION**.
- The degree to which the system can build capacity for **LEARNING AND ADAPTATION**.

## COMPONENTS of resilient communities

- **DIVERSITY** – of species, functions, response, human opportunity and economic options, all of which maintain and encourage adaptation and learning.
- **REDUNDANCY** – in the sense of overlapping species, functions and institutions that diffuse disturbances. Resilient communities self-organize and adapt over time.
- **FEEDBACK LOOPS** – robust and stable connectivity, both in a biological and social sense, that allows us to monitor and adapt to change.

## INDIVIDUALS

Resilience is related to

- **BIOLOGICAL FACTORS** – the biological basis of temperament, emotions, intelligence, creativity, resistance to disease; genetic and physical characteristics.
- **ATTACHMENT** – the capacity for bonding, for forming significant relationships with others; the capacity for empathy, compassion, caring and joy.
- **CONTROL** – the capacity to manipulate one's environment (an alternative definition of intelligence); mastery; a source of social competence, self-esteem, personal autonomy and sense of purpose.

# Ten Rules of the Road

*We all need to be about the business of building more resilient and thriving communities. Here are ten “rules of the road” collected from fellow travelers:*

**1.** Building resilient communities takes more than the usual three- or five-year initiatives. Be prepared for a long-term commitment.



**2.** Resilience grows through the support and extension of natural caring relationships. Nurture these wherever possible.

**3.** Resilience starts with strengthening the natural helping institutions in neighborhoods and other geographical settings. Build bottom-up.

**4.** Be a coach and ally, not an expert.

**5.** Social change requires confrontation as well as collaboration. Don't be afraid to invest in organizing.

**6.** Power responds to pressure. Be an advocate.

**7.** You can't motivate others by focusing first on what they lack. Start with strengths, with assets.

**8.** Build social support through peer-to-peer learning networks.

**9.** Don't be a control junkie. Community resilience arises from self-organization, active learning, surprise and adaptation. Self-control arises from mastery. Develop that first.

**10.** Disappear into leadership. Encourage the light in others. The world will roll at your feet.

**WRONG  
WAY**





Between the overlapping structures, functions and processes of society, economics and the environment is the Resilience or **R-Zone** – the place where the macro- and micro-forces merge into bundles of stress that affect local systems and individuals. We can't isolate these forces alone but can only consider them in their *interactions*.

## Four Paradoxes of the R-Zone

### POSITIVE FEEDBACK LOOPS

### NEGATIVE FEEDBACK LOOPS

*Positive feedback loops amplify changes in input and tend to push the system toward more pronounced change.*

*Example: population growth generates more development, more jobs, more growth.*

*Negative feedback loops counteract changes in input and tend to maintain the system in its current state.*

*Example: lack of water, land, competition from other locations can put the brakes on growth.*

**PARADOX #1:** Negative feedback are necessary over the long term to develop resilience in communities and individuals. *Communities become resilient not by following the path of least resistance, but by following the path of most resistance.*

### STABILITY

### ADAPTABILITY

We seek stability and stasis, but history suggests that change and adaptability rule the day. We need stability in our communities and personal lives to ensure a sense of common identity and purpose over time, but not to the degree that we are paralyzed by comforting ideologies and social arrangements and unable to adapt to changed circumstances.

In the R-Zone, the measure of resilience is our ability to adapt to stress and change and emerge stronger than before.

**PARADOX #2:** Stability and stasis proceed through change, flexibility and adaptability. The cycle – the process – is the thing.

DIVERSITY

PLURALISM

The R-Zone consists of *diverse* functions, structures, roles, relationships, responses and activities. This creates a synergy of energy, strength and elasticity that is greater than any of the parts themselves.



*Pluralism* is a state of society in which members of diverse ethnic, racial, religious and social groups are able to maintain their particular identities, interests and cultures within the confines of the larger society.

Social responsibility



Individual freedom

The whole is *greater* than the sum of its parts.



The whole is *equal* to the sum of its parts.

**PARADOX #3:** Pluralism can lead to less, not more, diversity. It's an open question whether resilience can be promoted in a rigorously pluralistic society over time. How do we find what is common in a culture that celebrates difference?

CONNECTIVITY

REMOTENESS

*Social connectivity* increases resilience in space- and time-bound communities. *Remoteness* reduces the resilience of communities by masking shared responsibility and conditions of cause and effect.

- SPATIAL REMOTENESS – Where we are physically remote from the communities and conditions in which we have a stake (e.g., CEOs of companies headquartered elsewhere).
- CONSEQUENTIAL REMOTENESS – Where the consequences of decisions we make impact others, but not necessarily us (e.g., legislators cut funding for community health services in low-income communities).
- TEMPORAL REMOTENESS – Where decisions we make today play out in the future and impact others not present (e.g., the bill for additional Medicare benefits today comes due in future generations).
- VIRTUAL REMOTENESS – Where we establish close connections to a virtual, on-line world of interests and services that supersede social connectivity and reciprocity in physical settings (e.g., the shopper who prefers to buy goods and services on-line instead of socializing in the local marketplace).

**PARADOX #4:** The increased connectivity of the “global” marketplace of free-flowing information, knowledge-based workers, borderless companies and instantaneous exchange can breed greater remoteness. The more opportunities we have to hook-up, the more isolated we can become.

# Counting Counts: *Building Resilience Indexes*

“What gets measured, gets done.”

The dominance of the risk model in American culture produces a surfeit of risk indexes. We count the holes and look for ways to fill them up.

*Health in a New Key* focuses on developing indexes of resilience at both the individual and community levels: We count the strengths and assets and look for ways to extend them.



Rules for building resilience indexes:

- 1. DEVELOP MULTIPLE INDEXES.** Individual and community development proceeds across and among the buckets and silos of specific index factors. Everything singular becomes plural. Don't rush to develop one “bottom line” index.
- 2. TEST AND VERIFY.** What appears to be common sense isn't always so. Test and verify everything.
- 3. INVOLVE THE COMMUNITY.** People ultimately get things done, and they need a stake in the process. To minimize the politics of developing indexes that are applied as arguments for social policy, it is necessary to involve the public right from the start.
- 4. COMMUNICATE, COMMUNICATE, COMMUNICATE.** If a focus on community assets and resilience is to be heard among the deafening roar of the risk and deficit hawks, researchers and community leaders need to learn and apply the techniques of marketing and branding.

## Resilience Indexes: *An Example*

**GDP**  
Grossly Distorted Progress

**GPI**  
Genuine Progress Index

By way of illustration, here is a general comparison of risk and resilience factors:

	Risk	Resilience
Physiological	BP >140/90	Heart rate variability
	Cholesterol >200	Rapid stress response recovery
	Body Mass Index >25	Immune responsivity/regulation
	Genetic risk <i>(mental illness, heart disease, etc.)</i>	Genetic factors of stress resilience
Psycho-Social	Substance abuse	Learning/memory/executive functioning
	Social isolation	Positive emotional resources
	Domestic violence	Secure family relations
	Depression/isolation/helplessness	Volunteering, social connectedness
Social-Community	Poverty/unemployment	Retraining/mentoring/outreach activities
	School drop-out rate	Educational achievement/skill development
	Crime	Leisure activities, sports, civic associations, etc.
	Age dependency ratios <i>(# under 5, over 85)</i>	Early childhood/home care services
Economic-Environmental	Chronic unemployment	Job creation
	Air/water quality, natural disasters	Robust monitoring/feedback systems
	Power/fuel shortages	Redundancy in power/public transportation
	Unplanned urban sprawl	Robust data systems for ecological footprint/analysis and regional planning



## WHAT IS COMMUNITY?

We use the term 'community' in many ways – the global community, the Internet community, the scientific community among countless others – but not all of them contain a rich reservoir of social capital – the “glue” that holds a community together and sustains it over time.

# Creating a Melody: *The Resilient Community*

## Health in a New Key

Community is a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.

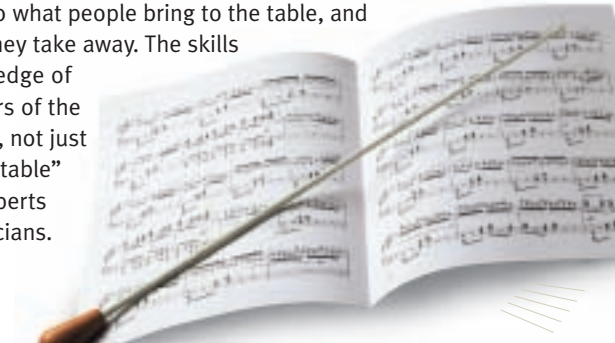
## Five Key Elements of Community

- **A SENSE OF PLACE** – a real geographical location that can be described and located.
- **SHARED INTERESTS AND PERSPECTIVES** – things that create a sense of familiarity, togetherness, identity and recognition.
- **JOINT ACTION** – a source of cohesion and identity, the idea that joint action naturally leads to community.
- **SOCIAL TIES** – connectedness, the foundation for community.
- **DIVERSITY** – the social complexity within a specific place.

## Characteristics of Healthy, Resilient Communities

- 1 BOUNDARIES.** A shared sense of what the community is – and what it is not.
- 2 TIME.** Healthy communities take all the time they need – and it takes a lot of time – to develop the characteristics of resilience. This is the *Zen* of healthy communities.

- 3 COMMITTED LEADERSHIP.** Informal and formal networks of leaders that self-organize to adapt to changing conditions. Ordinary people with extraordinary energy and capacity for learning and inspiring others.
- 4 A HIGH DEGREE OF CIVIC ENGAGEMENT.** Social cohesion and connectedness.
- 5 DIVERSITY.** The real thing: diversity in economic base and environmental resources; diversity of skills, roles and relationships; diversity of perspectives and beliefs.
- 6 A MULTI-FUNCTION APPROACH TO DEVELOPMENT.** Planning that takes place in the R-Zone focuses on where social, environmental and economic issues overlap – and not on one to the exclusion of others.
- 7 ASSET-BASED PLANNING.** Healthy communities start the planning process with a focus on assets and strengths, not deficits and limitations. The entire community has to *own* it.
- 8 A CULTURE OF ACTIVE LEARNING.** Adaptive management, where policies are hypotheses and management is experimentation from which managers can learn, accepting uncertainty and expecting surprises. People feel comfortable in exploring new ideas in trial and error settings.
- 9 ACCESS TO SKILLS AND KNOWLEDGE.** Communities that pay attention to what people bring to the table, and not what they take away. The skills and knowledge of all members of the community, not just the “marketable” skills of experts and technicians.



# Building Community

## Three (not so) Easy Pieces

Lesson: We build healthy, resilient communities by employing *all* of these strategies – and not by relying on any one of them alone.



### COMMUNITY ORGANIZING

**DEFINITION:** the process of developing a politically powerful constituency of resident participants to effect social change in their own communities. The “real deal” of grassroots organizing activities.

**GENERAL APPROACH:** Conflict ➡ Bottom Up

- **STRENGTH:** Builds strength and power through the real world political process. Before you can work on your agenda, you need the power to get your agenda on the table and move it through the system.
- **WEAKNESS:** Can foster a culture of difference, mistrust and indifference. Builds communities of interest and need, but not necessarily a community of shared concern and purpose.



### COMMUNITY BUILDING

**DEFINITION:** Developing community assets already in place – experienced leaders, skills, knowledge, infrastructure – to leverage the capacity of citizens to address common issues.

**GENERAL APPROACH:** Collaboration ➡ ➡ Across

- **STRENGTH:** Gets people, communities and interests to sit around a common table. They pledge their attention, commitment and resources to address common issues.
- **WEAKNESS:** Not all the stakeholders are on the same page in terms of resources, skills and political power. By itself, collaboration can gloss over these differences and often falls apart when they surface – as they ultimately do.

### COMMUNITY DEVELOPMENT

**DEFINITION:** Similar to community building in its emphasis on collaboration, but has a heavier emphasis on planning, especially where applied to capital and resource development. This planning involves community leaders with access to resources; government and other public officials, and experts in various areas.

**GENERAL APPROACH:** Planning ➡ ➡ Top Down

- **STRENGTH:** Expertise, resources, credible data and skills are available to communities to inform their organized response to systemic health and social problems.
- **WEAKNESS:** Can foster a client-expert relationship and a culture of dependency on outside assistance and services to “solve” problems. Can weaken community resilience over time.



[www.slhi.org](http://www.slhi.org)



**St. Luke's Health Initiatives**

*A Catalyst for Community Health*

*Improving the health of people and their communities in Arizona, with an emphasis on helping people in need and building the capacity of communities to help themselves.*