COMMUNITY HEALTH

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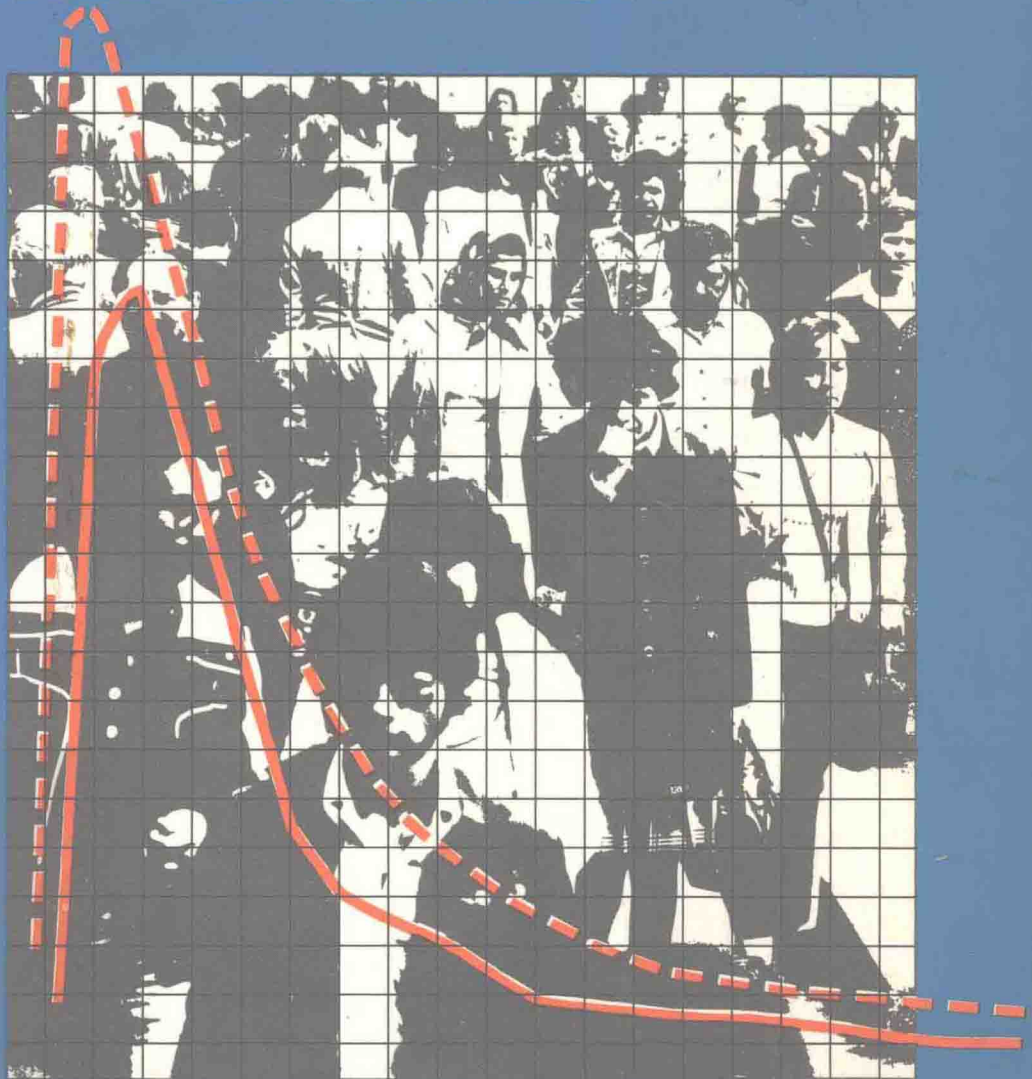

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Foreword

This book is a welcome publication, especially because it comes at a time when primary care and community health are currently issues for debate and discussion.

During the last few decades there has been a growing emphasis on community care as distinct from hospital care. The very fact, however, that there is a recognisable dichotomy between these two approaches to providing care, gives some indication of the nature of the struggle. In Western Society over the last century or so the more dramatic aspects of health care provided within the hospital system have always claimed more attention and therefore greater resources than community care. It is possible that a medical model for the provision of care and curative medicine has been influential, but it should also be taken into consideration that professionals themselves are socialised within their own cultural setting and this must, to some extent, perpetuate this perspective. The public image that health and sickness are somehow related to doctors and hospitals dies hard in public imagination and the desire to allow the professional to hold on to the mystique of health care can sometimes be very tenacious.

In recent years the impetus of social change has accelerated rapidly, with personal and social consequences for individuals and communities, and health care systems have not been immune from these influences. Changing values, economic constraints, political pressures, increased knowledge of social, physical and behavioural sciences, have all combined to reshape many perspectives on health care. Recent trends reflect a growing appreciation of the effects of man's interaction with his environment and the importance of a holistic approach to maintaining health. There is also a surge of interest in alternative medicine and a recognition of the need for individuals to assume more responsibility for their own personal health.

Inevitably the preparation and education of health professionals is affected by the current state of a body of knowledge in health related subjects but it is not often widely appreciated that a medical model can predominate to a considerable extent to preserve the *status quo* and overshadow the importance of personal involvement of individuals and communities concerned.

However, the current constraints in manpower provision and resources may well be pressurising both bureaucrats and professionals to re-examine priorities and concepts that have hitherto been held paramount, and so to re-think some issues in a different light.

Many professionals are responding to the challenge of rapid change and its consequences and asking many pertinent questions. This book could be, therefore, of

considerable value to any who seek to re-examine established concepts in a different context and in the light of social change. The writers come from a variety of spheres of work and bring different perspectives to the current situation. New ideas are explored tentatively and questions raised; roles and relationships are re-assessed in the light of prevailing social policy and the organisational framework.

The book should stimulate professional practitioners in many fields to take a new look at themselves, their colleagues and clients and to prepare to adapt to new ideas. It should also be helpful to students who are in the formative stages of developing a professional ethos and who will find it of value in establishing a holistic and questioning approach to health care in the community.

G.M.O.

Preface

This collection of essays brings together the ideas of people whose common purpose is the prevention of illness and the promotion of health. The subject is wide, and one's view of it varies with the perspective one adopts and the personal position from which one starts. Our contributors include people engaged in large scale and long-term planning for community health, as well as field-level health workers whose immediate concern is the relatively small number of individuals in their care; they include doctors and nurses, administrators, teachers and practitioners. Some will be immediately recognised by readers as experts in their speciality; other names will be new. Each contributor, however, was asked to write on a subject about which he or she had particular knowledge and strong personal views.

The essays are loosely grouped into four sections according to their subject matter. In the first section contributors discuss some of the basic concepts which community health workers use every day but rarely question or analyse. The second section considers the environment — cultural, social and political as well as physical — in which health care is sought and delivered. The third section considers some aspects of health care from the perspective of the consumer or client, while the fourth takes the complementary perspective of the professional helper and offers some ideas about the systems by which health care may be delivered both in the United Kingdom and in other countries.

A book of readings is in no sense a textbook, nor can it be completely comprehensive in its coverage. This book does not pretend to be either. Its selections and omissions reflect the biases of the editors as well as the individuality of the contributors. We believe that it will make a useful contribution to the literature which is available to students who are preparing to work in the service of community health — in particular health visitors, district nurses, social workers and general practitioners.

1983

J.C.
J.H.

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Concepts

In the first section of this book the authors have been concerned with the examination of certain fundamental aspects of community health which are more complex than is generally assumed. Words such as health, prevention, education and handicap are abstract ideas which mean different things to different people and it is helpful, also challenging, to have the threads drawn together. Nurses have tended, in the past, to be the passive recipients of other people's ideas, largely because of the medical, and therefore by implication male, domination of the nursing profession. Abstract ideas are not, however, confined to the realms of medicine or even of philosophy; these are as relevant to nursing as to any other discipline. It is with this thought in mind, and with a view to encouraging nurses to conceptualize for themselves, that this section has been written.

Concepts are culturally determined as is illustrated by the following definition of the word community given by a native of New Caledonia: 'A community is a group of people around a fire with their faces in the light, and in order to feel secure I must know the faces of everybody reflected in that light. If there is someone sitting in shadow he threatens me, he threatens the whole group. So I have to recognise each face and only those who live within the group can do this. Those who don't have this experience can never know all the faces. There is always someone sitting in shadow.' (Brake et al, 1979). Betty Raymond looks at the concept of community and how we could, or should, regard community care in this country, with a new perspective on what the term community care really encompasses.

There have been enough definitions of the word health to fill a whole book though it is doubtful whether it would merit publication. Kate Robinson rightly draws our attention away from such deliberations to the more relevant consideration which is the analysis of the concept itself, an important analysis for all, but especially for those who believe, with Plato, that life without health is not worth preserving.

In solving problems we often create new ones and it is perhaps important in considering prevention to reflect on what problems may have been created by reductions in mortality connected with, for example, birth and infancy and the conquest of infectious diseases. Peter Draper and colleagues have entered a most complex field, both in terms of definition and also of viability and he reminds us of the confused thinking of governments in their neglect of the health implications of some of their economic policies.

Ann Burkitt, in her essay on health education, discusses further the concept of health already introduced by Kate Robinson and presents seven models of health with some possible approaches to health education. She also introduces the increasingly important topic of alternative medicine. Tony Butterworth draws our attention to the importance of considering the maintenance of the mental health of the community at large and not just treatment of the mentally disordered. The concept of handicap with its attendant problems is outlined by Brian Hodges with an emphasis on the importance of assessment, yet another aspect of prevention taken in its broadest sense. He stresses the desirability of regarding people with disability first and foremost as people, but people with special needs. This section concludes with a chapter on spiritual care by Peter and Mary Coleman who offer five insights into the nature of care that are derived from a spiritual outlook on life. Again, in recognising that spiritual care is as much concerned with health as with disease, a positive approach is taken.

It will be seen from this introduction that there is an inevitable and, in fact, desirable, overlap between the chapters. This is, of course, because all the individual concepts discussed are parts of a whole, the concept chosen as the title of this book — community health.

1

Into the community

Elizabeth Raymond

Why is a book about community health important? For at least twenty years, reports and legislation have contained elements seeking to shift aspects of health care from institutions into the community. What motives have been responsible for this consistent tendency? Is there significance in the fact that the emphasis on community health care parallels the era of nuclear medicine, urbanisation of society, and the breakown of centuries-old traditional family structures? Toffler (1970) discusses the effect on individuals and society of the ever-accelerating rate of change in the Western world, and the experience of transience which it brings with it. He calls the effect future shock, and suggests that:

> ...unless intelligent steps are taken to combat it, millions of human beings will find themselves increasingly disoriented, progressively incompetent to deal rationally with their environments. The malaise, mass neurosis, irrationality, and free-floating violence already apparent in contemporary life are merely a foretaste of what may lie ahead unless we come to understand and treat this disease.

In Toffler's view, not only individuals, but whole communities are being shaken to the core, and he calls for deliberate action to devise means of controlling and regulating change, and to restore stability.

Students of physical chemistry will be familiar with Le Chatelier's principle, applicable to chemical reactions. It states that:

> If to a system in equilibrium a constraint be applied, that change will take place in the system which will tend to nullify the constraint.

It may be suggested that this principle has a wider application than to chemistry, and that Toffler's book itself is an example of something being produced within the system of the human race which is tending to nullify the constraint of wildly accelerating change. Many suggest that balance and equilibrium are the natural order of things. Ecologists and environmental conservationists in particular are concerned with what is described as 'the balance of nature', and the human race is frequently identified as the rogue species which is uniquely responsible for upsetting this balance.

In the context of this book, it could be asked whether the growing move towards community care is an unconscious move on the part of society in an effort to restore equilibrium. If so, it is important for future health care planning that there is an understanding of the nature and function of a community. We need to develop a concept of community.

The assumption of the existence of the community as a cohesive agency, capable of thought, decisions, and action, appears to be implicit in legislation and reports related to community health care. Before implementing policies based on this assumption, we need to establish first whether this description may justifiably be applied to a community, and second, whether the community exists.

Definitions of the term 'community' all imply a group of people who share something in common. Examples of the common denominator may be neighbourhood, work, race, religion, or social activity. Minar & Greer (1969) suggest that:

> Communities are characterised by people's engagement in activities that demand inter-relationship of efforts, they give rise to shared culture, and they are often sited in a particular geographic locale.

The above statements immediately call into question the validity of the title of this book, *Community Health*! Community health care is usually understood to refer to care which takes place outside institutions. Within the nursing profession, for example, hospital care and community care are seen as alternatives. Yet those who work and those who are cared for within hospital walls share a common concern regarding disease and trauma. Nurses in particular share a common purpose in their nursing care. Surely these common factors accord the status of community to hospitals and to the professional body of nurses? Further, it appears that, within the hospital world, there are communities within the wider community. Perhaps the question of whether the person should be cared for in the community should be replaced by considering the type of community best suited to provide the care, given the person's present set of circumstances. It might be argued that the former question suggests lack of shared purpose and therfore an area of community breakdown within the body of those who profess to care.

Until this century the communities which have had the predominant influence on the lives of the vast majority of human individuals have been communities based on locality. In eighteenth century Kent '... most routes between village and town were poor, while those between one village and another were virtually non-existent or frequently lost beneath impassable mud' (West, 1973), so the community of work, race, religion, or social activity, was synonymous with the community of the locality: the village. Each person had his or her recognised place in that community, which, while it imposed great constraints on its members, also provided security, a sense of belonging, and sharing in adversity as well as in good times. The limitations of the village idiot may not have been fully understood, but it is possible that he had a greater sense of self-respect and personal identity in many eighteenth century villages than his counterpart has today in a mental subnormality hospital. Even today, nurses visiting in the more isolated rural communities are unlikely to find even the most unattractive members of those communities uncared for or unvisited. Sometimes hospital staff seem to have this kind of community hazily in mind when patients are discharged home without adequate preparation, yet such communities are becoming increasingly rare. At the other end of the scale, and becoming all too common, are localities where the characteristics of community seem sadly lacking. We are all familiar with newspaper headlines about neglected and forgotten old people. One 82-year-old widow, living alone, was trapped for 3½ days in her sea-front flat without food or water before help reached her. This incident took place, not in a deprived

inner city area, but in the fairly affluent coastal resort of Bexhill, Sussex, where the Director of Social Services was quoted as saying that: 'It highlights the importance of neighbourly care in places like Bexhill where 47 per cent of the population are of retirement age.' (The Daily Telegraph, 1979).

This newspaper report seems to identify one of the factors which distinguish neighbourhoods which function as communities from those which do not, namely the age structure of the population. Also important is the length of time members of the population have lived in the locality. Resorts on the south coast with temperate climates like Bexhill and Worthing, are popular areas for retirement attracting people from all over the country. Some move from places where they had more roots than they realised and encounter greater difficulty in adjusting than they had expected. Loss of the familiar proves to be more traumatic than they had anticipated and so they exhibit behaviour patterns consistent with a kind of bereavement. For most people the ability to adapt to change apparently decreases with advancing years so that, in these circumstances, it takes proportionately longer for the elderly to build new relationships and to put down new roots. Some never succeed and this may become the point at which they withdraw into helpless isolation. By contrast, in a locality like Bermondsey, a working class borough of East London which lost its younger generation when the docks were closed, the elderly who remained and who had lived there all their lives retained a much greater measure of neighbourliness and self-help.

The age structure of the population and the time factor also appear to affect the quality of community in new town and housing estate developments. Where such developments are specifically intended to provide homes for workers in new industrial concerns, young workers and their families are brought together in a concentrated group which almost entirely lacks the older generation, and even the middle-aged.

One small new town development with which the author is acquanited, highlights a number of factors which appear to be related to the functioning of a community in a newly established neighbourhood with a young population. Despite the families being white and British almost without exception, regional origins were widely diverse and neighbours with different accents often seemed to regard each other with a degree of apprehension and uncertainty. A highly disproportionate number of families had a first or second child under one year old, and there were hardly any well-established families or older and more experienced individuals to whom young parents could turn for support, advice, and guidance. The incidence of marital breakdown was high, and couples whose relationship was under stress saw separation and divorce as the normal solution to their difficulties. All primary care facilities were hard pressed, and playgroup and child minding services were totally inadequate. It was a situation in which, in theory, self-help groups could have done a great deal to meet some of the needs, but the majority of couples resisted involvement. Apathy, depression, alcoholism, and a tendency to isolate themselves were disproportionately common features amongst the young mothers at home. Many expressed a sense of non-identity, of not belonging, and of being unimportant and insignificant. Many felt that the very architecture of the development heightened their sense of anonymity, saying that there was no point in going for a walk, since wherever they went looked the same

as it did outside their own door. The limited community facilities provided, such as the youth/community hall, suffered repeated vandalism at the hands of the small teenage population, who felt that there was no scope for them to do what *they* wanted to and create something which belonged to *them*.

At this point it may be appropriate to pause and consider whether the new town described above merits the earlier description of a community as 'a cohesive agency capable of thought, decisions, and action'.

Inner-city areas are currently commonly referred to as deprived. Such areas are well represented in parts of the south-east, especially London. Primary health care workers find themselves continually involved in crisis intervention and, health visitors in particular, find it almost impossible to carry out the routine preventive work for which they are primarily trained. These are localities with a highly mobile, unsettled population, including immigrant and single parent families, desperate for whatever accommodation they can find. There is a disturbing incidence of child abuse and the streets generally are unsafe after dark. In many instances whose who live there do so because they have no alternative, and those able to choose have moved away. Such conditions are now common throughout the rest of the country, especially in the major cities. Social isolation is a feature of such a locality rather than social integration and community. If social isolation is the antithesis of community, it is sobering to reflect that: 'Social isolation is the common denominator of a number of factors correlated with a high suicide rate' (Stengel, 1964).

Professor Stengel went on to comment that

> The higher incidence of suicide in urban communities has been attributed to the greater risk of social isolation and the anonymity of life in the big cities... Investigations carried out... in London showed that the suicide rates were highest in those parts where the population was shifting.

Social isolation is not confined to the financially deprived, and Stengel points out that the highest suicide rates according to his evidence also occurred in the most prosperous sections of the city. My own brief experience of district nursing in Mayfair, an affluent area of London, brought home to me the possible social isolation of the wealthy. For example, I visited an elderly member of an internationally famous business family. She lacked no material comfort but, in her loneliness, she sought to give me some money because I smiled!

In his last chapter Stengel (1964) discusses prevention of suicide, and states that:

> ... the fight against suicidal behaviour is only one of the aspects of a much bigger problem, which is the drastic reorientation of society to the social needs of its members... what is needed is a mobilisation of the latent resources for helping and healing in our society.

He then turns to a consideration of the concept of the 'therapeutic community' and suggests that society itself *could* become a truly therapeutic community. However, there are echoes of Toffler in one of his closing statments that:

> We are living in the age of a scientific revolution. At the same time, the incompetence of the human species in matters concerning the social well-being of communities is becoming more and more apparent.

Perhaps enough has been said to call into question the glib assumption that the community is a functioning social unit outside institutional walls, which may be