

Special article

Supporting community participation in a pandemic

Cormac Russell

Asset-Based Community Development Institute, DePaul University, Chicago, USA

ARTICLE INFO

Article history:

Received 4 January 2021

Accepted 4 January 2021

Available online xxx

Keywords:

Pandemic

Community participation

Asset-based community development

Antifragility

Resilience

Safety I-II

ABSTRACT

The invariable governmental approach to the impact of the COVID-19 pandemic has been to effect the White Knight stance of Don Quixote, defending the population from the “Virus Dragon” and dedicating its knight-errantry to the damsel Dulcinea. Though essential, new therapeutics, vaccines, physical distancing, rigorous hygiene standards and efficient health systems are not sufficient to counter the effects of the virus. Individual compliance to public health guidelines also matters, while remaining similarly insufficient to diminish the threat. Earthier, citizen-led, community participation strategies, however, lead to innovative, tailored solutions that better fulfil the needs of diverse neighbourhoods and assures greater virus resistance and increase in population health compared to a top-down, knightly approach or isolated individual efforts. The challenge of COVID-19 offers communities a moment to build more resilient, antifragile communities that not only survive the current crisis, but that thrive after it, and that are better equipped for the next challenge. This is not the time for the singular heroics of the White Knight, or the antics of Don Quixote, tilting at windmills. It is the time of Sancho Panza, which is to say of regular non-credentialed citizens, and their collective efforts, who up to now have largely been considered pawns in this contest. Asset-based community development (ABCD) rejects both the individual as an island and the institutional, knightly emphasis on assessing needs and deficits within communities. It favours identifying and mobilising available and latent assets within a community to forge closer connections among all people, the better to collectivise problem-solving efforts. Community-driven initiatives are assisted in this by localised not-for-profit agencies that practice subsidiarity.

© 2021 SESPAS. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Apoyar la participación comunitaria en la pandemia

RESUMEN

Los gobiernos, sin variación, han respondido al impacto de la COVID-19 como caballeros blancos al estilo de Don Quijote cuando defendió a la población del virus-dragón y dedicó la caballería andante a la defensa de su dama Dulcinea. Aunque esenciales, los nuevos tratamientos, las vacunas, el distanciamiento físico, los estándares rigurosos de higiene y unos servicios sanitarios eficientes no bastan para contrarrestar el efecto del virus. El cumplimiento individual de las medidas de salud pública también importa, pero igualmente resulta insuficiente para disminuir la amenaza. Estrategias más terrenales, lideradas por ciudadanos y con participación comunitaria, conducen a medidas innovadoras en cuanto a que se ajustan mejor a las necesidades de la diversidad de entornos y aseguran una mayor resistencia al virus y una mejor salud que los caballerosos esfuerzos aislados. El reto de la COVID-19 ofrece a las comunidades la posibilidad de hacerse más resilientes y menos frágiles, y no solo sobrevivir a esta crisis, sino florecer tras ella y estar mejor equipadas para los próximos retos. No son tiempos para caballeros andantes ni para las payasadas de Don Quijote enfrentándose a las aspas de un molino. Estamos en tiempos de Sancho Panza, o lo que es lo mismo, de ciudadanos normales no acreditados y sus esfuerzos colectivos, que hasta ahora han sido considerados meros peones. El desarrollo comunitario basado en activos rechaza tanto a los individuos aislados como al caballeroso énfasis institucional al valorar las necesidades y los déficits en las comunidades. Favorece la identificación y la movilización de los activos disponibles y latentes en las comunidades para forjar conexiones más próximas entre individuos, que es lo mejor para colectivizar los esfuerzos y solucionar los problemas. Las iniciativas lideradas por las comunidades se ven apoyadas por agencias locales sin ánimo de lucro.

© 2021 SESPAS. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Palabras clave:

Pandemia

Participación comunitaria

Desarrollo comunitario basado en activos

Antifragilidad

Resiliencia

Seguridad I-II

Pawn-20 takes COVID-19

From the AIDS epidemic in the 80s to the Ebola crisis in Western Africa in 2014–2016, we have learned —often at great cost to the most marginalised— that the only credible,

E-mail address: cormac@nurturedevelopment.org

<https://doi.org/10.1016/j.gaceta.2021.01.001>

0213-9111/© 2021 SESPAS. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Please cite this article in press as: Russell C. Supporting community participation in a pandemic. Gac Sanit. 2021. <https://doi.org/10.1016/j.gaceta.2021.01.001>

evidence-based response to a significant public health crisis is one that puts communities in the driving seat, with institutions in a strong supplemental support role. The COVID-19 pandemic is no different, it will not be unilaterally addressed by a top-down deficit-based agency response. Our supposed pawns, the economically marginalised have felt the sharpest effects of the COVID-19 pandemic. Their shorn finances, added to mental health and domestic pressures combined with limitations on social, associational, and recreational life during various periods of “lockdown”, are the outstanding features of the pandemic. This note vigorously contends that mere citizens, organised through their associational, cultural and local-pockets, are precisely the generative, social-virus required in the moment to resist the malign effects that have been exacerbated by this biological virus. This is not a drill or a dress rehearsal either, nor is this the only public health crisis we face. Indeed, more health emergencies are coming. We must not let this one pass without an asset-based community development (ABCD) response and an ABCD-informed plan for the next pandemic.

Instead of professionals dedicating their heroic efforts to society's meek and helpless pawns, the inimitable capacities of communities must be deployed in a way that is termed generative. Top-down, reactive and poorly-communicated government decrees and mandates do not work when citizens-in-community are excluded and can have unintended degenerative effects on community capacities. Generative approaches, in contrast, are grounded in the belief that communities themselves are best placed to know what is best for them. With the right support and clear information, citizens are effective in creating locally sensitive solutions to challenges. Sancho Panza often knows more than Don Alonso. Sancho and the supposed pawns have more power to check the virus than we realise.

Our knights of the moment, professionals, must work alongside community-driven responses that manifest communal resilience and ownership of the issues. Such a generative approach has boundaries and limits and takes direction from science and safe practices. Instead of being passive spectators as the professionals charge the virus, citizens-in-community become agents acting in concert with their neighbours, while their horse-borne, knightly fellows work hard to develop epidemiological responses. Kretzmann and McKnight have warned against institutional overreach in local development, and they urged relocating authority to local citizens who have the knowledge and passion to mobilise assets within their own locale.¹

Their prescription for local development applies even to locale-based responses to the pandemic. Effective implementation of ABCD relies on discovering and productively connecting individual, associational, institutional, physical (built and natural environment), economic, and cultural assets.²

The current ABCD work of Strathcarron Hospice, described below, offers an audaciously simple illustration of how impactful community building can be across the life course.

Strathcarron Hospice, Scotland

While many hospices have reached the limits of their capacity to support people at end of life to live well onto death during COVID-19, some have used the crises to re-imagine the Hospice Movement. Strathcarron Hospice, Scotland, is among those few pioneers who are not just weathering out the storm but are standing in operative solidarity with local communities so as to precipitate community capacities to respond with compassion to the suffering of their neighbours.

The leadership team at Strathcarron Hospice recognised that, while they may not be able to provide all the services or solutions traditionally thought to be the sole purview of a hospice, they

could precipitate a collective local response and supplement where needed. In terms of practical action, the hospice has employed four ABCD community builders to work with four local villages; actively engaging and supporting people to meet the final challenge of life, safely supported by family and local people who care. Going beyond their organisational mission to provide end of life care, the Community Builders have also listened closely to what each of these communities consider to be their local priorities during the pandemic and have supported them to take action on those concerns.

By way of a practical example, in the villages of Denny and Dunipace, citizens have found innovative ways to maintain important rituals and customs while observing public health guidelines. This was exemplified on Remembrance Sunday, when local residents found a way to negotiate the fact that they could not use natural poppies (the flower) as they had done previously, to commemorate those from their village who died during WWII. Their solution this year (2020), was to knit, weave, sew and draw poppies, and then to safely distribute them around the public square as both a symbol of remembrance and a statement of solidarity with each other. The message: we may need to physically stay apart, but we will do so while staying socially and culturally together. Proof not just of resilience but of antifragility and innovation.

Building communities of safety

Within the process of community building we can build communities of safety. Current approaches to human safety emphasise a safety-first concept, Safety-I,³ which is a simplistic model that aims to reduce ‘bugs’ in a safety (health) system where human fallibility is often considered the greatest bug. We propose a safety-too model, Safety-II, where the “as few things as possible go wrong” approach is subsumed by an “as many things as possible go right” approach.³ In the Safety-II paradigm, people are seen less as damsels in distress who must leave the real work to the knights and more as active citizens willing to contribute to the wellbeing of their communities. Intense lockdown restrictions, including staying within one's home, have not proved inimical to citizens' desire to contribute to communal safety, particularly against social isolation. Fulham Football Club in London, UK invited club members in June 2020 to reach out by phone to fellow members and to maintain regular contact with them during “lockdown”. From serenading on the balconies in Spain to Street Bingo in Dublin, communities have generated caring, imaginative, surprising and sophisticated mitigations to the very real dangers of social isolation.

In Safety-II, everyone produces safety. Localised ways of managing risk lead to co-created safety founded on creativity and commitment rather than solely expecting compliance with top-down, benevolent rules and regulations. Practitioners of Safety-II culture precipitate citizen relationships in which people choose to be accountable for the well-being of the whole group - out of love and commitment, not fear, the optimum way of working with communities. Such an ABCD, Safety-II way ensures greater social acceptance of rigorous anti-virus measures for a gentler price from citizens.

Governments tend, during emergencies, to be reactive and to bring uniform solutions to public health problems experienced variously between population groups.⁴ It is a clunky, one dimensional, one-size-fits-all method. Utilising ABCD we can contain circulation of the virus while working in other dimensions to search for solutions to social and economic problems that accelerate the spread of this and other diseases.⁵ In the post-pandemic period when old and revived social ills such as unemployment, hunger, psychological maladies, and violence, reassert themselves^{6,7}, a wider, wiser, participative, community-first, safety-too strategy will see us

better through the crisis. ABCD sets a better course for the direction of social, economic and health policies.⁵

A role for not-for-profits and community associations

Efforts to address COVID-19 in the health and social care sectors should focus on pairing local not-for-profit agencies and community associations to build wider and deeper collaboration at local and regional levels. It is opportune to now relocate authority to local communities where co-created citizen solutions are supplemented, not usurped, by institutional and technological assets.⁸

Not-for-profit agencies vary between those with a broad national scope but with limited grassroots connections, and those that are organised in disaggregated localised ways, allowing power to percolate upwards from local communities as required. The latter are useful to community associations possessing the “DNA” of diverse and rich informal local relationships, and in which there is greater ownership of the problems combined with flexibility in responses. This relational and associational DNA can counter the social and economic impacts of the coronavirus as surely as the new vaccines neutralise the impact of the virus protein spike in an individual’s biology. The deployment of not-for-profits alongside local associations, therefore, must occur in a way that decentres their influence while re-centring the role of local citizens and their associations in line with established democratic principles like subsidiarity.

Beyond COVID-19: building antifragile communities

Exposure to moderate stressors, particularly earlier in life, can confer resilience to potential detrimental factors in adulthood in a concept that has been called antifragility.⁹ This can be true for psychological stressors,⁹ or physical stressors such as exposure to environmental antigens which strengthen the immune system.¹⁰ There is a middle range of stress that contributes to antifragility, but severe stress can overwhelm a system, and minimal stress does not stimulate the development of protective measures.¹¹ This concept can also be applied to how communities withstand and respond to a pandemic: success in past crises helps the community to deal with current problems, and after COVID-19 has subsided communities must be left in a stronger position to face future medical and non-medical catastrophes.

To survive and thrive communities must adapt and enhance, but institutional responses that check antifragility drives in communities diminish total societal antifragility to future shocks. Confident, connected communities may need to cut ties to ABCD-negative institutions and ‘re-wild’ to achieve a greater level of antifragility if exposed to hyper-institutional or knightly cures. Re-wilding and antifragility can be cultivated in communities and neighbourhoods to bear greater “response abilities” and to centre authority more appropriately whenever institutional systems hit their capacity limits or they overstep the boundaries of subsidiarity.¹² This in no way affirms the hyper-individualism of conspiracy theorists who flout current public guidelines, instead, it offers them a more compelling summons to contribute to the wellbeing and freedoms of the whole community so that they, in turn, can be well and free.

Conclusions

Health properly understood is not a medical matter, it is a dynamic social, political, environmental, and economic challenge. In addressing the wider social determinants of health, it is critical therefore that paths towards community-driven change are cultivated.

Moreover, community participation matters because unpopular measures risk low adherence. With community leadership, there emerges creative, innovative, tailored solutions that meet the full range of needs in our diverse neighbourhoods and liberate the inventiveness and commitment needed to weather this crisis and move towards renewal. Approaches such as ABCD, while not sufficient on their own, will prove critical, especially in ensuring sufficiency of uptake of vaccines among marginalised groupings, for whom trust in medical systems is comparatively low.

Powerful and connected communities will increase the agency and self-determination of oppressed and marginalised neighbourhoods, liberating supposed “pawns” from the patronage and benevolence of knights.

The challenge for state bodies is to engage small not-for-profit institutions that are rooted in and committed to specific neighbourhoods and to support, and where needed, commission them to blend their efforts with those of resilient, antifragile communities, to reseed associational life. Community associations understand the people and the terrain, they can mobilise and connect the assets that abound there, to paraphrase Lincoln, a response to the virus of the people, by the people, for the people. We have an opportunity for communities to increase their strength, connectivity, and resilience, we should be audacious enough to take it. While vaccines and therapeutics are essential in addressing COVID-19, they will not be sufficient. Communities will need to adapt towards a pandemic conscious future where social solidarity permits us to flourish forward fairly.

Editor in charge

Carlos Álvarez-Dardet.

Authorship contributions

Only the main author is listed.

Acknowledgements

Thomas Hayes, PhD, and Prof. Thomas Dewar for their incisive comments.

Funding

None.

Conflicts of interest

None.

References

1. Kretzmann JP, McKnight JL. *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Evanston, IL, USA: ACTA Publications; 1993.
2. Collinson B, Best D. *Promoting recovery from substance misuse through engagement with community assets: asset based community engagement*. *J Subst Abuse Treat*. 2019;13:1-14.
3. Hollnagel E, Wears RL, Braithwaite J. *From safety-i to safety-ii: a white paper*. The Resilient Health Care Net: published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia. (Accessed 3 Jan 2021). Available at: <https://www.england.nhs.uk/signuptosafety/wp-content/uploads/sites/16/2015/10/safety-1-safety-2-white-papr.pdf>.
4. Silva DS, Smith MJ. *Social distancing, social justice, and risk during the COVID-19 pandemic*. *Can J Public Health*. 2020;111:459-61.
5. Bispo Júnior JP, Morais MB. *Community participation in the fight against COVID-19: between utilitarianism and social justice*. *Cad Saúde Pública*. 2020;36:e00151620.

6. Barreto ML, Barros AJD, Carvalho MS, et al. What is urgent and necessary to inform policies to deal with the COVID-19 pandemic in Brazil? *Rev Bras Epidemiol.* 2020;23:e200032.
7. Marques ES, Moraes CL, Hasselmann MH, et al. Violence against women, children, and adolescents during the COVID-19 pandemic: overview, contributing factors, and mitigating measures. *Cad Saúde Pública.* 2020;36:e00074420.
8. Marston C, Renedo A, Miles S. Community participation is crucial in a pandemic. *Lancet.* 2020;395:1676–8.
9. Taleb NN. *Antifragile: things that gain from disorder.* New York, USA: Random House; 2012.
10. Fall T, Lundholm C, Örtqvist AK, et al. Early exposure to dogs and farm animals and the risk of childhood asthma. *JAMA Pediatr.* 2015;169:e153219.
11. Liu RT. A developmentally informed perspective on the relation between stress and psychopathology: when the problem with stress is that there is not enough. *J. Abnorm Psychol.* 2015;124:80–92.
12. Al-Azri NH. Antifragility amid the COVID-19 crisis: making healthcare systems thrive through generic organisational skills. *Sultan Qaboos Univ Med J.* 2020;20:e241–4.