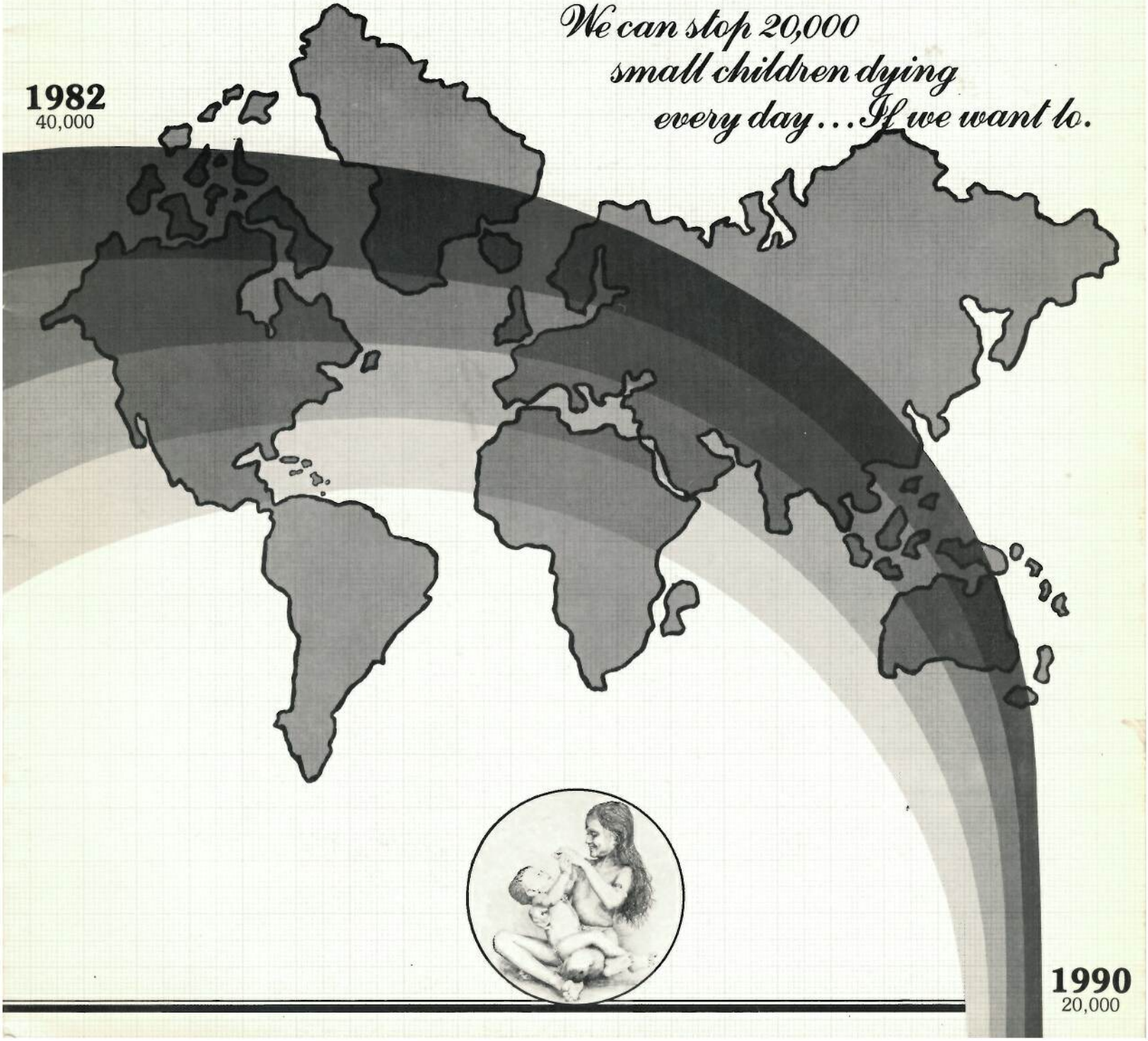
DEVELOPMENT

SEEDS OF CHANGE • VILLAGE THROUGH GLOBAL ORDER • 1983:1

JOURNAL OF THE SOCIETY FOR INTERNATIONAL DEVELOPMENT

The 1990 Revolution

We can stop 20,000 small children dying every day... If we want to.



Community Health In A Chicago Slum

Based on excerpts from John L. McKnight's article in the journal, Development Dialogue, *1978:1, the Dag Hammarkskjold Foundation, Uppsala, Sweden.*

A Community of about 60,000 people on the West Side of Chicago, the people poor and the majority dependent on welfare payments, they nevertheless have a community organization which is voluntary, not a part of the government. The neighbourhood was originally all White. During the 1960's it went through a racial transition and became largely Black populated.

After several years the community organization felt that it was time to stand back and look at the health status of their community. Although there were two hospitals in the area, they realised that the health of the people living there still needed improvement. The community organization examined the medical records in both hospitals to see why people were receiving care and they found that the seven most common reasons for hospitalisation, in order of frequency, were: (1) Automobile accidents, (2) Interpersonal attacks, (3) Accidents (non-auto), (4) Bronchial ailments, (5) Alcoholism, (6) Drug related problems (medically and non-medically administered), (7) Dog bites.

The people from the organization were startled by these findings. The language of medicine is focused upon disease—yet the problems identified had very little to do with disease. It was an important step to recognise that modern medical systems are usually dealing with maladies—social problems—rather than disease. Maladies and social problems were understood to be the domain of citizens and their community organizations.

Detecting The Politics of Health

They then decided to tackle a problem where they felt they could win. They did not want to start out and immediately fail. So they went down the list and picked dog bites, which caused about four percent of the emergency room visits at an average hospital cost of 185 dollars. The city government has employees who are paid to be "dog-catchers" but they decided to see what they could do themselves. They decided to take a small part of their own money and offer it for "dog bounties"!

There were packs of wild dogs in the neighbourhood that had frightened many people. The children of the area helped to identify them. In one month 160 of these dogs were captured and cases of dog bites in the hospitals decreased. And, two things happened as a result of this success. The people began to learn that their action, rather than the hospital, determined their health. They were also building their organization by involving the children as community activists.

The second course of action was to deal with something more difficult—automobile accidents. They tried to get information which would help to deal with the problem but found it extremely difficult to find information regarding "when", "where" and "how" an accident took place. Finally they found one macro-planning group that had data regarding the nature of auto accidents in the city. They took the information from the computer print-outs and translated them onto a neighbourhood map showing where accidents took place. They did this for all accidents for a period of three months, in which time there were more than 1,000 accidents. Having identified dangerous areas they could then try to correct the causes of the danger.

It became clear that there were accident problems which the community organization could not handle directly. When a problem was not within the control of people at the neighbourhood level, they understood the necessity of getting other community organizations involved in a similar process so that together they could assemble enough power to force the authorities to change policies that resulted in a reduction in the number of auto accidents.

The third community action activity developed when the people focused on "bronchial problems". They learned that good nutrition was a factor in these problems, and concluded that they did not have enough fresh fruit and vegetables for good nutrition. In the city, particularly in the winter, these foods were too expensive. Could they grow fresh fruit and vegetables themselves? It seemed difficult in the heart of the city but then several people pointed out that most of their houses are two storey apartments with flat roofs. So they built a greenhouse on one of the roofs as an experiment. Then a fascinating thing began to happen. Originally, the greenhouse was built to deal with a health problem—inadequate nutrition. Quickly, however, people began to see that the greenhouse was also an economic tool. It increased their income because they now produced a commodity to use and also to sell.

In the United States energy costs are extremely high and are a great burden for poor people. One of the main places where people lose energy is from the roof-tops of their houses. In this area the energy that did escape from the house went into the greenhouse where heat was needed. The greenhouse, therefore, was an energy conservation tool.

Further, the community organization owned a retirement home for elderly people and the old people started coming to the greenhouse every day to help care for the plants. The attitude of the older people changed. They were excited, they had found a function. The greenhouse became a tool to enable retired people to be productive.

The people began to see something about technology that they had not realised before. Here was a simple greenhouse and its "outputs" were, health, economic development, energy conservation, more productive older people.

Conclusions

First, the process of solving local health problems strengthened the community organization. Health action led away from dependence on professional tools and techniques, towards community building and citizen action. Second, effective health action identified what one can do at the local level with local resources. It also identified those external authorities and structures that control the limits of the community to act in the interest of its health. Third, health actions developed tools for the people's use, under their own control. As the community organization's health activity became more effective, the dominant role of formal curative medicine gave way to community involvement in solving and preventing poor health.