

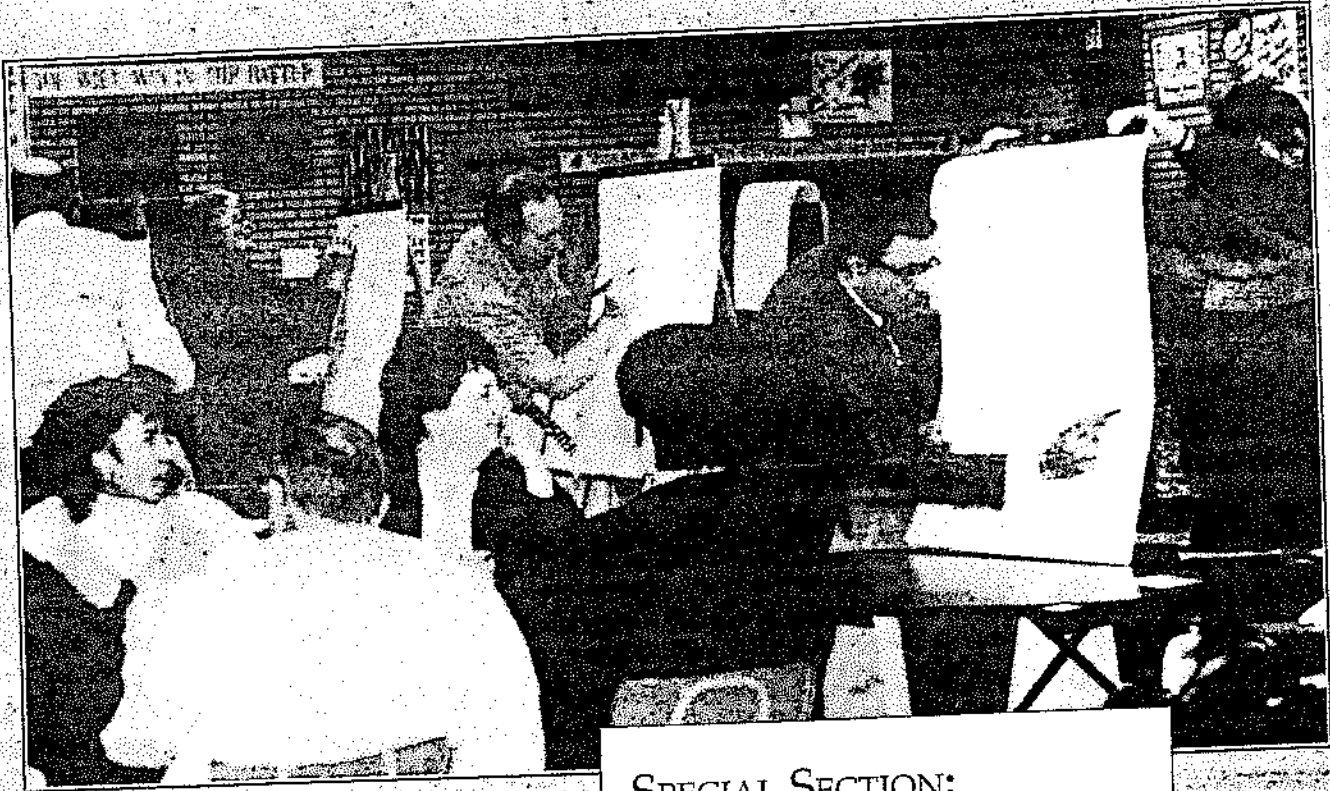
# RURAL HEALTH

# FALL

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## SPECIAL SECTION:

THE ASSET  
OF LOCAL COMMUNITY  
John McKnight comments  
on community development  
and its impact on the health  
of rural Americans. PAGE 8.



PREMIERE ISSUE!

## SPECIAL SECTION: COMMUNITY DEVELOPMENT

# The Asset of the Local Community

**W**e've clearly entered a new era in the popular conception of health. Where once health was viewed as a commodity produced by medical systems, today there is a widespread recognition that health is also a capacity that can be maintained or enhanced by the ordinary citizen.

The new pro-health consciousness has created a hidden dilemma for health professionals. That dilemma



*John McKnight*

is most clearly manifested in the ever-growing professional use of the word "community." Community means not in a hospital or doctor's office, but the social space beyond the edges of the professionally run systems.

Our dilemma however, is that while we have great professional skills in managing and working within our systems, our skills are much less developed once we leave the system's

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space and go into the community.

The community often seems complex, disordered, unstructured and uncontrollable. And many health professionals begin to discover that their powerful tools and techniques inside the system seem weaker, less effective and even sometimes inappropriate when they enter the community space. It is because of this dilemma that some health professionals have begun to think about what they mean by "the community." They have attempted to better understand how their profession can be more effective and which tools are needed if you are to work in community space.

### BEYOND HAMMERS AND NAILS

The most obvious finding of these new professionals is best summarized by Mark Twain's maxim that if your only tool is a hammer, all problems look like nails. If your only tools are based on medical models and systems, the community must be a nail if you are to be effective. However, it is quickly recognizable that the community is not a nail. Instead, it is itself a tool that is as distinctive and useful as the medical system is a tool.

To understand these distinctive tools—the health system and the community—the design, capacities and appropriate uses of each tool need to be examined.

A health system's design or shape is best exemplified by the pyramid-shaped organizational chart, connected by lines of authority and responsibility. This system tool is primarily designed for one purpose—so a few people can control many people. It enables a manager or administrator to design and ensure a standard output from the work of diverse professionals and workers. Therefore, it is clearly a tool designed to control and produce standardized practice and outcomes.

While systems are tools for creating control and uniform repetitive quality, they also depend on a third element of social organization—a consumer or a client. The frequent use of these words is a product of modern systems development and proliferation. This has led to the newly created health consumer.

Our new powerful systems have both needed and created a class of people that we call consumers and clients. Therefore we can recognize that the tool we use, called the systems, is designed to control people, produce quality goods and services and expand the number of people who act as consumers and clients.

But, what kind of tool is a community? It is obviously not a nail to be hammered by the health system. There is no widely accepted definition of community, but there is at least one useful definition of the community that focuses on this uniquely American social tool. That definition came from a Frenchman.

In the early 1800s, Alexis de Tocqueville came to the United States to study a uniquely American institution: the penitentiary. *Democracy in America*, published in 1833, tells of unique American communities. He observed that in France, decisions are made by professors, elected officials, professionals and managers, but in American communities, those who make the decisions are the common people. Then, he observed that the way this decision-making power is manifested in the United States is through small, self-assigned groups of people who are not elected or appointed, but who come together and mutually take on three powers.

First, they have the power to decide what is a problem. Second, they have the power to decide how to solve the problem. This, he believed, was the most audacious of the three powers being developed in American communities because, while one might know what a problem was, he believed it was the role of the expert to solve the problem. The third power is the power to

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join together with fellow citizens and solve the problem.

de Tocqueville said American communities are the basic building blocks of the society. Further, he called the groups of citizens who join together for the purpose of problem-solving associations. If you want to see what an American community is like, he said, look at the associational structures in a locality where you'll find a set of collaborative inter-related groups of people who are acting in association.

#### SYSTEM TOOLS AND ASSOCIATIVE RELATIONSHIPS

How does a system as a tool relate to associative relationships at the local level? Examining the relation of the current community of associations shows that they are tools with a special shape, design and use that is almost totally different from the system tool.

First, associations are structures that depend on the active consent of people. Unlike a system, associational structure is not designed to control people. Associations depend on the consent of free individuals to join in equally expressing their common vision.

Second, associational communities provide a context where care can be expressed. This contrasts with a system where standardized outcomes are the principal expression. So, at a gathering of an association of citizens, we see a social form that depends on consent, creativity and care. A system cannot produce care. Care is the consenting relationship between two people. It cannot be mandated or produced.

Third, associations require citizens rather than clients or consumers. Citizen is a political term; it describes the most powerful person in a democracy. An association is a tool to magnify the power of the citizen. This contrasts with system tools that create clients. ▶

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A community of associations is a social tool that is designed to operate through consent, combining the creative uniqueness of the participants into a more powerful form of expression. Put simply, the unique American community is an assembly of associations that is the vital center of democracy, creativity and capacity to solve everyday problems. These associative relationships, and their structure for problem solving in the community, are the primary tool for improving our health status in terms of morbidity and mortality.

### THE WEAKENING OF THE COMMUNITY

Throughout most of the 20th Century, American communities have not grown in respect and viability. The reason for this apparent decline of the community as association is that the weakening of the community's tools of association is the direct result of the increasing power of the system tools. As the power of the system tools grow, the power of the community tools decline.

If our health tool is a system, we can only achieve a particular and limited set of goals with it. We cannot perform the necessary functions to achieve the goals of the tools of the community. Yet, it is critical to health that most of the work be done in and by communities.

As we enter a new era that seeks healthy communities, we're faced with four realities.

1. Systems and communities are different tools designed to do different work.
2. Systems can never replace the work of communities.
3. System growth and outreach can diminish and erode the power of the community's tools.
4. When systems growth erodes community associations, then the system itself becomes a major cause of community weakness and disempowerment, contributing to the creation of a local environment for ill health, unwellness and disease.

However, there are some hopeful experiments and initiatives taking place in which health professionals and their powers have enhanced the strength of community associations. Analysis of these cooperative initiatives suggest they reflect at least four values.

First, these professionals have a deep respect for the

wisdom of citizens in association. They do not speak of training or paying citizens or associations to do the work the system wants them to do. Rather, they seem to recognize that they are fellow citizens with one sym-

bolic vote cast in association with their other fellow citizens. While they are not a part of the community, they walk with the community in its journey. They are neither making the path nor leading the group.

Second, unity-building health professionals can provide information

that mobilizes the power of citizens associations to develop and implement solutions.

Third, they use their capacity, skills, contacts and resources to strengthen the power of the local associations. They do not try to gain space, influence or credit for the health system. Instead, they ask how the system's resources might enhance the problem-solving capacities of local groups.

Fourth, the new community-building health professionals are escaping the ideology of the medical model. For all its utility, the medical model carries with it a hidden negative assumption. That is what is important about a person is his or her injury, disease or problem. The part of the person that is healthy is not the focus of the medical model. In contrast, communities are always built on the basis of the capacities of people not their deficiencies. Communities are built by one-legged carpenters. Medical systems are built on the missing leg.

To build a healthful society, we need two tools—a system and a community. Neither can substitute for the other, but systems can displace communities or they can enhance them. To enhance community health, we need a new breed of modest health professionals. They will be people with a deep respect for the integrity and wisdom of citizens and their associations. They will understand the kinds of information that will enable citizens to design and solve problems. ■

*"Communities are built by one-legged carpenters. Medical systems are built on the missing leg."*