



# Understanding resources from the community's perspective



## Key messages

- Our study explored community capacity to adapt and change as an important component of improving health and wellbeing.
- We looked at community resources that enable change and adaptation. These included traditional economic resources, such as capital, infrastructure and materials, as well as less tangible resources such as emotional, social and relational resources.
- The project identified a diverse range of community resources and how they are identified, valued, harnessed and grown. These included resources such as social networks, trust, community narratives, culture, a sense of hope, and self and collective efficacy.
- The findings suggest we need to consider emotional, social and relational resources within communities as enablers of health improvement. Communities may first need investments that build social networks, trust, confidence, a sense of belonging and hope before they are ready to engage with chronic disease prevention.
- The findings also suggest the creation or use of these resources may depend on the nature of investments. Short-term funding, rigid conditions and predetermined outcome measures may undermine the development of key resources needed to improve community health and wellbeing.
- By highlighting the diversity and value of community resources, we hope to develop more effective ways of investing to improve community health and wellbeing.

**The project:** Methods for evaluating transformative systems change

**Project lead:** Dr Shane Kavanagh, La Trobe University

**Research partner:** Department of Health Tasmania

**Project start:** December 2016

**Project end:** December 2018

## Why is this issue important?

Despite significant effort, many community-based programs aimed at improving health behaviours show disappointing results. One possible explanation is that we may be underestimating the resources communities need to take advantage of health initiatives.

This project aimed to identify the full range of resources needed by communities to enable improved health and wellbeing. We went beyond funding and material resources to examine less tangible resources that enable communities to adapt and change, including value systems, narratives and social structures. This work will help us understand how to harness communities' existing capacity for change and how to invest more effectively to generate new capacity to adapt to ongoing challenges.

While there is a well-established literature in the field of community readiness<sup>1</sup> and community readiness assessment,<sup>2</sup> it tends to focus on the interest, engagement and capacity of a community to implement a particular program. Our research focused on core community capacity and factors that may make any health or social program more effective.

## What did we do?

This project was developed through an active collaboration with the Department of Health Tasmania. We began by conducting a literature review to define what we meant by resources and to conceptualise how resources are used in health interventions. We then explored how resources are used in real life using qualitative methods. This involved undertaking 34 in-depth interviews with policy makers, practitioners and volunteers involved directly or indirectly in chronic disease prevention programs in Tasmania.

## What did we find?

While communities need material and economic resources to create change, non-traditional resources such as trust, confidence, hope, dignity, and respect also appear to be vital. These resources are dependent on supportive social processes including strong, diverse relationships, emotionally safe spaces free of stigma, shared experience, and high levels of social support.

The way funding is provided may limit the development or harnessing of key resources. Interviewees spoke of short-term funding, rigid conditions and predetermined outcome measures as undermining the development of resources required for change.



## What did we produce?

- Preliminary insights from the study have informed changes to existing funding processes and reporting requirements.
- Report for communities: Resource use in community health programs
- Journal article: Shiell A, Hawe P, Kavanagh S. Evidence suggests a need to rethink social capital and social capital interventions. *Social Science & Medicine*. 2018. Doi:org/10.1016/j.socscimed.2018.09.006

## Next steps

A new Prevention Centre project aims to understand more about the dynamics of resources and funding models in communities.

This work will help us further explore the value of community resources in enabling change, predict how to adjust prevention funding formulas to local contexts, and appreciate why some ways of funding preventive programs may be counter-productive.

## References

1. Edwards RW, Jumper-Thurman P, Plested BA, Oetting ER, Swanson L. Community readiness: Research to practice. *Journal of Community Psychology*. 2000;28:3:291–307.
2. Teeters LA, Heerman WJ, Schlundt D, Harris D, Barkin SL. Community readiness assessment for obesity research: pilot implementation of the Healthier Families programme. *Health Research Policy and Systems*. 2018;16:1:2.



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### The Australian Prevention Partnership Centre

Findings brief: Understanding resources from the  
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### Contact us:

Tel: (02) 9188 9500

Email: [preventioncentre@saxinstitute.org.au](mailto:preventioncentre@saxinstitute.org.au)

Website: [preventioncentre.org.au](http://preventioncentre.org.au)

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