

The new health in the village

A participation project fostering resilience in rural areas



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Introduction

Dear Reader,

Pfalzlinikum is a service provider for mental health in the Rhineland-Palatinate in Southwest Germany with over 2,000 employees in 14 locations. Its work encompasses approximately 1.4 million people in the Palatinate, focusing on community-based, child and adolescent, general psychiatry and neurology services.

As mental health is its daily mission, Pfalzlinikum focuses on more than helping people becoming mentally healthy again. Rather, maintaining and fostering mental health is the overall objective of the organisation and its declared duty – not only for its patients and clients, but also for its employees and the people living in the Palatinate.

By founding the initiative “The Palatinate makes itself/you strong – ways to resilience” together with different project partners, Pfalzlinikum pursues the idea of salutogenesis in mental health. The key is resilience – the ability to advance by personal crises instead of breaking from them, to be able to cope well with changes and the ups and downs of life.

The interdisciplinary group of project partners consists of sociologists, anthropologists, economists, pedagogues, psychiatrists, psychologists and communication scientists. In order to change the people’s attitude towards mental health – a mostly pathogenetic one – into a salutogenetic one, the initiative follows a new approach of social communication, based on the outcomes of their own scientific research. Together the experts focus on a systemic approach: looking at different social levels such as the individual, families, enterprises and communities.

The following eBook introduces one of our projects concentrating on the community aspect: “Resilience in rural areas through participation”. Project leader Prof. Dr. Cordula Borbe invites you to get to know the idea of how resilience in communities can be fostered and which steps the process takes in order to get the public thinking about mental health.

Cordula Borbe is professor for social work at the Nordhausen University of Applied Sciences in Thuringia. Her research focus lies on the exploration of social space, mental health care and resilience. Together with Prof. Dr. Markus Steffens she is leading the research project “Healthy in the Donnersberg district – resilience in rural areas through participation”.

Markus Steffens is head physician at Klinik Hohemark in Oberursel and teaches at the Mainz Catholic University of Applied Sciences in the fields resilience and prevention as well as risk and protective factors for mental health. Another project partner is the research team around Prof. Dr. Brigitte Anderl-Doliwa of Mainz Catholic University of Applied Sciences. She is also senior nurse at Pfalzlinikum’s clinic in Kaiserslautern. The research project is supported by Pfalzlinikum, the municipality of Rockenhausen and the health insurance company AOK Rheinland-Pfalz/Saarland.

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Resilience in rural areas through participation

Resilience in rural areas is currently a topical subject looked at and analyzed from very different points of view (for example Henkel 2016; Renker 2018). This subject arouses particular interest when a process of active civic participation is initiated to identify local resilience factors. The present article aims at informing about such a process in the Donnersberg district (Palatinate) and invites you to encourage participation processes in rural areas which simultaneously raise the awareness for health factors and promote them.

[...] “resilience is the ability of a system to absorb shock and carry on performing the function that it was designed to do. Resilience thinking [...] anticipates change and understands that major shocks are inevitable in a world that is facing huge challenges [...] and social unrest. Resilience is not about predicting what shocks we will face, or when they will occur, but it is about ensuring that we are prepared for them when they do”. (Bugler 2018)

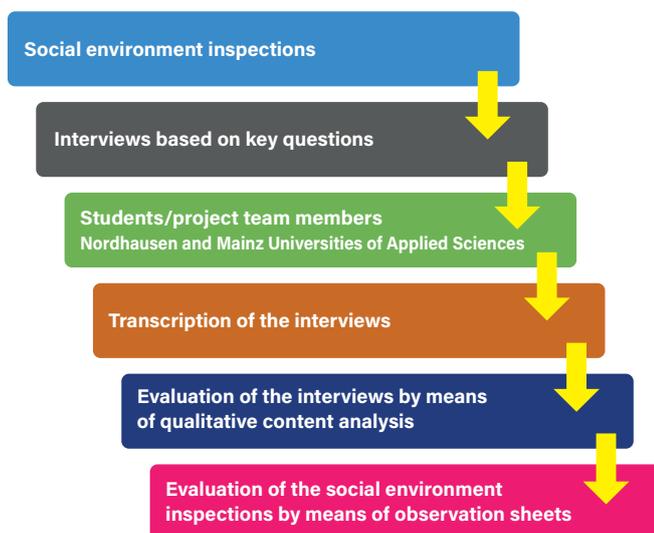
Accordingly, the topic of resilience mainly involves the anticipation of impending changes in the social environment perceived as uncertainties due to unexpected events in a world having become insecure (Bonß 2015, p. 5). In rural areas these are especially uncertainties concerning old-age provision, vacancies because of rural exodus due to migration into urban spaces and so caused infrastructure losses (Henkel 2015, p. 125). From resilience research, however, it is

known that people have a kind of protective shield rendering them resistant and relatively crisis-proof. The core of resilience is the unshaken belief in the ability to shape one’s own life (Welter-Enderlin/Hildenbrand 2012). The term resilience (from the Latin *resilire*, ‘bounce’ ‘rebound’) means “tonicity, resistivity and elasticity”. As a positive guiding principle, resilience names strengths but also hazards. The concept of resilience creates the connection between crisis awareness and a potential for solution options (Wustmann 2004). Health literacy is understood as the ability to inform oneself about the prevention of diseases and the promotion of health in every-day life, to form a view and to make decisions maintaining or improving the quality of life. For this not only individual skills are required but also encounter, networking and participation possibilities admitting people into local scopes of creativity and creating connections to technical quality and availability of information and providers (Jordan/Töppich 2015).

Pantucek gives fundamental thoughts to differences between urban spaces and peripheral rural areas. He stresses that the challenges of socio-physical work are identical for both areas while the prerequisites can differ nevertheless: e.g. the proximity of the decision-makers, small-scale structured civil society/societies, poor accessibility of specialized services and so on as examples for rural areas. Pantucek thinks that the art of socio-physical working in rural areas is to make use of the narrowness of the community and at the same time be in a position to go beyond its borders (Pantucek 2009).

This explorative study in the Donnersberg district (Palatinate) was commissioned by Pfalzkrlinikum and is carried out by the Nordhausen University of Applied Sciences and the Mainz Catholic University of Applied Sciences using a mixed-method approach. It comprises quantitative as well as qualitative elements. Following a detailed literature analysis and a social environment analysis (Spatzek/Wolf-Ostermann 2016) students and project team members started to familiarize themselves with the municipalities of Rockenhausen in the Donnersberg district in April 2018 by means of 16 social environment inspections plus accompanying qualitative interviews. The social environment inspection is an observation method to collect impressions and perceptions in a certain region/social environment. It is a technical inspection of an area aiming at perceiving the socio-ecological qualities of places with all one's senses. Social environment inspections are classified as qualitative research methods. The procedures are based on inquiry and participatory observation and have developed from the dynamics of youth work and their epistemological interest to acquire "social environment knowledge" (Böhnisch/Münchmeier 1990).

The methodical procedure is applied for the evaluation:



1: Methodical procedure (own depiction)

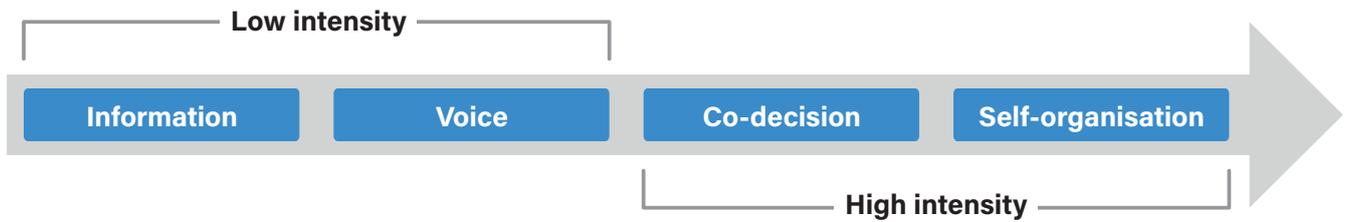
Discovering the neighbourhood

The interviews carried out with citizens of the municipalities of Rockenhausen and the city of Rockenhausen are transcribed and evaluated by means of a qualitative content analysis with the help of the professional MAXQDA software. The following results are essential:

- clubs are identified as important driving forces for the community and for health – however, they are said to be endangered due to a shortage of young people
- a functional health concept is dominating
- the fear of a medical emergency is greater than the fear of the impending loss of the regional acute care hospital
- nature is graded as an important resource
- property is considered highly important and positive (sedentarism)
- villages of the municipality are described as very heterogeneous
- differing views and needs of the young and the old are identified and
- differing views and needs of old and new residents are mentioned several times.

Following the social environment inspections the first two citizens' fora on the subject of "resilience in the Donnersberg district" took place in the Donnersberg district in June and July 2018. In case of most citizens present their professional activity and their role as citizens overlap thematically. So, it is possible to appreciate diverse expert contributions from different perspectives.

Key concern in the public fora is to jointly work out which resilient and health-promoting structures in rural areas are



2: Participation stages Rahel El-Maawi (2013) according to Lüttringhaus 2000

identifiable. Together with local values and moral concepts social environment related identity is essential for resilient structures in rural areas. In resilient structures the original state prior to a crisis (such as the demographic change for example) is the starting point for change because resilience describes a transformation process taking up existing structures and transferring them into resistant and thus future-oriented forms. The term resilience must be understood rather in the context of innovation than in the context of reaction. The dynamic shaping of possible transformation processes stands for the power of self-renewal of a region. This may imply a slight change of the concept of society (Newman 2009).

As the format for the citizens' fora, a kind of world café is chosen with the participants spreading around four tables. Each of the four table groups deals with one specific question:

1. What is the region's strength? What are you proud of?
2. What can you do/do you want to do concretely to strengthen the resistivity of your region? What is feasible in reality?
3. What health factors do you identify for the Donnersberg district?
4. What must be done so that you feel (still) more at ease in your region?

These questions encourage the citizens to participate actively. Regarding the

participation possibilities as citizens particularly the second activating question reaches stage 2 of Maria Lüttringhaus's participation model (cf. Lüttringhaus 2000, pp. 66-68) (fig 2 above).

Catching ideas for development

It is easy for the citizens to look at things from a positive perspective, for example when asked: "What are you particularly proud of?" In this context above all the key words climate/nature, literacy, major employers of the region, well accessible swimming pool, residing companies and good interrelations were mentioned.

However, when an active citizens' participation in terms of a binding commitment is required, professional conversation techniques and moderation are needed (Lüttringhaus/Streich 2004). As a result many ideas are gathered here, too: integration of the youth, collection of signatures, initiation of citizens' initiatives, use of platforms such as change.org, letters to the editors, projects, demonstrations and so on are cautiously mentioned as possibilities.

The question concerning the health factors in the Donnersberg district is answered as follows: respectful interaction of the people living there, contact with animals, quietness, the landscape and the cycle paths are just a part of the diverse replies which promote health from the citizens' point of view.

Improvements of the overall well-being are

seen especially in medical care, but also in partially missing (community) actions, poorly developed broadband supply and too many vacant shops and apartments.

It is striking that the factors appreciated as the region's strengths are exactly the same factors that are considered wholesome. Apparently, many aspects of health already exist in the Donnersberg district and the citizens are aware of it and feel proud. It becomes clear, however, which steps must to be taken in future to strengthen resilience in rural areas.

During the second citizens' forum a "red thread" in the form of a key ring is distributed accompanying the topic of resilience sustainably and making it visible. The identified main topics of the first Citizens' forum are introduced and the guests are asked to rate the topics important to them by means of a point system. In doing so, participation stage 3 is reached, the citizens take part by prioritization and thus actively influence the topics to be covered.

In this way, a clear topical preference is identified. The guests of that evening opt for the following topics:

- Mobility
- Stay healthy
- Young people
- Digitisation.

Following an exchange of ideas about the expectations and targets of the evening, two work groups are formed.

The selected topics comprise a wide range of dimension-specific aspects. Particularly the dimensions "social issues" and "health" as well as the dimension "human beings" are focused on and looked at in their interactions.

Mobility and staying healthy:

Fast this work group agrees that health is fundamentally influenced by social contacts. There is a lively discussion on the issue of offering centers for encounter, especially such focusing on multi-generational encounters.

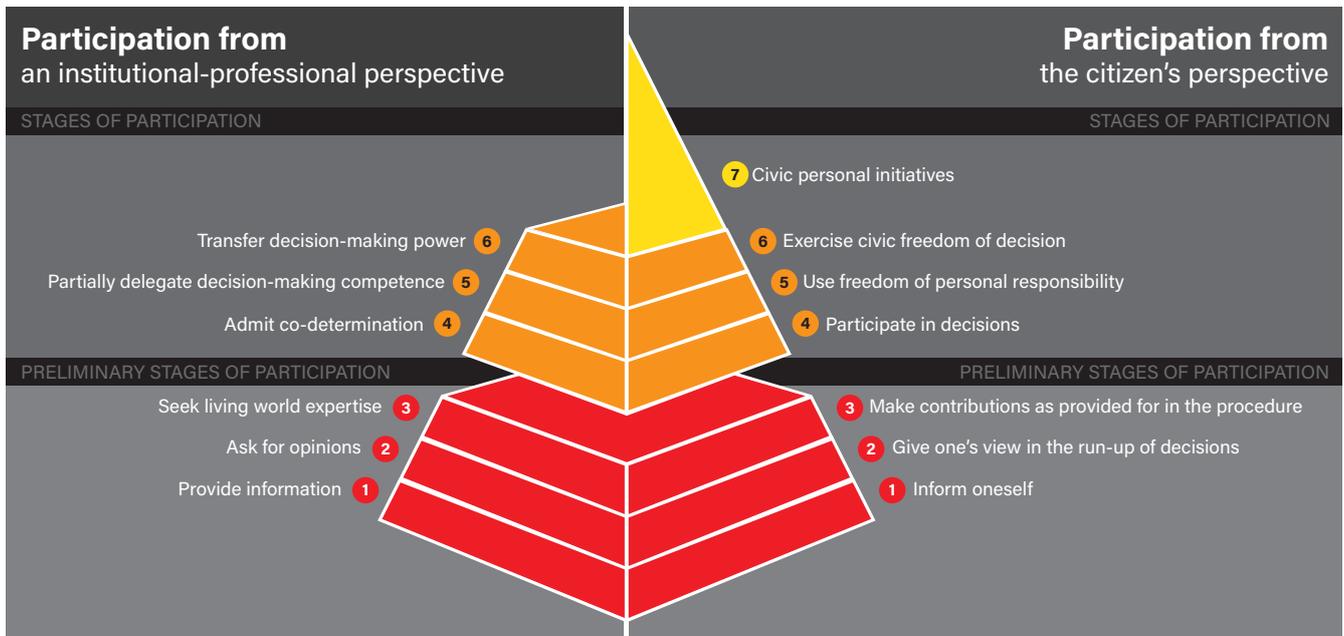
Communal jam making of young and old people is agreed upon as a participation project to be tackled.

Young people and digitization:

After an agreement on the regrettable fact that village schools and village shops as areas of encounter die out it becomes clear that it is necessary to create new encounter possibilities and especially possibilities for the integration of the young as those increasingly drop away in the villages. A common target is to motivate and win adolescents and young people to help developing the village life and an own identity with the village.

Successful participation is shown especially through the project called "Spatial village development and village coach for playing" during its initial phase. It is noted that more allies are still needed to enhance and expand the project. In response, a citizen has offered to hold computer classes and/or create a website to announce the project. Phone numbers and addresses have been exchanged and a foundation for future partnerships is laid.

Participation as a base is not new and no invention of our times. However, with the healthcare system, the administration and politics facing ever more complex challenges the current importance of participation is growing rapidly. For good reason, because it is an investment into the quality of democracy, yields manifold benefits and increases the feel-good factor in the social environment (cf. Senate Administration for Urban Development and Environment Berlin 2012, p. 14).



3: Straßburger, Rieger (ed.) (2014): *Partizipation kompakt – Für Studium, Lehre und Praxis sozialer Berufe*, p. 232

Of interest for the degree of participation is Roger Hart's illustration from the 90s (Roger 1992) used in the debate about an appropriate participation of young people in political decision-making processes. The 'ladder of participation' he developed for UNESCO in the 70s distinguishes the degree of participation by means of stages which were modified and updated by Gaby Straßburger and Judith Rieger in 2014 (see Fig 3 above).

According to this depiction visiting a citizens' forum to participate in decisions in the social environment is already a possibility (stage 4) (Straßburger/Rieger 2014, p. 232). In case of an active participation in citizens' fora, participation in decision-making and the exercise of freedom of personal responsibility are assumed (point system) and thus participation in all its facets. The exercise of civic freedom of decision (stage 6 of the stage model) can be found with all guests of the citizens' fora: The participation shows that the citizens actively use their right to express their opinion and to take an active part.

Civic initiatives (stage 7) have not been

observed thus far: Citizens organize and realize their plans autonomously. Here probably further meetings and networking are required for which two more citizens' fora in autumn 2018 will provide suitable opportunities. As a logic consequence of the current results the presentation and implementation of a kind of "swap meet" is planned for the third citizens' forum: According to the motto "swap yourself healthy" the citizens will be able to plan together which services can be swapped between young and old people while providing room for (new) encounters. To ensure success, cooperation with the city of Rockenhausen is needed and letters are written to the two regional deaneries requesting their help in promoting the citizens' fora. This should yield good results as invitations issued by the church as "players of the neighborhood" have been successful (Bestmann 2012).

It is the citizens serving the common good that are the source of power in rural areas (Henkel 2015, p. 328). The citizens' self-organization offers the opportunity of future potential for communal resilience.

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