CONFERENCE ABSTRACT

Practices constituting resilient communities.

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Research has long argued that solutions to care problems often lie outside the professional service domain, in communities co-producing health and social care [1]. Community members may include patients' families, neighbors, volunteers, local associations, churches, or businesses [2]. What is less clear, is these actors' role in co-producing care in times of crises. Communities are often neglected actors although they can be a "game-changer" in coping with weather events, social disparities, or infectious diseases [3]. Our paper addresses this gap, exploring practices constituting resilient communities. This topic is likely to become more salient as communities are strained by multiple crises and fewer professional resources.

We understand communities as co-producers of integrated care [1]. Communities involve people or groups who live, learn, work, and play in a geographical area of interest [2]. Integrated care is not a singular intervention leading to a predetermined outcome, but an emergent, context-specific set of social practices [4]. Some of these practices concern a community's resilience, the ability of a geographic area to adapt and transform in response to acute or prolonged stressors [5]. To explore our question, we conducted a scoping review, searching the database "Web of Science" for "community or communities" and "resilient or resilience". From the 285 hits in the health and social care domain, we focused on 27 relevant articles, coding them for author, year, health or social care problem, stressor, resilience practices, proposed theoretical mechanism and outcome.

The analysis shows that most articles addressed mental health problems. We identified five practices constituting community resilience. We named them (1) Connecting (engaging with and sharing support among peers, friends, and family); (2) Identifying (practicing cultural knowledge, telling stories, fostering community pride); (3) Meditating (praying, reflecting); (4) Contesting (politicizing and problem-solving); and (5) Relaxing (having fun and exercising). These practices constituted community resilience, helping members to adapt and transform in response to stressors like infectious diseases (Covid-19, Ebola), migration, and racism.

With these findings, the paper contributes to the debate about resilient communities in integrated care [1]. While previous research has tended to neglect community-led activities in times of crises [3], it highlights practices constituting resilient communities. Policy makers may want to consider how they engage these practices to maintain communities' well-being in times of multiple crises and increasingly scarce professional resources.

References

1. Nies, H. Communities as co-producers in integrated care. International Journal of Integrated Care, 2014; 14 (e022).

2. Amobi, A. et al. Community-led initiatives: The key to healthy and resilient communities. Journal of Public Health Management and Practice, 2019; 25(3).

3. Bhandari, S. and O. Alonge. Measuring the resilience of health systems in low- and middle-income countries: A focus on community resilience. Health Research Policy and Systems, 2020; 18(1).

4. Hughes, G. et al. Rethinking integrated care: A systematic hermeneutic review of the literature on integrated care strategies and concepts. Milbank Quarterly, 2020. 98(2).

5. Aldrich, D.P. and M.A. Meyer. Social capital and community resilience. American Behavioral Scientist, 2015; 59(2).