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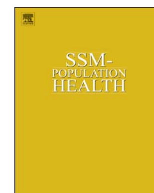

Article

Place, health, and community attachment: Is community capacity associated with self-rated health at the individual level?

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ABSTRACT

Community-level interventions dominate contemporary public health responses to health inequalities as a lack of political will has discouraged action at a structural level. Health promoters commonly leverage community capacity to achieve programme goals, yet the health implications of low community capacity are unknown. In this study, we analyse perceptions of community capacity at the individual-level to explore how place-based understandings of identity and connectedness are associated with self-rated health. We examine associations between individual community capacity, self-rated health and income using a cross-sectional survey that was disseminated to 303 residents of four small (populations 1500–2000) New Zealand towns. Evidence indicating a relationship between individual community capacity and self-reported health was unconvincing once the effects of income were incorporated. That is, people who rated their community's capacity higher did not have better self-rated health. Much stronger evidence supported the relationship between income and both higher individual community capacity and higher self-rated health. We conclude that individual community capacity *may* mediate the positive association between income and health, however, overall we find no evidence suggesting that intervening to enhance individual community capacity is likely to improve health outcomes.

1. Introduction

The means by which places are understood to shape health outcomes is multifactorial and remains contested (Pearce, 2013, Wilkinson and Pickett, 2009). Across both individual and multi-level studies of place, the majority of variance in health outcomes is consistently attributed to individual risk factors that play out through the composition of those places (Bentley & Kavanagh, 2007; Gattino, De Piccoli, Fassio, & Rollero, 2013; Linden-Bostrom, Persson, & Eriksson, 2010; Muhajarine, Labonte, Williams, & Randall, 2008; Pearce, 2007). In particular, a robust body of evidence demonstrates the critical role of income as a source of health disparities (see Wilkinson and Marmot (2003) for example), yet policy responses rarely seek to improve the material realities of individual lives (Smith, 2013). Instead, health promotion efforts commonly target health behaviours through community-level or policy responses, the success of which is often sensitive to socio-economic status (Magnée et al., 2013). Gaining prominence within health promotion is the concept of community capacity building, understood as the process of enhancing the skills, networks, and resources of a community to improve their own health outcomes (Liberato et al., 2011). Health promoters commonly leverage community capacity to achieve programme goals, yet the health implications of low community capacity are unknown. In this paper, we explore the concept of community capacity further by examining the relationship between community capacity and health at the individual level and contextualise this relationship in light of evidence surrounding associations between income and self-rated health. In the following paragraphs, we examine the evidence gained from individual level studies demonstrating (1) the importance of subjective experiences of community to health, (2) that community is inextricably grounded in the place and is (3) (re) produced through our social interactions.

Individual-level studies of sense of place have lacked conceptual cohesion, coming under various guises including 'place attachment' (Hidalgo & Hernandez, 2001; Scannell & Gifford, 2010), 'sense of community' (Gattino et al., 2013), and 'sense of place' (Pretty, Chipuer, & Bramston, 2003; Williams & Kitchen, 2012). Perceptions of place provide an indicator of our cognitive and emotional responses to the local environment and, in turn, may shape our physiological and behavioural response to that place (Ellaway & Macintyre, 2009; Hystad & Carpiano, 2012; Lengen & Kistermann, 2012; Muhajarine et al., 2008; Scannell & Gifford, 2010). Unresolved in this literature

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are the specific perceptions of place that elicit responses that impact our health. Work to-date has found positive associations between various dimensions of mental and physical health and sense of attachment to one's neighbourhood (Muhajarine et al., 2008; Williams & Kitchen, 2012), community participation (Muhajarine et al., 2008; Pollack & von dem Knesebeck, 2004), perceptions of neighbourhood problems (Ellaway, Macintyre, & Kearns, 2001), and satisfaction with the physical features of one's neighbourhood (Muhajarine et al., 2008; Wilsonet al., 2004). Collectively, this research indicates that residents holding positive perceptions of the place they live are more likely to rate their own health highly.

Turning to the psychological literature, connections to place that evoke personal meaning often arise from our experiences in those places (Scannell & Gifford, 2010). Importantly, *perceptions* of one's neighbourhood appear more closely linked to health outcomes than objective measures of neighbourhood quality (Wen, Hawkley, & Cacioppo, 2006). This leads us to question whether the physical features of a landscape can elicit a cognitive response that is distinct from the social connections to place identified in the previous paragraph. That is, when I visit a familiar beach does hearing the waves crashing and feeling the warm sand between my toes evoke the same sense of place as when I visit the beach of my childhood and recall memories of running across the hot sand to score a run during a family cricket match? Hidalgo and Hernandez (2001) found social connections to place elicited greater place attachment than the physical dimensions at the home, neighbourhood and city scales. Gattino et al. (2013) similarly found sense of community was a predictor of higher quality of life whereas attachment to place was not; conflicting results from Wen et al. (2006) suggest this debate is a long way from being resolved. Nonetheless, neurological evidence that heightened emotions play a positive role in memory retention would suggest that a sense of place is greatest where both physical and social stimuli have been elicited (see Lengen and Kistermann (2012) for discussion).

When we consider the sociological literature, 'community' is now more frequently defined by the common qualities or interests we share with others rather than geographic co-location. Advances in technology and our lived environment have led us to become more mobile and connected with those beyond our neighbourhood (Day & Murdoch, 1993). Measures of sense of community are multidimensional capturing the meanings, attachments and satisfaction that are elicited from individual and collective experiences of a place (Stedman, 2002). As a community-level construct, place may be co-constituted, its meaning embedded in a group's social and cultural practices (Scannell & Gifford, 2010). Perhaps even more importantly, a community may be a site of belonging. Research illustrates that a positive sense of identity can emerge from strong social connections (Glendinning, Nuttall, Hendry, Kloep, & Wood, 2003; Stedman, 2002), and confidence in the collective efficacy of a community (Jung & Viswanath, 2013). Interestingly, perceived problems within one's neighbourhood have been identified as a stronger predictor of poor health than a sense of neighbourhood cohesion (Ellaway et al., 2001). We argue that significant health promotion efforts remain focussed on the community and the changing nature of 'community' warrants further investigation.

Research quantifying community capacity has identified statistically significant differences amongst neighbourhoods (Jung & Rhee, 2013) and between towns (Lovell et al., 2015a), thus confirming the importance of place to our social relationships. Place is recognised by geographers as those aspects of space that possess meaning for both individuals and collectives (Cresswell, 2014). Research examining the impact of such place effects on health has garnered considerable attention in the fields of sociology, geography, and public health (see Macintyre, Ellaway and Cummins (2002) and Pearce (2007) for discussion). Frequently measured with multi-level studies, place effects are understood as the impact that contextual variables have on health outcomes (Pearce, 2007; Bentley & Kavanagh, 2007). Yet, within the geographic literature, researchers have highlighted that place effects may be multiple and impact people and places differentially (Macintyre et al., 2002). Place are locations individuals imbue with a sense of meaning arising from their connections with people, social institutions and the built environment; this paper explores how such perceptions of one's community, may be associated with self-rated health.

2. Measuring individual community capacity and health

Community capacity building has gained traction as a strengths-based health promotion tool as it emphasises local ownership over both health problems and their solutions. Health promoters have recognised the appeal of such approaches to communities so commonly adopt capacity building as a means to achieve the goals of their health promotion programmes (Hawe et al., 1997; Lovell et al., 2011). Despite support for the concept, evidence that initiatives to build community capacity can improve health outcomes is far from conclusive. Promising work by Jung and Viswanath (2013) in Seoul, Korea has identified an association between community capacity and self-rated health (dichotomised as low versus high). However, a paucity of research into the health outcomes of investing in community capacity may be leading supporters to overstate the benefits of capacity building (Ebbesen et al., 2004; Liberato et al., 2011). Jung and Viswanath (2013) justifiably conclude that building community capacity should be further investigated as a health promotion tool (Jung & Viswanath, 2013).

Evidence highlighting the affective dimensions of place clarifies the value of examining community capacity from the perspective of residents. In the current study, we use the qualified term 'individual community capacity' to capture the perceptions, experiences, and attitudes participants held about their town. When aggregated, individual community capacity ought to be an indicator for the community capacity of a place. We reserve the unqualified term 'community capacity' for those instances where the town or neighbourhood is the unit of analysis. Community capacity is captured through six distinct but interrelated constructs. Each construct, or 'dimension', reflects an emphasis of the community capacity literature. First, 'participation' in one's community has been associated with higher self-rated health in Germany (Pollack & von dem Knesebeck, 2004), less emotional distress but, interestingly, not overall health status in Canada (Veenstra et al., 2005). Constructs were measured on scales using likert-type items, for example, measuring community participation, we sought to capture residents' perceived support (in-kind and financially) for local groups with questions such as "I support the local school whenever I can", "Participating in local clubs and events is good for the community". Second, 'sense of place' taps into notions of place attachment as a source of identity (Stedman, 2002); survey questions addressed residents' attachment to the landscape and history of their town e.g. "I am very attached to the local environment and landscape", "I see how economic changes have affected [my town]." Whereas sense of place emphasises the affective experience of belonging, 'community attitudes', captured participant's satisfaction with their place of residence e.g. "My town has a positive future." "I am happy to live in [name of town]." Fourth, 'social cohesion' addressed residents' perceptions of their community as a trusting and inclusive place e.g. "I have little in common with most people who live here" (reverse scored). Linden-Bostrom et al. (2010) and self-rated health were indirectly associated but social support remained an important factor when rating one's health.

Community capacity building eschews a focus on deficits and considers concepts of place through residents' sense of community (Jung & Viswanath, 2013), and perceived collective efficacy. Consistent with Ellaway et al.'s (2001) findings that perceived problems within a community were associated with worse health, the final two dimensions of the community capacity scale consider the potential of a community to resolve problems. 'Problem assessment' captures whether residents communicate to identify problems and take action

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