



FACILITATOR: I did that with enthusiasm, even though I hadn't physically seen Rhonda. It was just one of those moments where I hoped she would appear. Is Rhonda with us? Yes, Rhonda. Good on you, mate. A round of applause. Volume is the key to social change, and I know Rhonda knows that.

Community cohesion, resilience and health development in regional Australia

Rhonda Galbally, CEO, Our Community

Thank you very much, Julie. We were hovering around. We couldn't actually hear the singing unfortunately, and I was really wishing I could. But you might be interested to know I was in at the Conference Exhibition, which was fantastic, having a massage about 20 minutes ago. I recommend it to everybody. There's a guy there giving massages, which is fantastic.

Look, I'm really very honoured and delighted to be here with you today. What an absolutely marvellous network of community. And also I'd like to pay my respects to the Wiradjuri people and thank them very much for having me on their lands today. I would also like to pay enormous credit to Gordon Gregory. What an organisation this is that you are all part of. It's just the sort of thing that we should actually be celebrating in Australia and that we absolutely need.

I wanted to start today, because my topic is to discuss community cohesion and its relationship to resilience and to the development of health and wellbeing in Australia. And I wanted to start by having a little bit of time to reflect on some of the pressures that Australians are under in general and that rural and regional Australians are under in particular, because I think when we think of the changes and transitions in our society, it's really very indicative of where health development is going. And I think we often forget the context for health and we just think here we are landed with the responsibility for what the impacts are, without taking it back a bit.

And that also of course allows me an opportunity to consider different options for support of you, and many of you are in the sort of options that I'm going to talk about, for how resilience is built. And I think if other people were sitting here from other generations, you know, going back decades, they may say the same as me, but I guess you can only do it from your own point of view. But I happen to believe that in my lifetime the changes in Australia have been absolutely extraordinary and incredibly speedy. They feel incredibly speedy, which may just be a function of me getting older.

But I remember back to my girlhood and, you know, thinking about my mother, talking to her, and the women in this audience wouldn't have been here in that generation. Can you imagine, there wouldn't have been women coming to a conference like this, not at all, because you would have been home with me looking after children. And a conference like this probably wouldn't have existed, but if it had existed, it would have only been men here. So that's one change, the absolutely dramatic change in gender roles and the opportunities that that's really presented us, for women and men. But with all social changes, I want you to be thinking about the people who aren't coping so well. So, with all social changes, and obviously I'm a great supporter of that one, and of all of these actually.

The second thing is that, you know, what did we count, the Institute of Family Studies? There were 40 different family structures these days, so 40 different configurations of families. Back in my mother's time and prior to that, there were a couple. There was the nuclear family, very popular in the fifties and the sixties, and then prior to that, generations earlier, the extended family, much romanticised, although extended families certainly had a down side. But these days, 40 different configurations, and the largest growing one, and I don't know that you'd call it a family, but it's the living alone decision, the choice to live alone. When you're older, people live alone because partners die or things happen; but when you're young, to think that you would choose to live alone as a young person to older and older ages is a new phenomenon that I think we've got to take account of when we're looking at changes and transitions. One would ask, is that a function of individual and the emphasis on the

individualism in the society. It's a very significant change that contributes to health and wellbeing indicators that I'll come to in a minute.

Another area would be technology. For me, it was only – I really think, to be honest with you, it was about 1997 or 8 that I actually really started to use email and the internet. I don't know when it was for you. But certainly in 1995, Barry Jones definitely predicted it when I was with the Australian Commission for the Future. He didn't predict the technology so much as the information explosion, the information revolution. But when you actually have it, and we all take it completely for granted, you know, despite the problems with broadband in regional Australia, it is an absolute revolution in what it allows you to do, you know, the connectivity, the information capacity – the way that you can just download information about absolutely anything from all around the world.

I sometimes sit back when I'm doing this day to day, which I do at Our Community, because that's an online organisation, and I just can't believe that that's happened, you know, from my late forties onwards really. You know, what a revolution that is.

Another part of the whole technology is around the genetics issue. And there are really critical issues coming out of screening that are very pertinent to people with disabilities. And here is an area that's a semi-medical area, because a lot of professionals and practitioners would want screening to be part of the landscape. And I'm completely pro-choice. And yet, you know, as a woman with a disability and a very feisty member of the disability rights movement, I really wonder whether children with disabilities will be born in the future, or whether they'll all be screened out. And that also goes for chronic illness and what does this mean to the society? Is it going to be a good quality society if the very people that remind us that we are mortal and that we're not perfect. I actually think people with disabilities relax the whole society. They give you the ability to not aspire to perfection, which must be very stressful. So I think that's a real value.

And of course also the value of caring, you know, that we sort of are beginning to hate because it's so pared back and made so difficult and so unsupported. So that's another technology that I wanted to raise that's having absolutely incredible change in society and change that we may not all want.

Environmental changes which we're living with. We're living with those right now – it's so dry, all relating to environmental changes that we've all contributed to that have suddenly grabbed us around the throat and that we're absolutely struggling with – the water issue, but also air quality, the rising incidence of asthma – so many issues to do with environment.

The issues of globalisation. Not only the economic issues that really do impact on regional and rural Australia enormously, but also the issues of terrorism and the lack of safety and feeling uneasy and great disquiet, you know, big issues that are change issues. Who would have thought that that's what our society would have been like, with the enormous repercussions for many groups in Australia, many groups from different cultures.

Then you get to the demographic shift having a big impact on regional Australia. The ageing of the population is really catching up with us. The changes in my lifetime, to think that the baby boomers, that we're now the new middle-age of course, as we hit 60, we're not old. And then what's old? But that great big rump moving through the society is now coming into that older cohort. And what's that going to mean for our society in change and transition?

I could talk about relocation and the rural transitions in particular. We could zone in on those later. But what I'm trying to give you an indication of as a context is that we are part of an enormous transitional society. And for many of us, you know, probably for everybody here I hope, we're surviving the transitions and really flourishing.

One area that I didn't mention of course that's really critical is work. In my dad's day, he stayed in the same job for all of his life, didn't dream of leaving that area, you know, that he'd built up expertise in a clothing factory. But on the other hand, these days, what did I read the other day in the statistics – that people change vocation four or five times in one lifetime, and jobs many, many times. Like, you don't stick with a job. And now of course there's a whole lot of insecurity, there's a portfolio where people



put together various consulting bits and pieces. A lot more flexibility for those who are coping, but tremendous pressure for those who aren't.

And of course you see the results, in this network, of people who aren't coping. And the not coping is reflected in a lot of the indicators. It's reflected in a lot of the increases in family issues, child abuse – I'll come to that – school truancy, domestic violence, a whole lot of those sorts of issues of social indicators. It's certainly reflected in heart disease, stroke, diabetes, cancer, a whole lot of those indicators. And it's absolutely reflected in the mental health indicators. The largest growing disability adjusted life years area, according to WHO, is in the area of mental illness and depression and of course suicide, which isn't just about young people, as you would know, it's very much about older people too, that suicide is not just to do with young people in Australia.

So, what is it about the changes and transitions, because you're led to believe, and I hope I didn't promulgate this when I was at the Victorian Health Promotion Foundation, because I think that we were trying to get this discourse going about what's the mosaic underneath the surface. But in Australia today everybody says it's because you smoke or you drink or you have unsafe sex or whatever you do, that's why the disease indicators are increasing.

And yet I would put to you, and I'm going to back this up with a lot of evidence, that it's actually about people not surviving the changes and transitions, it's about the other part of Australian society that isn't thriving, that is actually sinking, and that that's what's underneath why you smoke, why you drink too much, why you use drugs, why you have unsafe sex, why you are depressed, why you are not coping in this society.

I would add to that, to start the discussion, that you have to overlay everything I'm saying with social gradient, that inequity in the Vinson data that you will have all been reading recently, the Tony Vinson and Peter Norden research, that's the third time they've come out with the geographic clusters of inequity, are of course really important, and that that's the most significant contributor to ill-health and lack of wellbeing is the social gradient. In a country like Costa Rica, where they have a much flatter society with a much lower per capita income per head of population than say a country like the United States, much lower, but it's flatter, so the inequity isn't as great and their incidence of infant mortality is very much lower than the United States, where they have much greater wealth but enormous inequity. So social gradient contributes to the disease profile in – that's the greatest indicator. So it's the greatest indicator by a long shot.

But still there are other indicators, and I want to run through those. I want to start with feeling out of control. That's the first indicator. Not having a sense of control. And the person I want to refer to, I'm sure many of you have heard of him, would be Professor Sir Michael Marmot, an Aussie who lives in the UK. All of these references that I'm going to draw on now are related, because Michael Marmot was the student of Len Syme from the University of California, Berkeley, and Marmot has the largest sample in the western world, that he's been tracking for 25 years, of over 30 000 in his sample, and he's mainly measured heart disease. And of course he's found, number one, that the greatest contributor to heart disease is social inequity. So if you're the cleaner, if you're at the bottom of the pile, you're far more likely to have a heart attack as you are to have cancers of all kinds, as you are to have stroke and diabetes. So, you're much more inclined to have everything if you're poor.

But the second thing that he found is really interesting, because he found that only 46 per cent of the risk, putting aside social inequity, was due to smoking, not eating a good enough diet, eating too much fat, and lack of exercise. So, 46 per cent, still a significant risk, so you'd be unwise to smoke and it would be better if you eat a better diet and it would be better if you did exercise. But 54 per cent of the risk of heart disease that he's examined, you know, extremely thoroughly, is due to people feeling out of control, that they have no sense of control in their lives.

And I can give you more detail here. This was in workplaces and it was the top cohorts where, you know, people are a bit down the line in a workplace but have a very similar lifestyle; same cars; earn a fair bit, so it's not social inequity; eat similar food, because they're reasonably wealthy; live in pretty good houses, because they're all in the same sort of class, but they double the risk of heart disease as

soon as they're not the boss. So, as soon as they're not in complete control, which most bosses are, the incidence – the risk of heart disease doubles. So, sense of control I want you to hang on to.

Then I want you to hang on to a sense of not belonging. I'm putting them all negatively, but we'll turn them around in a minute. So, not belonging, according to Professor Lisa Berkman, the head of public health at Harvard Medical School, is the biggest indicator, not belonging, for again, stroke, heart disease, mainly non-communicable diseases she's measured, although she's also measured the early onset of dementia, and she's mainly measured this in terms of older populations, older cohorts, again with mass databases using what's called social epidemiology, that's the relationship of the disease profile and the risk behaviours to social issues. And the social issue that she's found is extremely strong, alongside control, is not having a sense of belonging. On the other hand, having a sense of belonging is a protective, it mitigates the risk. So that's extremely interesting.

And then you add to that the very latest work that Emeritus Professor Len Syme, who was the teacher of Marmot and Berkman, they were both his students at California Berkeley, learning the measurement techniques, the social epidemiology which Len Syme in many ways created in the world. He has discovered more recently that feeling hopeless is an incredible risk factor. And many of you would have heard Richard Eckersley, who works with Tony McMichael, who I know you heard from last night. Richard Eckersley has built on this in Australia, and especially for young people, measuring the sense of hopelessness and lack of a sense of future by young people is a very significant risk factor.

So I'm wanting to work with those three risk areas: sense of control, sense of belonging and sense of hope and future. I want to work with them because they're the three areas that I believe we can do something about. I'm not sure what we can do about social inequity. Like, would I love to see things change – would I love that. And I hope it does in my lifetime. Along with many of you, I've worked very hard to have our society more equitable. But, you know, it's a very unpopular theme these days. In fact people laugh about it. I always raise it because I think it's a very, very important goal. I don't think we should give up on it. But in Australian society it's passé and I'm not being party political particularly, sadly.

So, let's work with what we can. And you have options. You're getting incredible pressure to work on issues that I've worked on too at VicHealth for quite a long time, 10 years, and then at the University of Melbourne for another three, and that's smoking, don't smoke, don't drink, don't be – get rid of weight is the latest – obesity. I'm going to come back to obesity because it's a really good example – gee whiz, I've got to really hurry up. Okay.

So, what I want to say now that's really the meat of this discussion is that we've got to think, well, where do we actually – where can we make a difference to the sense of hope and control and belonging? And, you know, one issue would be to work on families. I'll quickly go through this. The Institute of Family Studies says that families are a mixed bag, that you get a third that are great, a third that are okay where you survive, and a third that are not so good, despite all the years of effort we've put in to supporting families.

Workplaces, not such a great idea unless you're the boss, according to Marmot, and also plenty of people are unemployed. So, workplaces, unless you can get an industrially democratic workplace, which again I truly have given up on actually in society. I think that's very passé. Nobody – I don't think that will happen in my lifetime, in the directions we're going.

So the final part of what I wanted to say is that the area where we can do something is what I call the community infrastructure. And many of you are in the service part of the community infrastructure. But I wanted to end by talking about what I call the participative groups, the 400 000 little groups that people just join are where, in the best of all worlds, if they were inclusive, if they were well run and governed, if they had enough money to survive and not have to keep, sort of, having to grovel for money, so if they were robust little groups, are the best bet for people to be in to be able to have a sense of belonging – and according to Berkman, this is the greatest infrastructure – have a sense of control if you have a voice, because they're the most likely democratic little structures, and have a sense of hope, because you're devising the agenda for the future.



And I'm talking here about sports groups, arts and cultural groups, environment groups, faith and spirituality groups, multicultural groups, self-help and mutual support groups for all disability, chronic illness and ageing area, playgroups, mothers groups – all of those groups. I think they're the unsung heroes of the health and wellbeing solution.

And what I'd like to see is a great more emphasis from networks such as this in supporting those groups, referring to those groups. I don't think there should be an individual consultation by anyone in the health profession or community service world that treats somebody in an individualist way, unless they also say to them, "By the way, are you a member of a community group and could we assist you to join?" And there's a whole agenda of course for Australian governments, I mean, having a policy framework around supporting what I call the community infrastructure of the society.

So I'm going to leave it there, and maybe in the discussion we can talk more about the agenda to really support the community infrastructure, that is the only way I think in Australian society we're going to engender control, hope and a sense of belonging.

Thank you.

FACILITATOR: Rhonda, thank you very much.

Presenter

Rhonda Galbally AO has had a distinguished career with over 20 years' experience as CEO of organisations in government, non-government and business sectors. Rhonda is currently a founder and the CEO of www.ourcommunity.com.au, a world-leading social enterprise that supports the community sector, business and government by providing a range of resources, training, advice and linkages. Previously, Rhonda was the foundation Director of the Australian International Health Institute at the University of Melbourne's Faculty of Medicine, and for 10 years she was the foundation CEO of VicHealth with responsibility for pioneering health promotion in Australia. Prior to that Rhonda headed the Australian Commission for the Future and the Myer Foundation and Sidney Myer Fund. Rhonda is a board member and Patron of a number of organisations. Most recently she was a member of the four-person committee to inquire into the need for a Human Rights Bill for Victoria. The Bill was passed by Parliament in July 2006.



Rhonda was awarded an Order of Australia in 1990, the Award of the Degree Doctor of Science (honoris causa) in 1998 and the Centenary Medal in 2003 in recognition of her service to the community. She was awarded the Degree Doctor of Social Science (honoris causa) from RMIT University in 2006.

Speaking notes

Changes and transitions in regional Australia:

- Demographic shift – ageing of the population, sea change, move by young people to city
- Relocation, shifts in concentration – community population loss, clusters, emergence of agribusiness centres
- Rural transitions – economic and cultural
- Globalisation – global combined with local specialisation, technology, efficacy of world markets, directions for trade in agriculture, impact of new terrorism, tourism
- Work – casualisation, part time, portfolio, cluster-based

- Family formation – from extended to families in relative isolation, increasing numbers of young people choosing and old people via circumstances (death or divorce) living alone
- Changes in role of women (and men), women on farms, changes in who brings in the income
- Technology – farm, information, new materials, genetic
- Environmental changes – impact of climate change, salinity, water, energy, fuel
- Health and safety – higher incidence of all non communicable diseases ;e.g. heart disease in regional, Australia, higher incidence of depression

Surviving rapid change in regional Australia

Some thrive – analyse resilience factors

- Others out of control – feel that they have no say, no impact over their own lives
- Sense of hopelessness
- Isolation
- No sense of belonging

Health and wellbeing outcomes of feeling out of control, feeling hopeless, isolated, and not belonging

- Increases in family breakdown, child abuse, domestic violence
- Increases in heart disease, stroke, diabetes, cancer (obesity etc)
- Increase in mental illness including suicide

Is this increase in non communicable diseases because we smoke, drink, eat unhealthy food more and exercise less?

- Professor Sir Marmot’s longitudinal study of 25 000 British Civil Servants found that 46% of heart disease is caused by risk behaviours – (smoking, food, exercise)
- 64% of heart disease is caused by feeling a lack of a sense of control
- Marmot MG et al. Contribution of job control and other risk rehabilitation factors to social variations in coronary heart disease incidence. Lancet, 1997, 350:235–239.

Increasing resilience in regional Australia

- Sense of control (Marmot)
- Sense of hope and future (Syme)
- Sense of belonging (Berkman)

Wilson N, Syme SL, Boyce WT, Battistich VA, Selvin S. 2005, Adolescent alcohol, tobacco, and marijuana use: the influence of neighborhood disorder and hope, Am J Health Promot. 20(1):11–9.

Settings to increase resilience factors – sense of control, belonging and hope

In the family? Families lie on a continuum – at one end families support development of all members and enhance social and economic contributions of their members. At the other end families are isolated, lonely and toxic. One in ten Adult Australians live alone

Workplace? – Marmot’s research shows that at every level down from the top, the risk of feeling out of control increases – the risk doubles from the top to the second level and by a factor of five at the bottom level of the workplace hierarchy. So unless you’re the boss you’re not likely to be healthy





- Marmot MG et al. Contribution of job control to social gradient in coronary heart disease incidence. *Lancet*, 1997, 350:235–240.
- Bosma H et al. Two alternative job stress models and risk of coronary heart disease. *American Journal of Public Health*, 1998.

In community groups? – People in regional Australia joining up and joining in – shoulder to shoulder with others in the community?

- Syme, S. L., 2003, *Social Determinants of Health: The community as an empowered partner, preventing chronic disease*. 2004 January; 1(1): A02.
- Berkman LF, Syme SL. Social networks, host resistance and mortality: a nine year follow-up of Alameda County residents. *American Journal of Epidemiology*, 1979, 109:186–204.

Different community groups

Members

These are community groups where people join up as members – usually they pay a membership fee and as members are not paid. They might play a game, sing in choir, learn, worship, volunteer, plant trees – usually they are not paid

- Mattsson B, Mattsson M. To sing in a choir and be healthy – which are the mediating mechanisms? *Scand J Soc Med*. 1998 Sep;26(3):238.

Participative

The types of community groups that offer participation opportunities in regional Australia – neighbourhood houses, community halls, landcare, community broadcasting, sports, CWA, faith and spiritual, learning, arts and culture.

- Kawachi I et al. A prospective study of social networks in relation to total mortality and cardiovascular disease in men in the USA. *Journal of Epidemiology and Community Health*, 1996, 50(3):245–251.
- Kawachi I, Berkman L, eds. *Neighborhoods and health*. Oxford, Oxford University Press, 2003.

Volunteering is a subset of participation

- Greenfield EA, Marks NF. 2004, Formal volunteering as a protective factor for older adults' psychological well-being. *J Gerontol B Psychol Sci Soc Sci*. 2004 Sep;59(5):S258–64.

Lifespan

There are community groups for every stage of life – playgroups, sports for young people, adult groups such as service clubs, chambers of commerce and industry, farm associations for meeting and matching and groups such as bowls and bridge clubs, senior citizens centres for older people

Four general types of community engagement

Each of these needs to be assessed for various impact of sense of control, belonging and hope to improve health and wellbeing

- Human services – professional services provided by salaried staff to individuals, some of whom are disadvantaged
- Specific purpose, new community organisations – established by community impetus in regional and small towns struggling to reinvent and develop new *raison d'être* – purpose for economic and social renewal and survival, participative and goal focused

- Government driven neighbourhood/community renewal programs – often in disadvantaged communities. Hard to sustain without significant government funding – issues of sustainability
- Numerous participative community groups covering every issue, interest and need – members are one of the group, not as an individual receiving a service

Community infrastructure in regional Australia

The strength community infrastructure is measured by:

- The number of groups per population
- Is there a group for every person's interest, issue, need?
- Are there groups for every lifespan group – from youth to older?
- The strength of the groups – are the groups viable and well run, using modern business skills, marketing, with strong governance.

The strongest indicator for regional community cohesion is the strength of community infrastructure.

Problem

The more disadvantaged the area, the less likely there will be strong community infrastructure

- Wilkinson, R.G., Pickett, K.E. (2006) Income inequality and population health: a review and explanation of the evidence. *Soc Sci Med* 62: 1768–1784. 10.1016/j.socscimed.2005.08.036

Problem

Strong community infrastructure is also necessary not only for the health and wellbeing of individual community members, but also is needed to attract necessary human services, businesses and regional economic development.

Solutions

Some Issues for the strengthening of community infrastructure in regional Australia. Assisting community organisations to become:

- *vibrant* (not doing the same things they did a decade ago as the membership drops off)
- *modern* (succession – new blood, new activities, new technology, new business skills)
- *reaching out and inclusive*, (marketed well – not the best kept secrets for the 'in' crowd)
- *transparent and financially well managed* (not operating insolvently and dangerously – developing new and secure revenue streams)
- *entrepreneurial as appropriate* – (taking on new challenges, fundraising effectively, looking for new opportunities – undertaking responsible, business planning – not taking unnecessary risks)
- *forging realistic partnerships with local business* (not hitting on business unrealistically for a one way flow of support – usually money)
- *forging realistic partnerships with government* especially local.

Governance is the key to reform because:

- Governance sets the groups direction
- Governance ensures that groups are operating to their capacity in a business like way



- Governance must enshrine inclusion
- Governance manages risk and keeps the groups safe
- Governance ensures viability and sustainability
- Governance prevents, contains and resolves conflict internally and externally

Requires major structural reform particularly focusing on upgrading the governance of community infrastructure

- Upgrading the governance of the smallest community group holds the key to community reform
- Upgrading governance is the key to recreating, developing and upgrading community infrastructure
- It is the quality of the governance that enables the community infrastructure to deliver significantly to support the resilience of regional Australians.
- Resilient Australians are needed to forge and contribute to economic regeneration, transition, development and ultimately sustained economic growth

In the end, it is the quantity and quality of community infrastructure that supports improvements in health and wellbeing and resilience in regional Australians.