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Community Health: A Learning Tool for Change

Linked Work and Training Trust is a unique voluntary-sector organisation committed to widening participation in higher education and strengthening community development practice in Scotland. The Trust is training key cohorts of community development workers by embedding critical analysis, reflective learning and democratic principles into their work with communities.

In partnership with the University of Glasgow we deliver the Bachelor in Community Learning and Development degree course. The Trust is creating a virtuous circle of learning for students in which their work informs the theory they learn in the classroom and the theory informs and enhances their practice in communities. We are currently running the degree programme designed specifically for the needs of Black and Minority Ethnic community development workers. Over the next three years all aspects of working with communities will be critically analysed: from empowerment to community-based research to the management of resources.

One of the key strengths of this degree course is its adaptability to a number of different contexts and sub-fields under the 'big tent' of community development work. Key themes of inequality, power relations, and citizenship run throughout community development whether one is working with young people, women or people with experiences of poverty. However, what is also interesting is how specific subfields within the community development field constantly arise throughout our group discussions of specific themes.

The subfield of community health and health inequalities specifically seem to best illustrate central issues and dilemmas within community development. Students seem to understand key themes of power and inequality better when using community health as an example because these themes seem to be magnified when they are placed in the context of health.

For example, we recently had a lecture on active citizenship and the individual's changing relationship with the NHS since the 1950s was cited as an example. The health service's on-going transformation from a paternalistic bureaucracy to an institution that actively encourages community participation through Community Health Partnerships seems to demonstrate quite clearly how active citizenship can sometimes be dependent not on communities willingness to engage but on an agency's willingness to be open and accountable to the communities it serves.

Community health also illustrates the 'human face' of sometimes abstract concepts for students. The issue of poverty can be powerfully demonstrated through the lower life expectancy of men living in Springburn or the East End of Glasgow compared to men living in more affluent areas. Institutional discrimination can be better understood and debated when the higher rates of preventable diseases, such as diabetes and coronary heart disease within the South Asian population in Scotland, is discussed.

Community health is a vital learning tool for students because it is often the 'canary in the coalmine' of community development work. Measuring improved health outcomes in communities can inform all types of community development workers about whether they are having a real impact in communities.

Akwugo Emejulu