

Our mission is to help the people of Canada  
maintain and improve their health.

*Health Canada*

Additional copies are available from:

Publications  
Health Canada  
Ottawa, Ontario  
K1A 0K9

Telephone: (613) 954-5995  
Fax: (613) 941-5366

This publication is also available on Internet at the following address:  
<http://www.hc-sc-gc.ca/hppb/alcohol-otherdrugs>

It can be made available in/on computer diskette/large print/audio  
cassette/braille, upon request.

The opinions expressed in this publication are those of the authors and do not  
necessarily reflect the views of Health Canada.

Ce document est aussi offert en français sous le titre :  
*Enquête sur le ressort psychologique des communautés*

© Her Majesty the Queen in Right of Canada, represented by the Minister of Public Works and  
Government Services Canada, 1999  
Cat. N° H39-470/1999E  
ISBN 0-662-27676-0

# A STUDY OF RESILIENCY IN COMMUNITIES

*Prepared by:*

the Atlantic Health Promotion Research Centre in collaboration with Miriam Stewart, PhD, Graham Reid, PhD, Leonard Buckles, MA, Wayne Edgar, MPA, Colin Mangham, PhD, Neil Tilley, BA, and Susan Jackson, MA

*for the:*

Office of Alcohol, Drugs and Dependency Issues  
Health Canada

 **canada's drug strategy**

# ACKNOWLEDGEMENTS

---

This study was a collaboration between the Atlantic Health Promotion Research Centre and the communities of Cheticamp and Isle Madame, Nova Scotia and Dildo, New Foundland. It could not have been carried out without the support of many people in those three sites. To all the residents who took part in some way, we extend our sincere appreciation for your enthusiasm, openness and willing participation in this venture. In particular, the research team wishes to thank the advisory committees in the three communities for their assistance with the start-up phase, and for providing support and counsel for the local coordinators. We acknowledge the excellent work of Community Coordinators Paul Desveaux, Kevin LeBlanc and Sonya Smith, who helped us get to know their communities. And finally, we owe a huge vote of thanks to the 179 participants who so generously contributed their time, their thoughts and their experiences during the interviews and focus groups.

Two other individuals who deserve our special thanks for all their help are Jim Anderson, our Research Analyst at Health Canada, and Mary Ann Martell, Atlantic Health Promotion Research Centre, who transcribed the interviews and assisted in formatting the final report.

# EXECUTIVE SUMMARY

---

The concept of resiliency involves the element of risk being mitigated by protective factors to produce a positive outcome or adjustment. It is a concept that was traditionally applied to individuals; more recently it has been expanded to include families. Our previous work suggested that it may also be relevant to communities. This study was designed to test the application of the concept at the community level, to identify factors related to risk, protection and outcome, and to examine how communities rebuild following adversity. Our purpose was to better understand resiliency at the community level and its potential use for health promotion and population health.

This cross-sectional, qualitative study examined resiliency in three small coastal communities in Atlantic Canada, all of which had been hard hit by the collapse of the groundfish industry in the early 1990s. The study communities were Isle Madame and Cheticamp (Nova Scotia) and Dildo (Newfoundland). From January to June 1996, 179 people took part in individual and group interviews. A total of 66 individual interviews and 18 focus groups (six in each community) were conducted. Interview and focus group guides were developed to explore indicators of risk factors, protective factors and outcomes (both positive and negative). Most of these consultations were carried out by a locally hired Community Coordinator in each site. Each Community Coordinator submitted ten written observations pertaining to issues explored in the interviews and focus groups.

Economic disadvantage, distress and hardship were prevalent risk factors or challenges cited by community members. Communal apathy and anger were evident in the tendency of some residents to blame forces outside and inside the community, and expressions of powerlessness and resentment. While community development activity was present in all sites, the level of citizen participation in community process was low. Cultural barriers and divisions were evident in the two Acadian communities of Cheticamp and Isle Madame. Low levels of education were a problem, especially among displaced workers. Geographic isolation posed a barrier for people without transportation, and social isolation was a problem for some newcomers.

The sense of community and community connectedness was considered a protective factor or strength in all three sites. It was linked to shared history, social traditions, religion, the small community size and communal trust. Participants associated the sense of connectedness with the communities' ability to survive hard times. Social support was readily available from the community at large, family and friends, and local organizations. Strong community involvement was reflected in high levels of voluntaries and participation in recreational activities. There was general satisfaction with educational services at both the public school and post-secondary/adult levels. In addition, there was evidence that the communities were moving toward more positive attitudes and coping responses. From all three communities there were examples of communal coping as citizens attempted to find collective solutions to shared problems.

With regard to outcomes, these communities reported satisfaction with physical health services, good physical health, increased evidence of healthy behaviours and active health promotion in all sites. However, emotional and behavioural health problems were viewed to be problematic and were attributed to the economic and employment situation. Participants also reported a failure to rally communally in response to the current hardship. A lack of coordination of community organizations posed a barrier to communal action. Other more positive outcomes were evidence of new economic development, a mood in the communities of determination and cautious but increasing hope, and the vital role that local organizations continue to play in community life. The results of the study revealed that, despite considerable risk in terms of employment and the economy, these three communities displayed remarkable resilience and guarded optimism about the future.

# TABLE OF CONTENTS

---

INTRODUCTION . . . . .	1
FRAMEWORK GUIDING THE STUDY. . . . .	3
METHODOLOGY . . . . .	5
PROFILE OF PARTICIPANTS. . . . .	10
THE FINDINGS. . . . .	13

## **Risk Factors . . . . . 13**

Economic Disadvantage and Unemployment. . . . .	13
Communal Apathy and Anger. . . . .	17
Low Participation in Community Process and Development . . . . .	21
Cultural Barriers . . . . .	23
Low Literacy/Education Levels. . . . .	25
Geographic Isolation . . . . .	28
Social Isolation . . . . .	30

## **Protective Factors. . . . . 33**

Community Connectedness . . . . .	34
Social Support . . . . .	37
Community Involvement and Participation. . . . .	41
Educational/Retraining Services and Opportunities . . . . .	45
Communal Coping . . . . .	48

## **Positive Outcomes . . . . . 50**

Economic Growth. . . . .	50
Community Outlook/Tone . . . . .	51
Community Organizations and Community Development . . . . .	53
Physical Health Status of Residents. . . . .	55
Health Behaviour of Residents. . . . .	55
Health Services . . . . .	59

<b>Negative Outcomes</b> . . . . .	61
Mental Health Status of Residents . . . . .	61
Communal Inaction . . . . .	66
Lack of Coordination of Community Organizations . . . . .	67
DISCUSSION . . . . .	70
RECOMMENDATIONS . . . . .	78
REFERENCES . . . . .	82

<b>APPENDICES</b> . . . . .	85
Appendix A: Surviving and Thriving: Resiliency in the Crowsnest Pass . . . . .	87
Appendix B: Interview Guide . . . . .	89
Appendix C: Focus Group Guide . . . . .	98

## **LIST OF FIGURES AND TABLES**

Figure 1	Framework of Community Resilience . . . . .	4
Figure 2	Revised Framework of Community Resilience . . . . .	71
Table 1	Sample Size . . . . .	10
Table 2	Gender . . . . .	10
Table 3	Age . . . . .	11
Table 4	Employment Status . . . . .	11
Table 5	Length of Time in the Community . . . . .	12
Table 6	Participation in Community Organizations . . . . .	41
Table 7	Risk and Protective Factors and Outcomes Related to Community Resiliency . . . . .	72

# INTRODUCTION

---

Resiliency, or the ability to bounce back, has been studied in the context of individuals and families. However, it is unclear whether the attributes of this concept are applicable to the community setting. In order to more fully understand resiliency and its potential use for health promotion and population health programs, the researchers conducted a study of three small coastal communities in Atlantic Canada which have been hard hit by the collapse of the groundfish industry. The three communities selected as sites for the study were Isle Madame and Cheticamp in Cape Breton, Nova Scotia, and Dildo in the Trinity Bay region of Newfoundland. Funded by Health Canada, the research was carried out by the Atlantic Health Promotion Research Centre (AHPRC) at Dalhousie University in Halifax, Nova Scotia. The major objectives were to identify markers which distinguish communities that recover, and to examine how communities rebuild following adversity.

Soon after the initiation of the project, the research team was approached by colleagues at the Regional Centre for Health Promotion and Community Studies (RCHPCS) at the University of Lethbridge. They proposed to conduct a parallel study in the Crowsnest Pass area in Alberta, a mining region in the foothills of the Rockies. The result has been a collaboration between the two centres. A summary of the Alberta project is included (Appendix A).

Resiliency has been described as the capacity for successful adaptation, positive functioning or competence despite high risk, chronic stress, or following prolonged or severe trauma (Egeland, Carlson and Sroufe, 1993; Cowen, 1991). Resiliency is a concept that has traditionally been applied to individuals. More recently, it has been expanded to include families (McCubbin and McCubbin, 1993). However, our previous work suggests that, in addition to families, it can be applied to systems such as groups and communities.

Resiliency is not a simple concept. It must be seen as a complex, dynamic interplay between certain characteristics of individuals or systems/aggregates, and the broader environment (Egeland et al., 1993; Horowitz, 1987). At the systems level, the concept of resiliency can be applied to groups and broader social systems within which individuals live and interact (Reid, Stewart, Mangham and McGrath, 1995). These include families, schools, clubs and organizations, community groups, neighbourhood, and communities of all sizes (cities, towns, villages). Such groups and systems are organisms with an identity of their own which is greater than the sum of their component parts (i.e., the individuals).

*Resilience is the capability of individuals and systems to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, and is enhanced by protective factors within the individual/system and the environment, and contributes to the maintenance or enhancement of health (Reid et al., 1995).*

The present study examined resiliency in three at-risk communities in Atlantic Canada. In particular, we attempted to identify *resilient outcomes* in these communities. An outcome may be considered resilient if it indicates positive adjustment to stress/adversity, competence, health or functioning. The evaluation of both risk and protective factors is also central to the study of resiliency. *Risk factors* are variables that have been linked to later maladjustment. They are markers of risk status (e.g., low socioeconomic status) which may be used to give a statistical



index of risk, or to identify groups of individuals for the purposes of investigation or intervention. *Protective factors* are variables that ameliorate or decrease the negative influences of being at risk.

At the community level, risk factors have not previously been examined. However, based on studies at the individual or family level, it can be speculated that communities with high levels of poverty and unemployment, communities that are geographically isolated, and communities that have experienced natural or man-made disasters would be at risk. Risk factors associated with communities are diverse in nature.

The literature addressing the development of individual resilience frequently identifies community attributes that provide a protective or supportive environment for individuals and families which may, in turn, suggest protective factors for communities themselves. Possible examples of such community protective factors include stability, cohesiveness, continuity in neighbourhoods, strong informal supportive networks, ideology, open supportive educational climate, community activism, and moral development through political, educational and religious institutions (Gabarino, Dubrow, Kostelny and Pardo, 1992). Likewise, Cowen (1991) notes the potential for key social institutions (e.g., schools, churches, worksites) either to enhance or obstruct positive psychological health outcomes which he links to resilience. Another protective factor for communities may be the educational level of community members. A broad category of community protective factors is social support which is an important resource for coping with stressors and risks (Thoits, 1986). Social support influences health status, health behaviour and the use of health services (Stewart, 1993). The informal webs of family and other ties are part of a community's social support network, and are mechanisms of social support. Indigenous lay helpers, co-workers, community leaders, volunteers and self-help mutual aid groups (Pearlin, 1985) can provide community-level support.

The self-knowledge inherent in self and collective efficacy learned from experience and from observation and interaction with others may be a factor which contributes to community resiliency. Community resilience may depend on having individuals, families and community-based organizations that provide models of resilient behaviour and attitudes, and thus opportunities for its citizens to acquire self-efficacy (e.g., within a group context). Learning from past experience with adversity is inherent in the concept of resiliency, and points to another link with self/collective efficacy.

Community development may be yet another protective factor associated with community empowerment. Community development is a process which addresses problems and solutions from a systemic, rather than an individualistic perspective. Education, political involvement and community action are also components of the community development process. Thus, it is possible that previous experiences with community development may contribute to a community's resilience in dealing with subsequent adversity. Community development implies community involvement. World Health Organization (WHO), 1991, offers process indicators of community involvement which can be assessed using qualitative methodology, such as changing involvement, relationship building, intensity of participation and changes in self-reliance.

# FRAMEWORK GUIDING THE STUDY

---

A vast assortment of variables were accumulated from the literature and from the research team which might guide an assessment of resilient outcomes for communities. For purposes of this study, we identified three broad categories of outcome variables: physical environment, residents' health and social relations. Each of these has several sub-categories, which in turn have numerous specific indicators. Physical environment includes the sub-categories of the environment itself, infrastructure/transportation and housing. Residents' health includes mental health, physical health, and health behaviours. Social relations includes management and government, community participation, community connectedness and community tone/quality of life.

Three broad categories of community risk factors were identified: social factors, environmental factors and attitudinal/behavioural factors. Each of these has several sub-categories with numerous specific indicators. Social factors include the sub-categories of economic disadvantage, educational disadvantage and cultural barriers. Environmental factors include disasters and isolation. Attitudinal/behavioural factors include communal apathy and communal anger.

Three broad categories of community protective factors were identified: social support, empowerment and communal coping. Each of these also has several sub-categories with numerous specific indicators. Social support includes the sub-categories of lay support, professional support and communal support. Empowerment includes public participation and communal responsibility/action. Communal coping includes problem-focused coping and emotion- focused coping.

As indicated by the “plus” sign, in this model it is the combination of risk and protective factors which is linked to various outcomes. High levels of the risk factors, presented on the left side of Figure 1, are assumed to be linked to poorer outcomes (right side). However, the presence of community protective factors may balance out these risk factors. In other words, for communities that are at risk, but have a number of protective factors, the outcome may still be positive.

It is important to note that this framework was proposed as a starting point to help organize the initial stages of the investigation of community resiliency, and guided the development of measures (i.e., interview guides and observation tools).

The definitions of community resilience, community competence and healthy community all imply that communities must have a role in determining important elements of their community's adjustment to adversity and other outcomes. The same is true for determining risk and protective factors. These may vary with location, circumstances and time. Therefore, we anticipated that themes and sub-themes in the original framework (Figure 1) would be reclassified as the study proceeded and as participants identified the outcomes, risk factors and protective factors pertinent to the respective study communities.

**FIGURE 1: FRAMEWORK OF COMMUNITY RESILIENCE**

Community Risk Factors		
Social	Environment	Behavioural
Economic disadvantage	Disasters	Communal apathy
Educational disadvantage	Isolation	Communal anger
Cultural barriers		

+

Community Protective Factors		
Social Support	Empowerment	Communal Coping
Lay support	Public participation	Problem-focused
Professional support	Communal responsibility/action	Emotion-focused
Communal support		



Community Resilient Outcomes		
Physical Environment	Residents' Health	Social Relations
Environment	Mental health	Management/government
Infrastructure/transportation	Physical health	Community participation
Housing	Health behaviours	Community connectedness
		Community tone/quality of life

# METHODOLOGY

---

The Community Resiliency study was a collaboration between the AHPRC at Dalhousie University and the three selected communities. The research team comprised three university-based members and three community-based members. The latter were experienced in community development, and each had connections with one of the study communities. The four part-time staff members were a Project Coordinator based at AHPRC, and three Community Coordinators, one in each study site.

The study sites were selected based on the risks all three faced as coastal communities hard hit by the collapse of the groundfish industry, and on the evidence of some community strengths that might prove to be protective factors in their challenge to deal with current adversity. All of the study communities included several small neighbouring villages.

Two of the sites, Cheticamp and Isle Madame are Acadian communities located on Cape Breton Island in Nova Scotia. Cheticamp is situated on the island's western coast, along the Cabot Trail. The 1991 Census reported slightly over 5000 residents in the larger Acadian region which includes the villages of Cheticamp, St. Joseph du Moine, East Margaree and several other tiny hamlets. Isle Madame is an island community located in the southwestern corner of the island, and is connected by causeway to the mainland. The 1991 Census indicated a population base of 4300 inhabitants. Several small villages make up the island community, including Arichat, Petit de Grat, West Arichat and D'Escousse. The third site was Dildo, a small community located on the upper south shore of Trinity Bay on the Avalon Peninsula of Newfoundland. The 1991 Census reports approximately 1700 residents in the region which includes the villages of Dildo, South Dildo, Old Shop and Broad Cove.

The study was conducted over 22 months, from June 1995 to March 1997. As detailed below, it was enacted in eight phases:

- ♦ hiring of community coordinators,
- ♦ development of the research instruments,
- ♦ training of community coordinators,
- ♦ recruitment of participants,
- ♦ data collection,
- ♦ data management,
- ♦ content analysis, and
- ♦ recommendations.

The communities yielded two types of data: recordings and transcriptions of the consultations (i.e., the individual interviews and focus groups), and written observations of the community coordinators.

## **Hiring of Community Coordinators**

During fall 1995, a steering committee of citizens was created in each of the three study communities. The role of these committees was to oversee the local hiring of a Community Coordinator, and to provide support and guidance to that coordinator, especially during the recruitment period. The community-based members of the research team played a key role in establishing the steering committees.

A job description for the position of Community Coordinator was developed by the research team. Essential requirements were credibility within the community, interview, writing and organization skills, and the ability to collect information by observation.

The Community Coordinators were hired for two days a week for 32 weeks. The local committees advertised the positions and carried out the hiring process. In each community, a local organization was delegated to receive and administer the funds for their coordinator's salary.

By mid-November 1995, local coordinators were in place in all three communities.

## **Development of the Research Instruments**

The interview guide used in this study was the product of a collaboration. It was discussed initially at a research team meeting in Halifax with both university and community-based members of the research team present. Shortly thereafter, in fall 1995, plans were confirmed for a parallel study in the Crowsnest Pass area of Alberta to be conducted by colleagues at the University of Lethbridge. Researchers from the RCHPCS collaborated in the production of the interview guide that was subsequently used in both Atlantic Canada and Alberta (Appendix B).

The design of the interview guide was based on the community resiliency framework developed for the study (Figure 1). Questions were developed to explore each of the proposed indicators of risk factors, protective factors and outcomes.

A similar inter-provincial collaboration took place a few months later to produce a guide for the focus group consultations (Appendix C). The scope of these consultations was somewhat narrower than the individual interviews, with a strong focus on the role of community-based organizations.

In addition to the two guides, a brief socio-demographic questionnaire of four questions was designed, to be administered at the conclusion of each consultation.

French translations were made of all instruments for the two Acadian communities.

## **Training Session for Community Coordinators**

In early December 1995, a one and a half-day training session for the Community Coordinators was held in Cheticamp, NS. Acting as trainers for this session were the Halifax-based Project Coordinator and the community-based members of the research team. A steering committee member from one of the communities also attended.

The objectives of the training session were to discuss: the project, recruiting participants, setting up appointments, use of the consent form, using the interview guide and obtaining written observations. Role playing was used to develop interviewing skills. The criteria for the 10 community observations included any of the topics addressed in the interview guide, and were

supported, where possible, with documentation such as newspaper clippings, bulletins and photos.

Another objective of the session was to allow participants to get to know each other. The provision of support for the Community Coordinators was a concern since the community-based members of the research team were not able to be on site throughout the data collection period, and the Project Coordinator was located in Halifax. The Community Coordinators were encouraged to contact each other from time to time and reported that these contacts were a source of support and encouragement.

## **Recruitment of Participants**

Consistent with qualitative research methods, purposive rather than random sampling defined the approach to recruitment. The goal in recruitment for individual interviews was to achieve, in each study community, a broad cross-section of the population with regard to age, gender, employment status and level of community involvement. While recruitment for focus groups shared these aims, there was also an attempt to create groups with some common ground, whether by membership in a particular organization, or by shared concerns or experience (e.g., youth, unemployment). To ensure that the sample was representative, the Community Coordinators provided the Project Coordinator with weekly progress reports as recruiting proceeded.

The Community Coordinators used a number of recruitment strategies. In most cases, recruitment was done by personal contact rather than by telephone. Local advisors and the Project Coordinator were available for suggestions and support. A written description of the project was provided to the Community Coordinators for distribution at initial contact.

## **Data Collection**

### ***Consultations***

#### *Number of consultations*

From January to June 1996, 179 Atlantic Canadians living in the three study communities took part in the consultations which were the major source of data for the Community Resiliency study. A total of 66 individual interviews were conducted: 30 in Cheticamp, 15 in Isle Madame and 21 in Dildo.

Six focus groups were held in each community with a total of 113 participants. One group had three participants, and another had twelve. The sixteen remaining groups had between four and ten participants, with six or seven being the average.

#### *Consultation process*

The Community Coordinators made arrangements for all consultations. Individual interviews began early in January 1996. The focus groups began in mid-May. All consultations were completed by early June 1996.

Participants were required to sign a consent form and were told that their responses and identities would remain confidential. All consultations were tape recorded. In the two Acadian communities, several consultations were conducted in French: two

interviews and four focus groups in Cheticamp and one focus group in Isle Madame. These were translated into English.

#### *Individual interviews*

The Community Coordinators conducted all individual interviews usually at the participant's home. On average, they were an hour in length.

#### *Focus groups*

In May, the Project Coordinator visited the three communities to help the Community Coordinators launch the focus groups. The three community-based research team members also assisted with this initiative. In Cheticamp, two local community development workers also helped with the facilitation of focus groups. Focus groups took place in the quarters of a variety of community organizations and lasted approximately an hour and a half.

#### *Support for the interviewers*

Throughout the consultation period, the Community Coordinators were asked to send taped interviews to the Project Coordinator three or four at a time. The Project Coordinator offered feedback during regular telephone contacts. This was especially critical at the beginning, since none of the Community Coordinators was an experienced interviewer. In the early stages, written summaries of suggestions were sometimes distributed to the coordinators, and interview guides were modified to include additional suggested wordings for questions and probes in order to make interview styles consistent.

Once the Community Coordinators had each completed several interviews, a teleconference was held. All research team members, Community Coordinators, and the Project Coordinator took part. The Health Canada Research Analyst also participated. It was apparent that the local coordinators were quite anxious about this conference at first. However, as it soon became clear that others were there to help and support them, and not to criticize, their relief was evident, and an excellent exchange took place. The Community Coordinators reported later to the Project Coordinator that the teleconference had been a positive and encouraging experience.

### **Written Observations**

Written observations provided by the Community Coordinators were an additional source of data. Each Community Coordinator submitted 10 written observations pertaining to issues explored in the interviews and focus groups. The observations included public meetings and protests, cultural and social events, training and development projects, and activities of local organizations. Articles from local and regional newspapers and newsletters, church bulletins and meeting agendas often covered the issues. The coordinators also included comments based on their personal experiences and insights as community members.

### **Data Management and Coding**

An initial selection of 45 individual interviews (15 from each community) and all 18 focus groups were transcribed and coded. The remaining 21 interviews were to be added should data saturation not be reached. Data saturation was achieved with the 63 transcripts initially chosen. The 45 individual interviews were chosen for transcription by the Project Coordinator who made a selection based on the quality of the interview and a representative cross-section of participants.

An initial coding scheme was based on the 24 indicators explored in the interview and focus group guides. Negative and positive answers were specified for each topic. The scheme was refined and expanded to accommodate additional themes during the initial stages of coding.

The Project Coordinator coded all 63 transcripts. The Ethnograph computer program (1988) was used to sort the data by codes.

## **Content Analysis**

The Project Coordinator and the Dalhousie-based members of the research team conducted the analysis. For each indicator, the data were analyzed first by individual community, and then data from all three communities were combined to discover the common themes and sub-themes. Significant differences among the communities were noted for the report.

The themes and sub-themes were organized into the key components of the study framework: risk factors, protective factors and outcomes. The original framework (Figure 1) was then modified to reflect the data (Figure 2 - see page 76).

The written observations were also analyzed for content and used to enhance and support the consultation findings.

## **Recommendations**

The report of the findings was distributed to all research team members. In March 1997, shortly before the project ended, a teleconference was held during which team members created recommendations for future research, policy and programs. These appear at the end of this report.



# PROFILE OF PARTICIPANTS

---

At the end of each consultation, all 179 participants completed the demographic questionnaire. Its primary use was to confirm that the selection of participants by purposive sampling had achieved a good cross-section of the population of the three communities. The following section presents the information compiled from the questionnaires.

## Sample Size

The distribution of participants by community is shown in Table 1. Sixty-six participants took part in individual interviews and 113 participants took part in focus groups.

**Table 1: Sample Size**

Type of Consultation	Isle Madame	Cheticamp	Dildo	Total
Individual interviews	15	30	21	66
Focus groups	40	42	31	113
Total	55	72	52	179

## Gender

Gender distribution by community is shown in Table 2: 42% of the participants were male; 58% were female.

**Table 2: Gender**

Gender	Isle Madame	Cheticamp	Dildo	Total	%
Male	20	39	16	75	42
Female	35	33	36	104	58
Total	55	72	52	179	100

## Age

Age distribution by community is shown in Table 3. The youngest participant was thirteen years of age; the oldest was 80. The majority of the participants (56%) were between 31 and 60. 26% were under 31, and 18% were over 60.

**Table 3: Age**

Age	Isle Madame	Cheticamp	Dildo	Total	%
to 20	8	3	10	21	11
21-30	10	8	8	26	15
31-40	11	9	6	26	15
41-50	12	19	16	47	26
51-60	3	12	12	27	15
61-70	4	14	-	18	10
71+	7	7	-	14	8
Total	55	72	52	179	100

## Employment Status

There was a relatively equal distribution of participants who were employed full time, who were unemployed, and who were retired (see Table 4). Each of these three groups comprised approximately one quarter of the total sample.

**Table 4. Employment Status**

Employment Status	Isle Madame	Cheticamp	Dildo	Total	%
Employed full time	11	21	13	45	25
Employed part-time/seasonal	4	11	7	22	
Unemployed (incl. TAGS)	19	9	14	42	23
Student	8	3	10 <sup>1</sup>	21	
Homemaker	-	-	3	3	
Retired <sup>2</sup>	12	28	3	43	24
Unknown	1	-	2	3	
Total	55	72	52	179	

<sup>1</sup> Includes two adults

<sup>2</sup> A seniors' focus group was held in Isle Madame (10 participants) and Cheticamp (12 participants) but not in Dildo.

**Note:** A number of students indicated that they were employed part time (especially in Isle Madame). Some of the "unemployed" could be seasonal workers. Seven of the 28 retirees in Cheticamp were under 60 years of age, indicating a trend toward early retirees returning or settling in this community.

## Length of Time in the Community

Over three quarters of the participants had lived in their community for at least half their life (see Table 5). Only 7% had been in the community for five years or less.

**Table 5. Length of Time in the Community**

Length of Time in the Community	Isle Madame	Cheticamp	Dildo	Total	%
Long-term residents:					
Lifetime	38	31	29	98	55
1/2 lifetime +	12	13	13	38	21
Short-term residents:					
5 years or less	1	12	-	13	7
Total	51	56	42	149	

- Note:**
- a) Cheticamp was the only community to hold a focus group with recent arrivals/returnees. They account for 7 of the 12 short-term residents.
  - b) Five participants in the Dildo sample were non-residents (service providers).
  - c) Ten participants did not indicate length of residence.

# THE FINDINGS

---

Findings are presented under the major headings of Risk Factors, Protective Factors, Positive Outcomes and Negative Outcomes. Under each major heading, an overview of the dominant themes and sub-themes are presented. Representative quotes are given under each sub-theme.

## **Risk Factors**

The study framework proposed a number of broad indicators which were expected to be related to problems and challenges facing the study communities. Seven risk factor themes emerged: economic disadvantage and unemployment, communal apathy and anger, low levels of participation in community process and development, cultural barriers, low literacy and education levels, geographic isolation, social isolation. Of these seven risk factors, two were predominate. During every consultation, participants were asked, "Out of all the things we've talked about, what are the three most pressing needs in your community?" The two top concerns were the need for employment and the need for some positive attitudinal change on the part of many community members.

### ***Economic Disadvantage and Unemployment***

Economic and employment circumstances in the three communities were central to their selection as study sites. Economic distress is a problem in all three communities. In 46 of the 63 consultations analyzed, "no jobs" or "the economy" were the immediate responses to the question, "What's hard about living in this community these days?"

A summary of the main industries in each community and overall economic conditions in each of the three communities is presented first. Participants' responses related to the economy and unemployment are then presented. Three sub-themes were apparent in these responses: the local economy is depressed, financial hardship is evident and predictions of harder times ahead.

Overview of economic and employment conditions:

#### ***Cheticamp***

Most of the residents of Cheticamp have traditionally been employed in the fisheries or tourism industry. Unemployment rates range between 24 and 26 percent, and many fisheries jobs are seasonal because the Gulf of St. Lawrence is frozen over in the winter.

Until 1992, the groundfish industry was the main activity in the local fishery. That year, the industry employed between 550 and 600 people; cod landings in Cheticamp Harbour were 17 million pounds. In 1993, less than 5 million pounds were landed, creating a drastic drop in employment figures in the local fish plants. Since then, the local fishing industry has depended primarily on lobster and snow crab catches. Both these industries are still lucrative and have created a balancing effect in the local economy. Of the 600 people directly employed in the fishing industry (e.g., plant workers, fishers, unloaders, buyers,

truckers) before the crisis, close to 250 may still be displaced. The tourism industry is fast becoming the number one industry in the area and seems to gain momentum every year.

### *Isle Madame*

Labour force analysis for 1986 indicated a combination of high unemployment and low participation rate in the labour force, signifying a very weak economic base on and around the island. At that time, fish harvesting and processing accounted for approximately one third of total direct employment. In 1991, 88% of landings in Richmond County were groundfish, making this region especially vulnerable to the devastation created by the fisheries crisis during the early 1990s. A final blow was the 1994 moratorium on redfish and hake, which led to the closure of the Richmond Fisheries plant in February 1995, and demolition of the buildings a year later. This resulted in loss of employment for 300 to 350 workers in the community. Only one motel and one campground are located on the island, suggesting that tourism is not a significant industry.

### *Dildo*

Local seasonal work provides most of the employment. Many residents are unemployed fish plant workers or displaced fishers as a result of the cod fishery moratorium. Today, the local plants offer only occasional short-term work in shrimp and seal processing. Approximately 50% of the population are unemployed. There is as yet little tourism infrastructure in Dildo.

## ***The local economy is depressed***

The collapse of the groundfish fishery has devastated these coastal communities, particularly Dildo and Isle Madame. Cheticamp, with a broader economic base because of a diverse fishery and a well-developed tourist industry, has been somewhat less drastically affected.

*Across the harbour, the boats at the wharf, you see that there are a number over there. It's not many years ago that they would all have been gone from the wharf on a day like this. They're all basically tied up. The fishery has been jobs for years. And jobs is still a big issue for people...people want work.*

*Richmond Fisheries was putting \$15 to \$18 million a year in the local economy. And you had a number of other small operations in the fisheries. The island here was benefitting to the tune of \$21 to \$25 million, and that's all gone. All of it. And not to return. That's a major shift in economic terms.*

Many local businesses have been adversely affected.

*I mean, this place in the fall used to boom. The trucks would be all over the place. Any night of the week, the bars, there were people. In restaurants. (Restaurant) was open all night long...You could tell this place was alive. Check it out. Check the last fall, and it was scary. Because you would drive and you would wonder if there was anybody alive. And it was very scary.*

While the lack of job prospects was a prevailing concern in all three communities, it took on added weight as participants spoke of the implications for youth.

*And it's the same thing with the young ones. When they leave school and they do go to university, where are they at? There is nothing for them here in this community. I don't even see anything for my grandchildren.*

With local economies based almost exclusively on the fishery and tourism, there are very few full-time jobs to be had. Part-time and seasonal employment, much of it low wage, has long been the only option for most inhabitants of the three communities, and the cycle of summer work and winter on Employment Insurance has been a way of life for most of the population. As the Community Coordinator from Isle Madame observed, "Whether you are a fisherman, plant worker, pulp cutter or store clerk, you have probably been a recipient of EI benefits at some time or another." For many displaced fishery workers, The Atlantic Groundfish Strategy (TAGS) program currently provided financial compensation.

*Tourism, for example, is one of the big things in the community. But...whether it's restaurants and motels and so on...I mean, they are there in the summer...I would assume that most of them are on minimum wage or a little over. And then after that is over, it's Unemployment (Insurance).*

*I think if you put the Unemployment (Insurance) statistics in the community with the TAGS and other government programs that are on the island right now, you would probably find that about 60 to 70 percent of the income is coming from some kind of a government program. It's a very serious situation.*

In the early months of 1996, as these consultations were being conducted, the country made changes to the Employment Insurance Program, which would have profound effects on seasonal workers in the three study communities. As the observation of a public meeting in Cheticamp revealed, people were concerned about the requirements for a longer work period in order to qualify for EI (in communities where seasonal employment is of limited duration), plus the prospect of both reduced benefits and a shorter period of coverage.

*The numbers of jobs have decreased, and the length of employment has decreased as well. You know, it's something that I never used to hear. Even people my parents' age, people who go to work...it's the first year I've heard my father say, "I don't know if I'm going to make my 12 weeks." So that is a change.*

*I guess the new UI rules coming in will present a problem because they will more than likely ask for more hours of work or more weeks of work, and that is not available in this area. So I don't know what the outcome of it will be, but it is certainly, I would say, a major problem.*

### ***Financial hardship is evident***

Most participants had little hesitation in acknowledging that many people were struggling financially because of unemployment and the depressed local economy. They provided many examples.

*Well, to tell you the truth, I find that it's getting to be a real problem. I find like in our schools, for example, a lot of our children are going to school sometimes with just the bare necessities like as far as food goes, and their clothing.*

Displaced fishers on TAGS were having to cope with drastically reduced incomes, and with accompanying lifestyle changes.

*While we were working at the fish plant, we were making good money, and we were taking home sometimes \$600 or \$700 a week. But when there was no more Unemployment (Insurance) and no more anything, I had to go on TAGS. And it was only a little bit, like \$200. So I had to cope with what there was, with a family and bills.*

Members of one focus group described what was happening in their community:

*Participant (P): People are losing their homes and can't cope with it because they can't afford to do what they were doing before, or living the way they were living before. So that can cause a lot of problems.*

*Facilitator (F): So people are losing their homes?*

*And almost everything, some of them.*

*You've seen this?*

*Oh, yes. We're seeing it now.*

*It's come to us slowly.*

*It's there. You can see it.*

For many participants, the word "poverty" was too strong a descriptor of the financial hardship in the three communities.

*We still got roofs over our heads...we still got food...there is nobody starving around here. And there are some people on welfare...but with regards to say "poverty," it's not that at all.*

A number of participants said that poverty was not a problem in their community because local organizations existed that provided assistance to those in need. Although many participants did not know or did not believe it to be a problem in their community, there were others who suspected (or knew) that there was more hardship than was visibly apparent.

*On the surface, this community looks rich. When you look at the cars and the houses, it looks rich. But it's like...It's superficial. Very, very superficial.*

A few participants could testify to growing number of people on social assistance or in need of a food bank.

*That has increased drastically as far as general assistance. I remember less than eight years ago, our biggest expense as far as general assistance was probably \$350,000 or \$400,000 a year, which we thought was a high amount at that time. Now you're talking close to a million dollars in general assistance.*

*In our research, we talked to the food bank in Port Hawkesbury which is the closest food bank...They told us that in 1995, 350 people in Isle Madame had accessed food [there] at one time or another. So we think there probably is a need to have a food bank right here on Isle Madame.*

Questions about the number of people leaving the communities because of financial hardship brought mixed response. People have always left these communities to seek work; it is nothing new. The current lack of employment was prompting many individuals and some

families to leave. However, it was generally not seen to be an unusual cause for concern, but rather a natural occurrence. Again, the particular concern about youth emerged.

*There have been periods of mass migration, like to the cities and to Toronto. And I think if there were jobs elsewhere in Canada to go to, this would be happening right now. But I don't think it is happening on a large scale yet.*

*Yes, there are a lot of young people that are moving away now for work that worked in the fish plant year after year.*

### **Predictions of harder times ahead**

In all three communities, questions about the economy and its effects on people prompted frequent predictions of harder times to come.

*It's not at crisis proportions yet, but it's going to come to that...I would say that a number of people have problems, family problems and emotional problems, and it's only going to get worse...*

*The level of violence and crime, I think it's going to get worse. I think when the money is cut off, when the moratorium is cut off, I think you're going to see crime levels and violence levels increase, within the family and within the community.*

*You talk about resiliency. I'm not sure if this community has been resilient...because I don't think we've bottomed out. We will show our resiliency when all this support system is removed, and people can make it. It's very easy for this community to survive financially right now because of the support systems in place.*

#### **Summary:**

Economic conditions and unemployment were by far seen as the biggest factors related to community problems. Participants saw evidence of poor economic conditions in both the closure of businesses and in the effects on community residents. Perhaps most distressing was the feeling that more severe economic hardship was yet to come.

### **Communal Apathy and Anger**

Negative feelings and attitudes in the community were noted by participants in all communities. Some participants felt that these feelings and attitudes were barriers to communal action. Participants frequently described a community "in waiting" for something to happen: the plants to reopen, a new industry to appear, extension of the TAGS program, the fish to return. The Coordinator from Dildo observed that "people really feel that the fishery will reopen magically...when the funding for TAGS runs out." One participant expressed it as "waiting for the manna to fall." The combination of a variety of negative feelings and attitudes likely contributes to this communal apathy.

The negative feelings and attitudes described included: feelings of powerlessness, blaming forces both outside and inside the community, denial, low self-confidence, dependency, parochialism, jealousy and resentment.



## **Feelings of powerlessness**

Lack of communal action and the failure to accept responsibility can be the product of collective feelings of powerlessness.

*That's a major, major problem because you have a vast majority of your population who is saying there is absolutely nothing they can do about any of the situations the community is facing. They haven't the knowledge, they say. They haven't the time; they haven't the ability. They use any number of excuses, and people are just not coming forward...We have very few people who would stand up right now and from the heart say, "I could make a difference in this community; we can make a difference; we can make the community survive." Out of 4300 residents that are left on the island...you might have 15 or 20 people who might say that, and if you took a polygraph test they would pass it.*

*It's like they are beaten. Not physically beaten, but psychologically. Like you can't win. You're lost. And your destiny is out of your hands. You can't control anything.*

## **Blaming forces both outside and inside the community**

*We are so prone around here to saying, "That group of fishermen destroyed it"... And we'll also say, "It's the government." Now in order to get over our problems, we have to first recognize that it was our fault, or everyone's fault.*

*When something goes wrong, there's always somebody to blame. Like...with the fishing industry, we are still trying to find the scapegoat...We are looking for someone to nail, looking for that one person and saying, "Look, it's your fault."*

*I think a lot of times different groups have been known to lay the blame or point the finger at other people, other groups, that are trying to do things.*

## **Denial**

*Some people just want to shut the whole thing out of their lives. They want to pretend that it's just not there. And it's not reality...*

*The people are - they don't believe it. They got their head in the sand. They don't want to know, so they ignore it. There's a total ignorance of the future.*

## **Low self-confidence**

*I think that in the community there is a level of people that go to meetings, and they speak. And then there is the rest that go there, and they look and they listen. I know that some are very intimidated people. "What difference am I going to make?"*

*The self-esteem is very low amongst people in these communities...and when you don't have a great deal of confidence you have a whole culture of people who don't aspire to very great heights. I'm afraid it's rather damaging to a community because what you get is a spiral effect of negativity and pessimism and lack of seeking opportunities, lack of adventure...*

*The crab dispute, it was between residents of Cheticamp...That is when the lack of confidence and self-esteem came into play. "We can't fight another community because they are stronger, but we can fight among ourselves." And I think that could be a tragedy...For example, the school issue...it wasn't about fighting the government (although) everybody agreed that the government wasn't doing what it should have done. But there was certainly a fight within the community.*

## **Dependency**

Dependency was a dominant thread in the data about negativity and passivity. Many participants identified two sources of the dependence mentality: government handouts and big corporations.

*I go back to when I grew up...and we didn't have all these things...There was much more support in the community...and there was never anything owed to anybody. It was self-reliance. Then the government comes in with all these wonderful plans...The concepts are good, except they forget what they do to people in the long run. They forget that people are human. And that...when they give things to people, after awhile it is owed to them. And they become dependent. When you're looking at the community of Cheticamp, the things we [have been discussing] all revolves around that.*

*I think people are still entrenched in the belief that someone is going to make a living for them. We've been the product of a somewhat strong government social safety net that provided over 50 percent of the income on the island here for a long period of time. And the rest of it was provided by multi-nationals. And these corporations of course were managed elsewhere. We never saw a face to them, but it was all either the government...or someone from outside providing a living for you. And now, times have changed...and people have to adopt a new culture, and no one's going to do it for them any more. And that's the real obstacle, because we don't seem to be latching on to that concept.*

The dependence mentality was seen as contributing to a lack of initiative. Income support programs were identified as prime culprits. Both EI and TAGS were seen as barriers to community action in all three sites.

*They [complained] at first, but once TAGS came in they got all their money and they were happy. They never made a big fuss about Richmond Fisheries leaving. In [nearby community] they occupied the building. They stopped them. Here they didn't do anything. They had their money. They were fine. But now it's too late. It's gone.*

*A lot of people aren't taking advantage of programs that are offered. You call them, and they are not interested. Just in 1999 (the final year for TAGS). Some people say, "Call me back in '99."*

## **Parochialism**

Only in Isle Madame did division and rivalry among the local villages emerge as a problem. Many participants mentioned it. Sometimes exchanges between members of focus groups modelled it.

*There is rivalry between small parts of the community...Instead of saying that we need to develop the island as a community, they would have to say whether they are from Petit de Grat or Arichat. They would say, "Well, we have to develop Arichat, or West Arichat, or Petit de Grat."*

Recently, an attempt to select Arichat as the location for a new co-op grocery store for the island created bitter dissension. The existing store is in Petit de Grat.

*Parochialism exists in every community...I think a prime example is the co-op. It's here (in Petit de Grat). We don't want it to leave here. And this parochialism can actually affect the economy, can affect the feeling of other people on the island. It's no secret that Petit de Grat and Arichat, there's ill feelings there...There's a lack of cohesiveness as far as the communities getting together.*

## **Jealousy**

The main source of jealousy was economic disparity among the population. A number of participants observed that some people do not like to see others succeed or get ahead.

*I'm thinking here of crab fishermen who make a very good living. And they are the envy of their peers, where people feel that the good is not divided equally. It's not acceptable for all.*

*Some of these people, they are degraded on account of the fishery. They are not only angry but jealous of the others who have, and you don't have. And, "You have a greater chance to do this than I do because I have no education," but still they are not doing anything about it.*

## **Resentment**

The TAGS program was a source of deep resentment for many people in Isle Madame and Dildo.

*I think the people who are not involved in the fishery...and are not on these programs (TAGS)...we see a lot of pity for the fishermen, and it's very sad that it happened, but we also have a lot of construction workers, plumbers, electricians...who are in the same boat. Unfortunately, the government is not handing them out anything...There seems to be a bit of that feeling in the air of how much more is the government going to hand out to these people?*

Participants in a youth focus group spoke of their resentment of TAGS due to perceptions that the program was creating barriers to education for many high school graduates:

*So we have bitterness due to the fact that fishermen's children have an easier job getting loans so they'll be easier to get to university quicker.*

*People on TAGS are going to get in to school before us.*

*Oh, it makes me bitter.*

*I applied for school on the west coast (of Newfoundland), and I was number 108 on the waiting list. And now I'm like 200 because people on TAGS are getting ahead of me...I'll never get there. I can't wait around forever so I have to leave the province.*

Community resentment about TAGS was not mentioned by participants from Cheticamp. It was probably less of an issue since proportionally fewer people were taking part in the program.

Competition for jobs was another cause for resentment in all three communities. Resentment toward retirees was mentioned by several participants in Cheticamp and Dildo.

*There are so few jobs right now...and people rationalize in their minds who should have those jobs. And it has nothing to do with who is the best worker, or who does the most work. It has more to do with, "Hey, I've got a family to raise. You should give me the job."*

*Another thing that we have that I don't think is right is retired [people] taking a job from the younger person...If you want to do something to make a few dollars on the side, by goodness, don't take it from somebody who don't have nothing, that just came out of university for five years that they have to pay back. It's not right.*

Summary:

Many different and intense negative feelings were evident within the communities. Denial, low self-confidence and feelings of powerlessness drive the communities toward inaction. The consensus was that the problems are too big or beyond the control of the community. A sense of dependency and placing blame on forces outside the community contribute to inaction and create risk of future problems due to such inaction. Jealousy, resentment and parochialism serve to pull the community apart and force attention away from finding solutions to community problems.

### ***Low Participation in Community Process and Development***

All communities reported low levels of public participation in community process and development. Participants also identified barriers that contributed to the low participation levels. The sub-themes related to community participation included: low participation levels in long-term community service and process, low public participation in community development-sponsored meetings, it takes time for people to understand the meaning of community development, volunteer burnout as a barrier to participation, and low levels of education associated with lack of public participation.

#### ***Low participation levels in long-term community service and process***

All communities reported low levels of public participation related to the sustained work and long-term commitment required to keep organizations going and to carry out community development process. In an observation about low turnout at the annual meetings of both the tourist and the recreation associations, the Community Coordinator in Cheticamp wrote, "There is a noticeable downward trend in attendance at public meetings and, in my view, a lack of interest by the general public...It is difficult for a community group to provide a service

that meets the needs of the community if there is no input from the general public. This is a concern you hear more and more.”

*People depend so much on somebody else. And that's a problem. They'll go to an activity if [it] is set up, ready to go. They'll lend their support. But it's not active support. It's passive support. It's support in the way that they will pay \$6 to get in and buy a beer, but as far as the organizational aspect, there's nil.*

*If it's something to do with some kind of crisis, I guess people will come out and give their support and that kind of thing. But if it's something related to some community service, it's hard to get people to attend.*

### **Low public participation in community development-sponsored meetings**

Public participation is an essential component of the community development process. Ironically, while community development organizations were held in high regard in all study communities, participants reported generally low levels of citizen participation in public meetings related to community development.

*I don't think there is a lot of public participation in the evolution of this community. In terms of saying, "This is what we want to do," there is not a lot of involvement. There is involvement in socializing...sports...different aspects of community living. But in terms of saying, "We want to do this for the community"...saying, "We want to do something to change the direction the community is going in"...I don't think you will get the participation.*

*We had speakers telling of the progress of the Community Development. It was open to the public after lunch, and to my surprise, there wasn't that many people who attended at all. There were only a couple of people...It was disappointing. Like people knew it was going on but they didn't know what we were getting done, and they didn't want to get involved.*

### **It takes time for people to understand what community development is about**

Regarding participation in community development organizations and activities, several participants observed that community development was a new concept for many people, and that it will take time for them to embrace it and become more involved.

*It will take some time for people to realize what development of a community means, because they've worked for an industry all their life and not had to worry about whether or not the company was making a profit or was going in the hole...As long as they were collecting their paycheque, everything was fine...So I think it's a matter of time before the individuals in the community will be able to realize what economic development is all about, and how much it is needed.*

### **Volunteer burnout is a barrier to participation**

*What happens in the community is that we need more volunteers because there is less money, less projects coming in...and what has been actually happening is that we've been exhausting our volunteers...I mean you go to two or three meetings a day, and you do all this stuff, and you work until midnight. After a*

*while and all the problems that go along with it, you just become tired. And I see that happening a lot.*

*[If you're looking for board members], that's a little bit harder because the group you're on is very small, so it's hard to find people who will take on the extra (work). The people here are asked to be involved in 500 things, and they're kind of leery about getting involved.*

### **Low levels of education are associated with lack of public participation**

A number of participants observed that the less educated people did not feel comfortable or capable of participating in public meetings and consultations.

*Well, I find that the individuals who don't have a whole lot of education feel isolated. A lot of people have expressed to me, like going to meetings for example...sometimes they don't understand what [a speaker] is trying to put across...so this makes it very difficult to be able to communicate.*

Summary:

Lack of participation in community process and development almost ensures that the communities' problems will not be resolved. It appears that the communities are struggling to comprehend and embrace the notion of community development. There are subgroups of the community that are working diligently but this can lead to burnout. If communities are unable to mobilize greater proportions of the population and tap into the strengths of members from all sectors of the society, including those who feel unable to contribute because of low education, their collective problems are unlikely to be dealt with effectively.

### **Cultural Barriers**

Culture or heritage was explored to determine whether it played a role, positive or negative, on a community's ability to cope with adversity. Both positive and negative effects emerged. The positive effects of culture are reported in the description of protective factors.

Two negative themes related to culture were apparent: the fishing culture as a way of life is threatened and the promotion of the French language is a divisive issue. The first was evident in all three communities; the second was specific to the two Acadian communities.

#### ***The fishing culture as a way of life is threatened***

In all three communities, but especially in Dildo, participants observed a profound cultural loss.

*People are hurting. I mean, for a man...who has fished all his life, and can't even go out and get a fish for his family for supper...that is ridiculous. It's really come to something. If some of the old men who died years ago could come back and see things now...I don't know what they would think of it. They would be stunned thinking that you couldn't go get a fish for supper.*

*The fishing culture had a rhythm. It goes through the seasons. In the very early spring, the fishermen were at their nets...preparing their gear. They were ready to go. The fishery opened. They were out on the water...If it was June, it was*

*capelin. If it was July, it was something else on the go. You could call it. You could see what was happening. It had a groundedness to it...there was a rhythm to it. That rhythm is not there any more.*

*Many of these people have been fishing for 20, 25 years. They know nothing else...it's their way of life. They did their job. They did it well. And just like that, it's taken out of their hands. Where are they going to go? I mean, some of these people would come into my office, and they want to die. They want to die. And you try to explain to them that the economy is changing. They don't want to hear that. They just want to hear that they can go back to fishing.*

### ***The promotion of French is a source of division within the Acadian communities***

The data showed French heritage to be a source of pride, identity and connection for people in Cheticamp and Isle Madame. There were testimonials to the existence of harmony between French and English in the two Acadian communities. However, there were significantly more which pointed to deeply felt divisions within the Acadian population with regard to the promotion of the French language. The division occurred between those who favoured vigorous promotion of the French language, and those who preferred a more *laissez faire* bilingual approach.

It is important to note that references to divisions between French and English members of the population do not usually refer exclusively to people of distinct cultural/linguistic heritage. Most people in these communities have Acadian roots, but not all choose to, or are able to, use French as their primary language.

*You get some people saying, "We're trying to get people to be strictly francophone," and all that. And, "We should promote bilingualism," and all that. You get some people a little pissed off...but it's nothing really serious. I mean, the people who are trying to promote French are just trying to preserve our culture. That's all it is basically.*

*It seems that there is a whole lot of extra funding going out for French programs. And of course the English see this and sometimes they don't think that it's fair, which I agree to a certain extent.*

In Isle Madame, this cultural division had an added dimension. A majority of the most vigorous pro-French activists live in one of the island villages, and it has become the centre of a number of educational and economic initiatives which promote Acadian culture and the French language.

*The French in Petit de Grat are being called a minority, but they're not. They're the most powerful group on the island. Some people regard them [as being] too active, or proactive, in their thinking as far as culture...You could probably say that Petit de Grat and the island are separate when it comes to French and English. How you stop that, I don't know.*

School board policy regarding language in the local schools is a flash point in Acadian communities across Nova Scotia. In Cheticamp, people often spoke of the mid-80s when the whole community became involved in controversy over Acadian versus bilingual status for the local schools. Bitter memories remain, and fear was expressed in both communities that the issue may soon resurface because the recent amalgamation of school boards in Nova

Scotia has created a new Acadian school board for the province, and it appears committed to a unilingual French program.

*The only problem that we can see that has happened a few years back is the division that the Acadian school has done to our community. And that problem, I would say, is there, was there, and will be there for quite a bit of time. Even now with the regional (school) board for the English people, and then you have the French board - it's like automatically you see that little division, and then one board's accusing the other of not letting the people know exactly what they are up to. Hopefully it will not happen, but as far as I am concerned maybe it's just a time bomb for the near future.*

*Oh, there was a lot of interpersonal problems. I know that they caused families to separate. Friends who, to this day, won't speak to each other...and others have let it tide over and they're okay. But for some, it's still a very, very sensitive matter. It's still very much to the heart.*

In Isle Madame, people were reacting to rumours that their bilingual school may be headed for similar changes. The Community Coordinator observed that the community recognized “the need to share the culture with those who were losing it the fastest: youth.” However, he noted the prevailing question as to whether a unilingual French school would enhance or obstruct future educational and occupational prospects for its graduates. High school students discussed the issue during a focus group.

*There's the new school plan. I think they're going to separate the French and English students. I don't know if it's a good idea or not.*

*I heard that no French people were going to go for that. They said that they weren't keen to the idea of having...an Acadian school and an English school.*

#### Summary:

The loss of the rich cultural traditions associated with fishing seems to produce a sense of aimlessness and mourning. The desire to continue doing what is familiar is an obstacle to dealing with the communities' problems. The promotion of the French language appears to have created resentment and division within the Acadian communities. At a time when the community needs to pull together to deal with its problems, current and historic conflicts related to French language and culture seem to impair this process.

### ***Low Literacy/Education Levels***

Questions related to levels of literacy/education yielded mixed responses. While participants almost always acknowledged that many people in the community lacked formal education, just over half believed this to be a problem for the community. Several people noted that low literacy is a concern throughout Canada and not just in their community. Participants also made links between low literacy, education levels and negative feelings. The sub-themes related to literacy and education were: low levels of literacy/education are common among fishery workers of all ages, low levels of literacy are a source of shame and stress for many displaced workers, low levels of literacy/education are associated with negativity and low self-confidence, and low levels of literacy/education are a problem for many people seeking employment.



### **Low levels of literacy/education are common among fishery workers of all ages**

*Because of our fishing background, our education wasn't really stressed...To work to cut fish you didn't need an education. So yes, there's a lot of illiteracy out there, and older illiteracy. The younger kids, the dropout isn't as bad as I think it was for my generation.*

*I think a lot of them dropped out of school because maybe their parents couldn't afford to keep them in. They figured maybe by going to work or into the fish plant...and getting their 10 or 12 stamps to go on UI, they could help out.*

In a group of middle-aged displaced fishery workers, one participant expressed feelings that the others affirmed.

*I regret not finishing school. I have finished it since the moratorium, but when you think about all you could have had had you finished...*

A few participants noted that low levels of literacy were not restricted to older workers. One woman spoke of a needs assessment that was conducted in her community a few years ago.

*One of the biggest surprises...was the literacy rate of this area...but I was really surprised that people between the ages of 22 to 32 couldn't read and write...Actually, a friend of mine who is 26 or 27 (has) Grade 8 education. I know a lot of people like that...people that are involved in the fishery. They kind of figured this was their livelihood. They didn't want to go ahead.*

### **Low levels of literacy are a source of shame and stress for many displaced workers**

*There are a lot of proud people who don't know how to read and write, and don't want to start learning at 55 and 60 years...and there are people younger than that. And if [others] don't know they can't read and write, they don't want to start letting people know.*

*I was talking to this guy, and he said, "You know, I can't see myself being in an upgrading program." And I said, "Maybe in '99 you can't see yourself not being in it." He said, "I'm so scared." I said, "You have to get out." He said, "I can't. I just can't do it."*

### **Low levels of literacy/education are associated with negativity and low self-confidence**

*There is a very negative attitude out there. And the people that talk like that are those with a low level of education...They don't look at what they have. They have people skills that are unbelievable, even with Grade 2 or 3...They're very intelligent and skilled people. They can do anything, but they don't see it.*

*I think people who would have the wherewithal...to become adventurers with whatever skills they have...would find that there are many things they could do. But what's lacking here, it's not so much the literacy level. I think it's a feeling of lack of confidence.*

## **Low levels of literacy/education are a problem for many people seeking employment**

*I guess it's not a problem if the jobs were there...When the fish plants were here, the labour jobs, you didn't need the education. But now, when that kind of job isn't available...there is more of a disadvantage.*

*There is an education level problem...They can't read or write. Where are they going to go? So as the economy changes, depending on what jobs are no longer available...I would say in the last three or four years, yes, there is [a problem]...I mean, I've got my Grade 12, and I've got a lot of job experience, but I've got an education problem because the jobs available out there right now [require more]. And before, job experience really counted.*

Several participants were quick to reframe the question. The problem is not low levels of literacy/education, they stated. It's the lack of jobs, which leaves even educated and skilled people without employment.

*If we had enough jobs [for the younger people], even though it would take quite a bit of education and technology and everything, if we had a good system...well, there would be room for these people who are not really educated for the challenges of the 90s. Overall, I don't think [literacy/education] is a major problem at this time.*

Several participants were dubious about the benefits of upgrading.

*Some people have been working at that [fish plant] for over 20 years, and they're still in their thirties, with education of Grades 2, 3, 4 and 5. So education is definitely a problem. But worse than that is, you can send these people for upgrading. You can send them to get Grade 12, but what's a Grade 12 today?...There's nothing you can do. There's got to be some kind of training.*

Summary:

Low literacy and education levels create community problems for a number of reasons. The prevalence of undereducated adults within these communities can be a barrier to creating and or attracting new forms of employment. In addition, negative feelings related to low literacy and education impair the community's ability to develop solutions to its problems.

## **Geographic Isolation**

Participants were asked whether geographic isolation was a problem for their community. While two participants from Isle Madame observed that the advent of communications technology is making isolation less of a disadvantage for residents of rural communities, the need for travel to access goods and services remains a fact of life for most people. Most participants did not feel that the distance to larger centres was a serious barrier. Travel by vehicle to access services appeared to be an accepted part of the culture in small communities. However, for certain groups in the population and in certain circumstances, geographic isolation was a significant problem. Sub-themes related to geographic isolation were: youth boredom is a product of geographic isolation and the related lack of leisure and recreation activities, geographic isolation is a barrier for people without transportation, distance from major medical facilities is a concern, winter driving conditions are a concern for people in isolated communities, and political isolation is associated with geographic isolation.

### ***Youth boredom is a product of geographic isolation and the related lack of leisure and recreation activities***

The most prevalent theme by far in the negative data related to geographic isolation was that of youth boredom. It was expressed by youthful participants themselves, but also by adults. Lack of recreation and leisure facilities in small communities was at the heart of youths' problem with isolation. A group of young people in Dildo made this clear when asked what was hard about living in their community.

*There is nothing to do.*

*We could spend hours on that one.*

*If I want to see a movie, I have to go all the way over to Carbonear.*

*And if you don't have your licence, how do you get there?*

*The lack of things to do. Like people feel like they have nothing to do so they drink.*

Older members of all communities acknowledged the problem.

*They have to travel by car...before they can really get involved in anything. There is not much in our area for kids. I mean if they want to go bowling or skating or swimming, anything like that, they have to go outside the community...Travel is a problem. And if your spouse is working away (with the family car), they're lost. Which happens a lot in my family.*

A group of adults was sympathetic to the problems of youth.

*I think the problem is that the teenagers are kind of separated from the community. If you're not 19, you can't go to an adult dance. You're almost living in a separate world, and there's just nothing for you to do here. You're locked out of the mainstream of your community.*

*And that's why people go away. They turn 19; they go away, and they never come back because they didn't have that connection to the community. So they say, "There's nothing there. There's nothing home."*

### **Geographic isolation is a barrier for people without transportation**

While owning a vehicle and using it to access goods and services seemed to be a “given” in these communities, there were acknowledgements from all three sites that this was not the case for everybody.

*Getting off this island - there's no public transportation. You have to own a vehicle, which is very difficult when you are living on the lower end of the scale.*

*I remember when we used to talk about this TAGS program, and the agencies would call me and say, “Okay, just tell them to come up to Port Hawkesbury at any time, or Inverness.” They would come to my office, these people. They don't have a car, or they don't have any money to put gas in it...to get to Port Hawkesbury.*

### **Distance from major medical facilities is a concern**

Concern about distance from major medical facilities frequently appeared in the responses about geographic isolation and professional services. This is clearly an issue in small communities, as is the stress that it can create for the families of patients undergoing extended treatment a long way from home.

*If anything does happen, and you have to stay at a bigger hospital in an urban centre...and if your family is to come, they have to stay there in a motel or in a bed and breakfast. They'll often eat in restaurants...Not everybody can go stay with [family]. So it can end up costing quite a bit to do that.*

*If someone has cancer, kidney disease, anything like that, I find that they have to go to the mainland. I think that those facilities should be here in Newfoundland. One reason is that the whole family can be there if something has to be done. I find that when just one member goes with the person who is sick, I don't think that's enough to go, and there is no funding for extra people in the family.*

### **Winter driving conditions are a concern for people in isolated communities**

Anxiety associated with icy roads was mentioned by several participants during the discussion about geographic isolation. Most came from Cheticamp, which is known for harsh winter conditions. Of the three communities, it is located farthest from a larger centre. A participant in a women's focus group from Cheticamp voiced her concern about accessing medical services in winter. This community had recently lost its obstetrical services.

*In winter we've got very bad road conditions and even worse weather conditions. It's not funny. For a woman...going into labour in the winter months would be very difficult. If I were to have children now, I'd make sure I'd be having them in the summer so that I wouldn't have to worry about weather conditions.*

(Translated from French)

## ***Political isolation is associated with geographic isolation***

Several participants in the two Acadian communities in Cape Breton expressed feelings of political isolation and invisibility:

*We are very isolated in the fact that when we want to project a voice to the government, for example, what do we do? They don't know we exist...When it comes to trying to relay employment complaints or problems or proposals or whatever, it seems that we always have to go outside the community...Sometimes different...jobs or projects...will come up somewhere and we never hear about it until the program is almost over and there is no money left...I guess what I'm trying to say is (that) if we don't make that super, super effort to go outside of the community and find out, we don't find out anything. This is not a centralized place. It's away from everyone.*

*I would say they feel isolated both from the government in Halifax and the government in Ottawa. Federally, all the money goes to central Canada, Upper Canada. And provincially, very little of it comes out of Halifax, and if it does, it will go to Sydney rather than small communities like ourselves.*

A group of community leaders spoke of isolation from the municipal government of the region. Cultural barriers were seen to be part of the problem.

*One of the things that struck me when I came here to Cheticamp was that the (seat of the) municipality was an hour away in Port Hood. It's like having the city of Summerside deciding what will be done in the Acadian region of Evangeline on Prince Edward Island.*

*The problem is that Port Hood is very far, and that those people are different. They can say that they understand Cheticamp, but they aren't Acadians and they don't understand a lot of the realities in the region.*

(Translated from French)

Summary:

Geographic isolation was seen as a relatively minor risk factor in these communities. However, for youth and for people without transportation, isolation was acknowledged to be a problem. Similarly, when specialized medical services were required, or when winter road conditions were bad, distance from other communities was problematic. Geographic isolation was also associated with feelings of political isolation.

## ***Social Isolation***

Social isolation was assessed by asking whether particular groups of people within the population felt (or might feel) isolated. They were asked, for instance, whether theirs was a community that made newcomers feel welcome. Discussions about the experiences of newcomers often broadened to address the more general topic of the community's openness to new ideas and to different races and cultures.

The information on this subject is rich, contradictory and fascinating because of the variety of perspectives and experiences. Most of the participants gave a positive response when asked whether their community made newcomers feel welcome. However, few participants could speak from experience. Most of the information presenting contradictory opinions and experiences came

from the only study site to hold a focus group with people recently arrived in the community. We are left with a picture of three communities where local people see their community as one that welcomes those who “come from away,” whether these be visitors or new residents, but where the experience of the newly arrived sometimes contradicts this image. As the data showed, social isolation, lack of belonging and even hostility may be encountered by new residents who are “different” or who do not have family connections in the community. Resistance to new ideas and experiences is expected to be a risk factor in community resiliency. The sub-themes related to social isolation were: communities can present pictures of contradiction with regard to openness to new people, ideas and different cultures and, some newcomers experience isolation, lack of belonging and hostility.

### ***Communities can present pictures of contradiction with regard to openness to new people, ideas and different cultures***

Most of the participants expressed similar views related to openness.

*I know of several new people in our area and they just love it here. They find the people very friendly...I've been talking to a couple who moved in recently, within the past year, and they told me they have made a lot of new friends since they've been here. They really like it here.*

Outside observers had a similar impression about one of the communities where a focus group was held with professional service providers who were non-residents, but who had worked for several years in the community and the surrounding region. Group members reaffirmed the picture of a receptive community:

*I've lived and worked in different communities around this island, and it seems to me that there is a clear distinction between what I term a “closed” community and an “open” community. And I find that this community is a very open community, that is to say it's open to newcomers and to new ideas...[It] attempts for draw those people in and incorporate them in the community.*

*I agree...This community is very much a close knit community, but nonetheless, it's very open to outsiders who are coming in, and (it) will take the talents and the progress of outsiders and use that in their own community. There are many communities around which don't do that.*

Demonstrating that insiders and outsiders may have a very different view of things, and that perspective often varies between generations, the youth focus group from the same community painted a contrasting picture. They described many people as holding “old views,” and as being closed minded to new ideas and people who were “different”:

*I think...there is a lot of racism. Not intentional racism, but there are a lot of wrong ideas.*

*Lack of knowledge basically.*

*There is a lot of people don't realize what is outside of the community.*

*I think it's from lack of exposure. It's because everyone is the same. There are just not a lot of different people to show.*

*Like there is a gay couple...and they tend to be looked down on by most people, and shunned by most people.*

*People around here, they are still really racist about everything...There are still people making fun of black people and Chinese people.*

*It's unintentional. And I don't think if anyone came here, everyone would be deliberately mean or racist.*

*No, but they would make jokes because they are uncomfortable, and because it's different.*

Members of adult focus groups from the other two communities acknowledged that not everybody is made to feel welcome:

*If you haven't lived here your whole life you tend to be considered an outsider...Some people have lived here 20 and 25 years, and they're still an outsider.*

And what did the newcomers themselves have to say? A few confirmed the welcome and acceptance that most of the local participants described from observation. The majority, however, told a different story.

### ***Some newcomers experience isolation, lack of belonging and hostility***

*I've been here 24 years, and I still feel that I'm not one of this community...I feel like I can't fit in. I don't know why it is, but I just can't fit into the way of life here. Because I find a lot of people very cold. They got their own friends and it seems that they don't want other people in there.*

As also described in the section on community anger, in times of high unemployment, there is deep hostility toward the newcomer who competes for a local job.

*I was born here, and I came home (seven years ago) when times were not tough like they are now, and it was like you're very welcome. You can join in. Everybody wants you to do volunteer (work). I was very accepted. But when you're out there in the job force looking for work, you are a threat...When I took the job...it was to the point where I found it so stressful...They felt so threatened because, "Oh my God, here is a woman who has 10 years' experience outside!" It's amazing...It doesn't go away. So I find that for newcomers, sometimes it's a challenge. Depending on who you are.*

Most of the first-hand information came from the nine participants of a newcomers' focus group in one of the Acadian communities. It was a mixed group, comprising both returned natives and "come-from-away's," bilingual and unilingual (English) persons. Ages ranged from mid-20s to late 60s. They addressed many of the themes identified above, and confirmed the variety of experience. All but one participant acknowledged that newcomers often do feel isolated.

Always feeling like an outsider was the experience of most participants, and for some, it was one of the toughest things about living in the community:

*I don't feel I'll ever be accepted in [this community].*

*Me neither.*

*No matter what I do, I'll be accepted for myself, for what I can do for the community - "nice guy," you know, great, do this, do that...but I don't speak*

*French...I tried and I was a complete failure. I feel that, I don't think I would ever be accepted as one of the boys.*

*I agree.*

*I feel the same way, but I'm lucky in that I don't care. I have no problem with that myself.*

In an Acadian community, not speaking French can isolate the newcomer from important information:

*I find that one of the problems is that...it's hard to find out exactly who's in charge and who's really running things at first, because you're from away, and because, in my case, I don't speak the language...There tend to be cliques anywhere you go...In a small place like this they're not as big, but finding out how you go about getting something done is more difficult.*

If you're not rooted in the community, acceptance is a long time coming, as a returned native acknowledged:

*You're describing the (typical) small community life. Everybody who grows up here, they've known somebody for 27 years. I grew up here. I left...I was away close to 40 years, and I came back. But I do know people; I do know the community. You take any one of us, these people you've grown up with, any other is a stranger. They're very courteous, but it takes a long time to gain that different status. And some will gain it much quicker than others. When you look at that, you should look at yourself.*

Summary:

Social isolation appeared to be a risk in part because the communities were unaware of the potential problems in accepting new people, ideas and different cultures. For newcomers, isolation was related to feelings of a lack of belonging, and hostility. These problems with social isolation likely impair the community's ability to explore new options and use the ideas and experiences of people from diverse backgrounds.

## **Protective Factors**

The concept of resilience involves the element of risk being mitigated by protective factors to produce a positive, or healthy, outcome. The previous section of this report presented the themes and sub-themes related to risk in the study communities. This section describes the themes and sub-themes related to the protective factors which emerged from the data.

As with risk factors, the data about protective factors was often mixed, reflecting the reality that communities are comprised of individuals with a wide range of experience, attitudes and opinions. As with the risk factors, the identified protective factors usually reflect a majority but not a consensual view.

The three dominant protective factors in the data were: community connectedness, social support, and community involvement and participation as illustrated by high levels of voluntarism and participation in community activities. Two additional protective themes were educational and retraining services, and communal coping.



## **Community Connectedness**

It was anticipated that community connectedness, or a sense of community, would be a positive factor in community resiliency. Participants were asked, “What kinds of things hold this community together?” The dominant picture to emerge was that of three communities in which strong feelings of connection were present. The data are presented in six sub-themes. Five identify the sources and indicators of this sense of community and its role as a mechanism for survival: shared history; values and cultural traits; cultural/social traditions; religion; knowing everybody; and communal trust. The last sub-theme addresses community connectedness as a mechanism for survival in hard times.

### **Shared history, values and cultural traits contribute to community connectedness**

*This community...is the fishery. Well, it was at one time. I suppose it still is (but) on a lower scale. I think that holds the community together. And people, their forefathers were here, and their grandfathers...And they worked hard in the fishery. I guess people like to hold onto that stuff.*

*I think it's the traditions...the sense of family. A sense of having been brought up in an environment where they always look out for their neighbours and their families.*

### **Cultural/social traditions contribute to community connectedness**

Language and traditional customs were often mentioned as important aspects of community life that bound people together.

For Acadians, cultural identity is the dominant tie that binds. Language is central to that identity.

*I would say one thing that holds us together is our origin, our French culture...Number one is our language. That keeps us different from other people. It's our tradition.*

From all three communities, written observations described and participants identified social/traditional events as strong contributors to community connectedness. There is also a time for those who have moved away to return and re-establish their connection.

Several participants observed the symbiotic relationship between community connectedness, cultural strengths and the ability to survive. Social/traditional events play a key role. They are both a product and a source of all three.

*I think that the whole series of traditions that we have throughout the year keeps our culture and our language alive. These things bring people together for joyful events, which is very much needed, especially during hard times.*

In Cheticamp, traditional Acadian events take place throughout the year. A major one is the six-day “*Mi-Carême*,” a traditional celebration which takes place during the Lenten period in March. The community coordinator observed, “Unlike some other traditions which are struggling to survive, *la Mi-Carême* attracts people from all walks of life and all ages...Local residents look forward to it, and others who have left the area come back home from Sydney, Halifax, Toronto, Massachusetts, and students come home from university.”

*Next week we have la Mi-Carême. People are getting together and dress in costumes and go house to house. It's like a major celebration down here in Cheticamp. So it's kind of a vacation or a break from all the difficulties going on in the community...people can forget all their problems and have a good time.*

Traditional Acadian celebrations did not appear to be so significant a part of the cultural life in Isle Madame, where French language and heritage are not as well entrenched as they are in the Cheticamp area. However, several participants observed that the summer festivals, which have a traditional flavour, bring people together. The community coordinator observed that the Acadian festival celebrates the culture with traditional food, dances and the appearance of *Evangeline* and *Gabriel* (the symbols of Acadian culture and history, made famous by Longfellow's poem, "Evangeline").

*There are festivals that bring everybody together. Usually people that go away come back to the festival.*

The data from Dildo left no doubt that the annual summer festival, Dildo Days, is the most significant event which brings people together to celebrate their community. In writing about the festival, the community coordinator noted, "Many people who have moved out of the community plan their visits home during Dildo Days."

*Everybody's there having a good time. The barbecues are on the go. It's something everybody looks forward to, and everybody gets together as people from Dildo. That's their thing. [It's] not people from Dildo and New Harbour and [other communities]. People do show up from New Harbour and stuff, but they're part of a Dildo thing then.*

In speaking of community connectedness and camaraderie, some participants described social events that were not "cultural" in a formal way, but they were strongly imbedded in the life pattern of the community. For example, daily gatherings at the coffee shop were mentioned by several participants from Cheticamp:

*You can see things as simple as going out to the coffee shop every morning, seeing people get together and having a coffee and just chatting away. Or you would get 500 or a thousand people getting together at the hockey rink to watch hockey games and all that...or going out to a dance on Saturday night...different clubs in the area.*

### ***People feel connected through religious faith and their involvement with church organizations***

The data from all sites indicated that the church plays a vital role in community life. Although a few participants were of the opinion that the influence of the church was waning, most who spoke of it observed that religion and church organizations played an important role in all the communities. In Dildo, there are a number of denominations, Anglican and Salvation Army being the main ones. In the Acadian communities, the Roman Catholic church predominates as the community coordinator in Cheticamp observed: "Approximately 90% of local residents are Roman Catholics and most attend church services regularly and support the church and its activities. Going to mass celebration is like a ritual for them." As Table 6 indicates, more participants were involved with church organizations than with any other type of local organization. As part of his written observation, the Cheticamp coordinator submitted copies of church bulletins from the three local parishes. These publications are a leading source of

information about community events and services of many kinds. They are also a testament to the vitality and effectiveness of church organizations, thanks to the work of many volunteers.

*The community has been pulled together through religion, too. People are Catholic here, and religion is a big thing.*

*I guess some religions are stronger than others, and have more support and more involvement. But I'm sure for people in the community that church might be the centre of their lives.*

### **Knowing everybody is a source of connectedness**

Lack of anonymity was a strong sub-theme in the data about community connectedness. On the whole, the lack of anonymity which is part of life in a small community was considered to be positive by participants of all ages. It contributed to the sense of belonging, and to the social support which was seen as a characteristic of all three communities.

*Everybody lives together and that's a good positive thing [about] living in the community. So when you go to the restaurant, you know people and people know you. You have a sense of familiarity. That familiarity really makes your life more easy in Cheticamp.*

*A lot of people here are employed in the same industry...so they all know basically...how it is, how bad it is...so they can relate to one another what the major problem is.*

### **People in the communities trust each other**

A high level of communal trust was another indicator of community connectedness. Communal trust, or lack of it, can be demonstrated in different ways, and a question about trust within the communities yielded a variety of answers. However, a significant majority of the responses were positive, and often prefaced with a comment like, "Of course, you can't trust everybody, but..." The most frequent evidence offered of communal trust had to do with leaving property unlocked.

*You got boats standing around the wharf unlocked all the time. And there's not too many people who lock their doors before they go to bed at night, or their cars.*

*[Neighbours drive each other's children to school] and to hockey especially, and to organizations. And you trust them, and you know that they are not going to leave them there. And if they need a dollar for a drink, they're going to give it to them. I would say there's a large amount of trust.*

### **Community connectedness contributes to community survival in hard times**

Many participants linked the sense of connectedness with the community's ability to survive adversity. The strong perception of culture as a source of connection and community strength was evident.

*When you're a fisherman, you have to face hard times and...bad weather, and you have to work hard, winter and summer. And a lot of that culture has bled down. Even though I'm not a fisherman, my grandfather was, and that whole*

*mindset has come to me...People always had to work hard to survive, and I don't think Isle Madame was ever a rich community. Even when the fish plant was here...they always had to work hard and make do.*

*As bad as it can be, people always find a way to keep on going. They find it in the community. It's a personality trait of our community. There's really a character in the community that keeps everybody up. If you know people in the community, you won't let them down. You won't let them give up hope. You'll encourage them. You'll work with them.*

For Acadian communities, cultural and geographic isolation contributed to the community's connectedness and survival skills.

*Necessity is the mother of invention...What was the alternative of not coping? I mean, you had nobody else to go to. South of the Margaree bridge you had people who didn't understand you. You had nothing to the north, east, west. So if you didn't learn how to co-exist then you weren't going to exist at all.*

For one participant, the cooperative movement, which is deeply rooted in her Acadian community, was a symbol of the community's collective values and survival skills.

*These cooperatives had nothing to do with the scenery or the natural beauty of the area. The cooperatives evolved because of the will of the people to create and to control their own economy.*

(Translated from French)

Summary:

The sense of community seemed to stem from linkages based on shared cultures, shared history, and community-level traditions and events. People knew each other ) a feature of communities with small populations ) and trusted each other. This comfort, safety and security derived from common values and experiences, and mutual faith in fellow residents and in God. Indeed, involvement with church organizations was another feature of these Atlantic communities which created bonds among citizens. Community connectedness was seen by participants to be a strength which contributed to community coping and survival.

## ***Social Support***

Research has shown social support to be a critical component of an individual's ability to cope with adversity, to be resilient. In this study of resiliency at the community level, questions were posed to reveal the extent to which the community as a whole, through its networks and organizations, provided support to its members in times of hardship. The data were overwhelmingly positive, indicating that social support was a protective factor in all three communities.

Three identified sources of lay support comprise the three sub-themes: the community as a whole, family and friends, and community-based volunteer organizations.

### ***The community as a whole is a source of support***

During discussion about lay support, participants often described a response on the part of "the community."

*This community is probably the nicest community anywhere. You're going to get support from anywhere. You will not be left isolated.*

In addition to very general statements about supportive communities, participants provided numerous examples of the kinds of support that were typical.

*There is a huge support in Cheticamp for the elderly and the mentally or physically challenged. To the community these people, unlike other communities, belong to the community...In a small community like Cheticamp, [they] seem to be taken care of by the community, not specifically (by) their parents...And the old people's home...visitors go there all the time to visit people, relatives. Everybody knows who is in there.*

A seniors' focus group in Isle Madame confirmed this support.

*I think especially for seniors, you notice that because if you're a day or so where no one sees you, they're going to give you a call to see why you're not up and about or whatever.*

A focus group of youth in Dildo acknowledged the support of their community.

*I think there is a lot of opportunity (for youth) here in terms of if you want to do something, it's easy for you to start up some sort of club or an organization and get your friends involved. Or in terms of scholarships and stuff like that...Like the SUF (Society of United Fishermen) try to support young people...For a small town, and considering the economic things in town, there is a lot of opportunities and encouragement.*

Participants also expressed support in times of tragedy or disaster.

***An explosion in Cheticamp:***

*There was a boat explosion on the harbour...There were people who ran for help, and people put themselves in (dangerous) situations and they were willing to do whatever they had to do. And it didn't stop that day. It continued on, and everybody was interested in what they could do. I don't think the level of that kind of support can be improved.*

***A storm in Isle Madame:***

*Well, because of the storm everybody got together. There were two people lost and they all got together and looked for them. Everybody was helping everybody tie the boats.*

*They helped when it came time to rebuild...They helped us get started again...We had the support of the community. I think everyone that had hardships that day was very well supported by the island here.*

***A house fire in Dildo that claimed the lives of two brothers:***

*I know the family didn't want for food or anything like that, clothing, this kind of stuff, when their home burned. It was a closeness...and all the community kind of felt the sorrow and grief and they pulled together in all kinds of ways to support this family. They got a new home...*

The unfailing support for fundraising campaigns and benefits was often mentioned in all communities and supported by written observations. Many of the fundraisers are to support local organizations.

*You see a lot of people supporting fundraising on the island. And I think when there is one in Arichat, you see people from Petit de Grat or West Arichat, everywhere, coming to support it...And I think you see then that there is a commitment to work together, like to try to support people locally.*

*An example of that is the school. They needed curtains and computers. A fundraising drive was organized and those items were bought. Another example of that is the radio, the community radio station. There's support for every aspect of the radio from the community. And that same support can be found for the hospital...*

### **Family and friends are a significant source of social support**

Family members, friends and neighbours were frequently cited as sources of support.

*Most of the people in this community would break an arm trying to help you out.*

*I think family support is one of the leading things that keep us going at times.*

Participants offered examples of a variety of supportive actions by family and friends.

*A few years ago we just could not afford the \$3,000 to have a new roof put on. We called a couple of neighbours and we had the roof done. In return, one of the neighbours needed all new windows, and everyone pitched in labour free...That support is certainly there...neighbours, family.*

*I'll just give you an example of support. When Dad was down at the boat last year, he was fibreglassing, and a lot of the fishermen came around and helped him fibreglass his boat. And one guy gave him an anchor; another guy gave him something else for the boat. It was really good. Like everyone was together.*

*Somebody dies. Your kitchen is full of food for the next week and a half.*

*Everybody in Cheticamp has an aunt or a sister or a neighbour to pitch in. If there is a death, a sickness, you're not feeling well, somebody's going to bring you soup, take your kids to hockey. Whether we realize it or not, there's an enormous support system.*

*If someone in Dildo had \$10 and you were hungry, you would get \$5 of that. That is Dildo. That is Dildo all over.*

*There's always somebody around to lend you a couple of dollars until you get your cheque...Because we're on the lower end of the scale, we got clothes, hand-me-downs. Around here, that's one of the really nice things about it...Helping to raise kids I found around here was really nice. One of the reasons I'm on the island is to raise my kids.*

### **Local volunteer organizations are acknowledged sources of support**

In all three communities, participants testified to the role played by volunteer organizations in providing support of many kinds. Support provided by organizations is defined as "communal support."

In response to questions about communal support, participants mentioned a variety of organizations and the ways in which they support their communities. Church and service groups were prominent among supportive organizations cited in all communities. Organizations raise money; they contribute to the health and well-being of the community; they work toward improving the local economy. They are also seen as playing a role in bringing the community together.

*Service groups are a big part of our community. I think it's the backbone of our community. Whenever there's a problem, it seems like they're always there and they join together and do what they can in every way.*

Participants in Isle Madame mentioned parish and church organizations, the Social Action Centre, a palliative care group, a literacy group and a seniors' support group.

*I find the CWL (Catholic Women's League) is a good example... We do all kinds of things. We support the women's shelter. We help students get grants in the summer months to help them out. We cater for weddings so we all have to work together. We do fundraising for the parish. We do a whole lot of things.*

Participants in Cheticamp mentioned church organizations (and their services for youth, seniors and the needy), service organizations (including the Kinsmen, Kinettes, Knights of Columbus and the Legion), the Search and Rescue organization, Seniors Helping Seniors and a low-income housing program.

*The Kinsmen have been very helpful and generous toward the (seniors') home... They were the sponsors of a program that enabled us get this grant from the government to buy the minibus. And every Christmas they make donations for equipment for the residents. And now they are the sponsors of TV bingo on the cable station, and we always get a share of the profits of that.*

In Dildo, participants singled out the fire department, church organizations and their outreach groups, and the two large service organizations in the community, the Society of United Fishermen (SUF) and the Lions Club.

*A lot of people think of the Society of United Fishermen as a union organization and that it's there just for the fishermen, but it's not. It was started by a Reverend Gardiner, and the purpose of the organization was to help people in the communities. Years ago, if there was someone in need of something, they'd get together and the fishermen would send them, say, a load of wood. This was the purpose of the SUF... and you didn't have to be a fisherman.*

#### Summary:

Although participants referred to family and friends as sources of support, similar to research on protective factors at the individual level, aggregate and community-level support was prevalent. The community itself seemed to offer support for specific populations at risk, and for stressful situations and crises. Voluntary organizations played a key supportive role in all three communities, as did churches and service organizations. Thus, at the community level, lay sources of support were much more prominent than professional sources of support. Indeed, formal agencies were rarely mentioned.

## ***Community Involvement and Participation***

It was anticipated that the extent of citizen involvement in the activities, organizations and development of a community would be related to its resilience. Participants were asked about levels of voluntarism, and about participation in public activities and events of various kinds. Again, responses were mixed. Levels of participation in the community development process were reportedly low. However, it is clear from the data that high levels of voluntarism and high levels of participation in other types of community activity were protective factors in all three sites. There were six sub-themes: organizations offer opportunity for citizen participation, voluntarism is alive and well, a few volunteers do most of the work, volunteers represent a cross-section of the population, recreational activities and events have high participation rates, and a burning issue attracts a crowd to a public meeting.

### ***Organizations offer opportunity for citizen participation in community process***

Community involvement through local organizations has long been a part of life for many people in the three communities. The demographic questionnaire completed by all participants asked for a list of volunteer organizations with which they were involved. Table 6 was compiled from that information. It illustrates the many and varied opportunities for volunteer involvement in these communities. For participants in this study, the four areas of greatest involvement were church, community development, culture and service organizations.

**Table 6. Participation in Community Organizations**

Participation in Community Organizations	Isle Madame	Cheticamp	Dildo	Total	%
Levels of Participation					
None	7	7	7	21	12
3 or more organizations	15	30	14	59	33
Types of Organizations					
Seniors	12	14	-	26	
Social action/service/Legion	7	11	18	36	20
Community development	15	12	10	37	21
Sports	3	5	3	11	
Cultural	16	20	2	38	21
Parent/school	3	5	1	9	
Co-op/credit union	2	17	-	19	
Church	13	20	19	52	29
Community service (fire, rescue, Meals on Wheels)	2	6	2	10	
Youth/school (including sports)	8	4	12	24	
Health	-	8	-	8	
Other	7	15	2	24	

<sup>1</sup> *Five non-residents not included.*

During the consultations, participants in all three sites readily named local organizations that offered opportunity for involvement in the public life of the community. Foremost among these were church organizations, cooperatives, school organizations, service organizations and community development organizations.



*When people want to help or contribute to the progress of Cheticamp, they'll take part in the Cheticamp Development Commission or the co-ops.*

*An organization, it's made up of citizens of this community...so they have their say in that way. Because nothing goes ahead in any organization without a majority vote. And if you don't like what this organization is doing, you don't support them.*

Participants were asked whether organizations welcomed and encouraged public input. While there were negative responses about the openness of organizations and their attempts to encourage public input, a significant majority of the data were positive.

*I'm President of the Lions Club right now, and every [opinion] from outside and inside the club is looked at [seriously]. I think it should be looked at that way. Those are the people that you're relying on to raise your funds for whatever project you're working on, so their input definitely makes a lot of difference in the decision.*

*It's welcomed all the time...We make presentations to any organization or group...meet with ten or twelve people at a time on a regular basis and promote the involvement, of getting involved with community development, sitting on the board, making decisions, having input.*

Organizations encouraged participation and input by advertising their meetings. All communities have local cable TV which is used for this purpose (although the signal in Isle Madame apparently does not reach all parts of the island). In Isle Madame, several participants observed that the best way to publicize an event is by word of mouth. In Cheticamp, church bulletins include information about community events.

*You're always advertising public meetings. A citizen can't come back and say, "I didn't know about this," because in nine chances out of ten, things were advertised...so people are given a fair opportunity to voice their opinion.*

### ***Voluntarism is alive and well***

There are high levels of voluntarism among the participants in this study (see Table 6). During the consultations, participants were asked about levels of voluntarism in their community as a whole. Overall, the data about voluntarism were positive. There were, however, some differences among communities. While approximately two thirds of the responses from both Dildo and Cheticamp were positive, and almost vibrating with energy, the data about voluntarism on Isle Madame were evenly divided between negative and positive. From all communities, however, data indicated that many people who had lost employment were finding meaningful work as volunteers. As the Community Coordinator from Isle Madame observed in writing about the Community Opportunities Pool (COP) in his community, "The fisheries' downturn, plant closure, and dependence on government funds had many people feeling a little down about their lives. That is where the COP program would come in and make these people feel like they were finally needed and doing something very meaningful."

*I think it's great. I think it is a very high level. Whether it's a concert or a theatrical, musical event. Like for festivals, I'm sure they are going to find all the volunteers that they need. I think the participation is wonderful...really good.*

*Yes, we do have a higher level of volunteer service on the island here. In fact, we just won the award through Recreation for having the highest numbers in Richmond County, which is quite an honour.*

### **A few volunteers do most of the work**

In all communities, participants often observed that there was a small core of very active volunteers who took the initiative, and a much larger group who would respond when asked to support a cause. Interestingly, some participants interpreted this as a positive indication of volunteer activity in the community, while others saw it in negative terms.

#### **Positive**

*Once a year, we have a door-to-door fund raising for our foundation, and I have never had anybody refuse...But no, they don't want to be on the board of directors. I think a lot of people are afraid of - and maybe education has a lot to do with it as well. They have never had any experience so they are afraid of what it might entail. But when it comes to volunteering, oh yes.*

*If you ask people to do something, they'll do it nine times out of ten. People are really good for that. You have to take the initiative, that's all.*

#### **Negative**

*If you look at the volunteers in this community, there is a lot of volunteer working going on, but it's by a very small group of people. It's very difficult to get somebody new to come in. Like the person who has been doing the collection for the heart fund has been doing it for the last 20 years.*

### **Volunteers represent a good cross-section of the population**

Responses to the question about population representation among volunteers were varied, and appeared to depend largely on the kinds of volunteer pursuits that participants were involved in themselves. According to a number of participants, women and older people were the most involved volunteers. Some reported that their organizations were finding it hard to recruit younger members. Some younger people observed that the older establishment in organizations was not very open to new ideas. Overall, the responses created a picture of active volunteers from all age groups, both genders and diverse backgrounds.

*People come from all walks of life...We have people involved in the SUF who are very highly educated, and then we have other people who are not that educated...but they still have their input into the community. Whereas years ago, it would probably only be the...well-off people. But I think that is starting to change.*

*Yes, we have [volunteers] who are on the TAGS program that come from different age groups, like the younger generation and up to as far as 50 years old...We have retired people that have lived in the community all their life and feel that they should be giving something back to the community. We have women; we have men. We even have youth from our area contributing by sitting on boards.*

## **Recreational activities and events have high participation rates**

Participants were asked about levels of participation in recreational activities i.e., sports and/or social and/or cultural events. Although there were opposing views, a large majority of responses in all communities indicated that recreational activities enjoyed good levels of participation.

### **Cheticamp**

*People go to dances and have a good time. And school activities, whether it's school plays or concerts or dances, different things...Yes, people are fairly into that. People like to have a good time, basically.*

### **Isle Madame**

*We've always been a community that went to functions. The Acadian festival is a prime example down home. It's always packed...The Arichat festival is always crowded when the weather is fine...You'll never see a bigger festival for such a small community.*

### **Dildo**

*Well, there are a lot of young people playing minor hockey, and a lot of their parents who are supporters in a way, like coaching and travelling, supporting fundraisers. Those types of things.*

## **A burning issue attracts a crowd to a public meeting**

The indication from many participants was that public meetings are not usually well attended. However, all three communities agreed that people will show up if there is a critical issue to be addressed. In his observation about an information session arranged by the local municipal councillor concerning the proposed reform to Employment Insurance, the community coordinator in Cheticamp observed, "The location and timing for this meeting were strategic. The hall is very small and there were chairs for a hundred people. On Saturday afternoon in Cheticamp, there is violin music at the Doryman Tavern which is very popular, and on that weekend, there was also musical entertainment at Le Gabriel Lounge, a fund raiser for the local choir. Nevertheless...the hall was packed with people standing at the sides and back of the hall...I would have estimated at least 200 people."

*Unemployment Insurance, Canada Pension Plan... Changes in those types of things that people around here see as their only hope for survival. Those will get a reaction...Short of that, I don't see too many things that are bringing people out.*

*There's a kind of general malaise here with regard to meetings, unless there is a crisis. You have a meeting and four or five will come, but if there is a crisis, boy!*

### **Summary:**

Many local volunteer organizations provided opportunity and encouragement for citizens to take part in the public life of their community. Voluntarism was not only a primary source of support at the community level, but a key mechanism for involvement and participation. Only twelve percent of participants indicated that they were not involved in any community organizations. Volunteers reflected the diversity of ages and backgrounds of residents, and a

few people did a lot of the work. However, in contrast to other communities, there was a trend toward increased levels of voluntarism as people hit hard by unemployment struggled to fill their time with meaningful activity. Public participation in recreational activities and in meetings about crucial issues pertaining to income support, employment and education was high.

### ***Educational/Retraining Services and Opportunities***

Participants were asked about availability and quality of educational services for the public school population, and also for the post-secondary and adult population. Overall, 70% of the responses about access and quality of public school education were positive, as were 57% of the responses about post-secondary and adult education. Five sub-themes described this protective factor: public schools in small communities offer a broad spectrum of educational opportunities, rural schools offer good quality education, schools play a significant role in promoting culture/heritage, attracting teachers to rural communities is not a problem, and availability of post-secondary and adult education has increased.

#### ***Public schools in small communities offer a broad spectrum of educational opportunities***

Most participants observed that their local schools offered an impressive range of educational opportunities and resources for both elementary and secondary students. These ranged from pre-school and special education classes to classroom computers and business experience programs.

*In comparison to other schools, Cheticamp is one of the better schools. In terms of opportunities for students, it's probably a flagship school, certainly in this county...You're not penalized or held back by living in Cheticamp through education...Whatever is offered in the urban centres in Cape Breton is offered in Cheticamp.*

*Computers in school are seeming to increase a lot...I've got a 10-year-old, and we purchased a computer a year ago...and he showed us how it started up. We were just amazed at what he's learned in school himself.*

Participants in the youth focus group in Dildo described a recent change in the high school curriculum there.

*You have to have Business to graduate now. And in one course, we have to make a business and keep it running for six weeks. And I think that is helping us because we can learn how to do résumés and business plans and stuff like that.*

#### ***Rural schools offer good quality education***

For the most part, data about the quality of the education offered in local schools were positive. Participants in all study communities also reported that the current generation of youth is staying in school.

*It's been known that the people that have graduated from Isle Madame and went on to college were very well prepared. I would say that we are pretty well on top of the education system.*

Two youth focus groups acknowledged that the quality of the learning experience was enhanced in a small school because of closer relationships between students, teachers and administrators. (They also observed that this kind of familiarity was not always a good thing!)

### **Group 1**

*Facilitator: What help would a smaller school be?*

*It's taking time for the students instead of just shoving them through the grades.*

*There's better student-teacher relationships.*

### **Group 2**

*What you lose in the facilities you kind of gain in the fact that you know all the teachers.*

*You have a lot of freedom in the school too. Like if we said in school tomorrow that we would like to start such-and-such a group, they would say, "Go ahead and do it."*

### **Schools play a significant role in promoting culture/heritage**

In Dildo, research on local history had recently become part of the high school curriculum. Both Acadian communities had bilingual school systems. The role of the school in preserving and promoting the French language was acknowledged by several participants.

*I feel that the level of education in Cheticamp school and the opportunity for people to learn both languages is maybe one of the best schools in the province. Maybe one of the best in Canada - Cheticamp school.*

### **Attracting teachers to rural communities is not a problem**

Participants were asked whether rural school boards had difficulty recruiting teachers. The consensus was that the problem was too few teaching jobs available, not too few teachers willing to come.

*There are always new teachers graduating, especially bilingual teachers, [which they have] to be in Cheticamp. The teachers would be available if the money was there to pay (them). That's about the size of it.*

### **Availability of post-secondary, adult upgrading and retraining programs has increased**

While the inhabitants of rural communities have long accepted the need to leave for post-secondary education and training, the current economic climate adds to the burden that this creates for individuals and families. On the other hand, the emphasis on education upgrading and re-training that has accompanied the fishery crisis has led to an increase in the availability of adult upgrading and retraining programs.

*Now more than ever, [the high school] is opening the doors to local people, adults. And they're trying to create as many adult programs as they can.*

*I'm very familiar with all the training agencies in the area, the adult training centre, the community colleges and all that. The opportunities are there. There's not a course (offered elsewhere) that's not being offered in this area...I think a few years back there was no way that you would have convinced anybody to come down to Isle Madame to give a course, (in) tourism, for example. You would have had to go off the island. Now the courses are coming to the people. There's no reason that people can't take the courses that they want.*

Many programs are funded by EI or by TAGS money which is accessed through Human Resources Development Canada (HRDC).

*That made a big difference to be able to access programs through Human Resources, and getting the proper funding for training and job search and mobility.*

*The literacy has been on the go for the last year and a half, I guess. And there's more training programs now because you're looking at...TAGS money. There's more dollars there.*

The negative side of such programs is that they are funded for only a short period of time. Several participants were aware that TAGS training money had been scaled down in the past year, meaning that opportunities for upgrading and other training were diminishing rather than growing.

For all three communities, community colleges are more geographically accessible than universities. Participants in the two Acadian communities cited the recent establishment of local branches of *Le Collège de l'Acadie* as a positive development.

*Now they have access to Le Collège de l'Acadie, which is a big help. I mean the enrolment has gone up the last few years and I'm sure it's going to get better and better...They have a fairly good course selection. The only thing is, it is all offered in French so some people might be a little bit apprehensive. But once you go there and get used to it, it's not too bad.*

#### Summary:

Overall, participants were proud of the public and post-secondary educational opportunities in their communities. They were convinced that their rural schools offered high quality education and attracted good teachers. Schools were acknowledged for their role in promoting culture and heritage. A notable trend, consistent with the closure of the fisheries and the widespread unemployment, was the expansion of upgrading and retraining programs. This acted as a protective factor during a time of risk, as it produced hope for meaningful employment, created a sense of accomplishment and served to empower residents.

## **Communal Coping**

Communal coping is expected to be a primary attribute of the resilient community. As described in the risk factor section of this report, communal apathy and anger were among the challenges faced by all study communities. However, these negative data were balanced by a similar amount of data attesting to positive attitudes and behaviours which translated into a communal response toward solutions to collective adversity. Two communal coping sub-themes emerged: communities appear to be moving toward positive coping responses, and communities are coping with current challenges.

### **Communities appear to be moving toward positive coping responses**

In all three communities, participants observed that attitudes and behaviours seemed to be becoming more positive as people confronted their difficult circumstances. There was recognition that dealing with change is a process.

*I see that after they've projected and expressed their anger, the community draws together...but I would say that you have to get that anger phase passed. When everybody's demonstrating, it wouldn't be good to try to organize a plan. But somehow, the community seems to work things out. And...given time, their anger runs out.*

*[Blaming] was an initial reaction, and think it is still being felt to a large extent. But people have slowly come to face the reality. And there seems to be more movement now toward taking on their problems themselves and working them out as a group, in trying to resolve things...I am thinking of the fisheries people. There have been committees set up...*

*I think the crisis changed a lot of people. For example, when we got 65 percent of the people, members of the...Co-op voted to move that store to Arichat, I think that showed that there was an awesome change in people's thinking about what had to happen in Isle Madame...I certainly never hoped for that kind of result...But I think the crisis has focused people's attention to the point where they say, "If we don't hang together, we'll all hang separately."*

### **Communities are coping with current challenges**

From each community, there were recent examples of communal coping in which people collectively sought, and often found, solutions to shared problems.

#### **Isle Madame**

*I think that the community is really into helping each other in a time of crisis. The fish plant strike, what happened there, there was a community group that got together along with some people in the community and the clergy, and set up a food bank and talked to the appropriate people to try to settle the strike. And after a lot of hard work and negotiations, it was settled.*

*We have lost our elementary school. I can't say people weren't fired up because they did, to the bitter end, try to keep our school here...They went on television...the radio...They had a very strong leader...who tried his darndest...There was just a piece in the paper in the last couple of days about them still not wanting to give up the school idea.*

## **Cheticamp**

*We need a new hospital...It looks like it is going to happen...There is still a lot of red tape to go through, a lot of problems to be ironed out, and obtaining the land next door and getting funding from the government, and all that. But it looks like it's going to happen within the next few years.*

*Right now, when they were talking about closing our school, we had several meetings...There was a committee set up basically to get information and to keep this school open. When they decided not to close the school, at least we have a moratorium for one year, the committee stayed on, worked together...Right now there is a committee working toward getting an advisory council for the school. So they're very conscious about their school.*

## **Dildo**

*The local COP (Citizens on Patrol) program...has, over the last five years, been instrumental in really cutting down on the number of crimes against people and property...It's volunteer. They do checks through the community throughout the night...We were getting a lot of break-ins, a lot of property damage...From the high school, we approached the church leaders in the area...They called a public meeting and I guess, as they say, the rest is history.*

A focal point of pride in Dildo is the new Interpretation Centre. It is a work in progress which involves the conversion of a derelict building into a heritage centre and tourist attraction.

*You know, it was the SUF (Society of United Fishermen) that bought the building, but I think it's the community that's doing the work...The more I look at it, I think that building represents...you know, because you have young people involved, you are meeting a community need. We talked about the rift that is created sometimes by the TAGS program. You don't really see that here, I think, because of that building. You have people who are on TAGS, you have people who are not on TAGS, people who are volunteers, working on that building.*

### **Summary:**

These communities showed evidence of communal coping that focused on managing emotions during stressful situations (emotion-focused coping) and on solving problems (problem-focused coping). There was evidence of more positive attitudes at the community or collective level (emotion-focused coping), as residents were fighting back and developing solutions to community problems (problem-focused coping). Instances of communal coping in which people collectively found solutions to shared problems were evident in all communities.



## **Positive Outcomes**

The third and final component of the community resiliency model is outcomes. These are measurable or observable manifestations of response to communal risk or hardship. They may be positive or negative, healthy or unhealthy. Both types were evident in the data.

Six dominant themes related to positive outcomes were evident. When participants were asked, “What are the most important indicators of success in your community?”, three prevalent themes emerged: economic growth, an increasingly positive mood or outlook among the people, and the vital role that community organizations and community development continue to play in the communities. In addition, physical health status of residents, the health behaviours of residents, and health services were also identified as positive outcome themes in the data.

### ***Economic Growth***

While economic disadvantage was seen by participants as the primary risk factor in their communities, they just as readily identified signs of economic growth as a primary indicator of success. Two sub-themes capture this theme- signs of new economic development and growing entrepreneurship.

#### ***Signs of new economic development***

Participants in all communities saw the appearance of new businesses as a very positive and hopeful sign.

*The new stores. They have the IGA opening that bottle exchange, bottle recycling. And the restaurant in Arichat, I heard, has been bought...We need a restaurant. And they opened a laundromat. Things like that are good for the people.*

Tourism is a major focus of economic development in all three communities, with the cultural industry being a dominant theme.

*When the theatre group wanted to continue the tradition of concerts and theatrical (events), what did they do? They created a dinner theatre...What I like about [the theatre] is that the service we provide helps. It entertains; it gives people hope. And the jobs that it provides to these people. They train well, they become exposed, and they can go on to a career of their own. We give hope to our children. There is a place now for children to go and learn how to be a broadcaster, or a technician...That is what I call success...giving our children or adults hope that we can do something with ourselves.*

#### ***The spirit of entrepreneurship is growing***

Much of the recent growth in small business is the product of local entrepreneurship. A written observation from Dildo noted, “One of the most interesting events was the construction of a new strip mall. This building houses four businesses which are owned and operated by women...Three of the four women are married with children, and have never worked outside their homes until they started their business ventures...People are talking about the fact that this building is supporting women in enterprise, and the public is taking pride in that realization.”

*I think the most indication of success that I get is that people just don't want to lie down and turn over and give up. I see a lot of people in our community trying to start a business, and some of them are very successful. One of the positive things about this is just looking and seeing that the entrepreneurs on Isle Madame today are young, and they're from the island. So this is one very encouraging thing about entrepreneurship in the future.*

(Translated from French)

*Here, among the entrepreneurs, if you want to call them that, there is a progressiveness from the people who probably have lived in this community all their lives - maybe have gone away to go to school and come back again...and are willing to establish businesses and make a go of it that way. These are not the outsiders coming in and doing these things.*

#### Summary:

From the three communities, there were reports of new economic initiatives. Many were small business ventures undertaken by local people turning to entrepreneurship after losing former employment. Growth in cultural industry was particularly notable, as all of these communities strove to attract more tourists.

### **Community Outlook/Tone**

Participants were asked about the general mood or outlook of people in their community. Responses were mixed, but overall, the data presented a fairly positive picture. The data are described in two sub-themes: there is a mood of determination, hope and cautious optimism, and people are embracing education, change and personal growth.

#### ***Determination, hope and cautious optimism***

##### *Determination*

Most people are not giving up. At both the individual and community level, there is a determination to stay and succeed. As one participant observed, "They're coming back fighting."

*When the fishery went down, they all said that before too long, this place is going to be a ghost town. Well, it's not. And people are bringing more things in, and they're fighting to keep it here. It's not becoming a ghost town. It's really coming up.*

*I guess some people are trying to put more back into our community so they don't have to leave or anything. Like we're trying to give it back something.*

##### *Hope and optimism*

Although some participants spoke of depression or high levels of anxiety on the part of many displaced and seasonal workers, the majority of responses depicted three communities where most people appeared upbeat and cautiously optimistic about the future.

*There's an in-between feeling. I think they're at sort of a crossroad, and they don't know what to think...There's a sense out there that the fish are not going to come back, but I think there's a sense that we're not going to move out either. In*

*other communities, it's, "Well, we have to go to Ontario." You don't hear that very much here. So I think they're hopeful there's something out there, that there'll be something come along. I guess it's a sense of optimism...They complain, but there's optimism.*

*When we see that people are still fighting to get jobs and development, you know that this is quite an encouraging thing. And if people are still going to meetings, activities and cultural activities, and trying to start businesses, this is all encouragement.*

From each community came observations that the fishery crisis has not been an entirely negative thing.

*I have great hope that we're now in a transitional period. What has happened with the decline in the fishery might be a good thing because it's going to force us to do things that we should have done 20 years ago. It's not all negative. The first thing we have to do is develop some entrepreneur skills in people.*

*Some of these people have changed their whole lives, and I think that is absolutely wonderful, because sometimes it takes a crisis to change...Some of them have said, "This has turned out really good for me"...And if you look at downtown Cheticamp today, it looks a lot different than what it looked like before...with our board-walk and the buildings that are newly painted...There is a certain pride...we want to attract more people to come here...If there was no crisis, we wouldn't change and we wouldn't have what we have now. I mean, people are taking pride.*

### **Education, change and personal growth in all communities**

*The success story is that the majority of people at the fish plant, I think about 60 percent, have been able to either find something, or get some kind of training, education. It's positive that they know that they can do things...Some of them didn't realize that they could learn, and get a Grade 12 education. If anything, that's what's been brought out.*

*When I was working with the TAGS people, some of these individuals that have been working 15, 20 years doing the same thing...They found themselves in a situation where they could go back to school...They come out, they can work on computers. They're learning to read and write. They've got more confidence. They have become a whole new person...And some of these people have opened small businesses.*

#### **Summary:**

While high levels of anxiety and negativity existed in all communities, the overall mood was one of cautious but growing optimism. Many people appeared to be recovering from the initial shock of the fishery collapse, and seeking new directions and opportunities in their determination not to have to leave the community. People drew confidence from new educational experiences, and hope from the visible signs of growth and activity in the community. From all three sites, there were comments that the current crisis was not all bad news, because it was challenging people and the community as a whole to develop new and positive attitudes and behaviours.

## **Community Organizations and Community Development**

Because local organizations are, to a large degree, the manifestation of community attributes and collective activity, the current role of organizations in community life was a focus of this study, with particular attention given to community development. Overall, this emerged as a positive outcome, although the low level of community participation in community process and development was identified as a risk factor. Three sub-themes were evident: organizations continue to play a vital role in community life, awareness of and regard for community development organizations are high, and community organizations have been successful in acquiring resources.

### **Organizations continue to play a vital role in community life**

Strong local organizations are part of the history of all the study communities. The data show that in these hard times they continue to play a central role in the life of the community. In particular, community development organizations were frequently credited for the work they are doing to help their communities with the process of adjustment to current challenges.

*Through our service groups and development associations, I think we're on the way.*

Most community-based organizations were surviving hard times; some were even thriving.

*And so far we've been able to keep every organization. I haven't heard of one that has had to close its doors. For example, in Cheticamp the Acadian Centre has had a hard time, but still...and here we go again with volunteers...I don't think I've ever heard of any worthwhile project that was ever started in these communities that [wasn't] successful.*

*The historical society has greatly improved over the last few years. It's a small success story in itself. All the little festivals in the area...*

Organizations were seen as providers of leadership. They offered the structure within which individuals with leadership ability contribute to the community. Community development organizations were frequently mentioned in this regard.

*The people that are involved (in organizations) do make a big difference because they are the doers. They will attend meetings and sit on committees and be the force behind the smaller or larger groups.*

*I would say DIMA (Development Isle Madame Association)...they're the main thing now. The main driving force. Made up of real leaders who are really pushing to get better.*

### **Awareness of and regard for community development organizations is high**

Most participants were aware of their local community development organization(s), and could name some of their projects and accomplishments. Most said that the organizations were effective, and that they were making valiant efforts and a valuable contribution to the communities.

*I must say, they have been addressing the problems of the community. They have been bringing people's confidence up. And when I say "they," it's really us. Like it's really the people of the community...We can see what they are doing*

*now. We can see things coming up, things improving, so they have shown their effectiveness.*

### **Community organizations have been successful in acquiring resources**

Acquiring resources, notably information and funding, is a challenge for many volunteer organizations. This is particularly true for community development organizations in times of financial restraint. In each community, there was one community development project that was a testament to success in acquiring resources. The product of these initiatives seemed to many participants to symbolize both hope for economic growth and the spirit of optimism that appears to be growing. Significantly, all these projects were also indicative of the hope and effort that the three communities are investing in tourism development.

In Cheticamp, it was the new harbour-front board-walk:

*The [Community Development Commission] for example, there is the boardwalk. I think it is probably beyond everybody's expectations. I mean, last summer, the people! It's the ideal place. And where you get the full effect of the water and the community.*

In Isle Madame, it was La Picasse, which is a cultural centre and incubator mall.

*One of the things I'd like to stress is that La Picasse itself, it began as a dream. It's amazing to look at the large building now and to think it was just a dream. The County of Richmond got together in Arichat...and decided what they wanted to do, and the steps went, and the steps went, and now they have this great building. It's all of the people who believed in it that developed it. All it takes is a little belief sometimes.*

(Translated from French)

In Dildo, (new Interpretation Centre) was referred to as "the building." An ongoing project of the Society of United Fishermen and the local development association, the centre began with the renovation of an old landmark that had become an eyesore. It is located at the physical heart of the community, on the main road which follows the shore of Trinity Bay. The Community Coordinator described the construction period: "Volunteers helped out with some of the work, businesses in the area donated materials and one donated a free day of labour for concrete pouring. Everyone became involved with the project. People stopped to comment on the fine job that the workers were doing. It was a very exciting 12 weeks to watch the old building being transformed into the Interpretation Centre."

Many participants commented that the building had become a symbol of hope and pride for the community. Among many Dildoans, it has sparked renewed interest in the community and anticipation of a growing tourist industry. As one participant observed, it has also generated rediscovery and appreciation of local heritage:

*Like this focal point here, the building, and what it has brought about. The physical infrastructure is there now, but it's also brought about a lot of discussion about the community - the community groups, the archaeology, just taking it back through the whole history thing. It's starting to generate in people's heads ideas about their community, where they were, where they are going, and how they deal with what they have.*

Summary:

Local organizations have long played a vital role in the life of these communities, and they continued to do so in these difficult times. Residents looked to their community organizations for leadership. Currently, community development organizations are well regarded for their efforts to create new growth and enterprise. Results of their work are to be seen in all communities, symbols of organizational success in acquiring resources. Perhaps even more significant, some projects have involved many community members in creating new multi-use constructions which have become the source of renewed feelings of hope and community pride among the people.

### ***Physical Health Status of Residents***

Participants were asked to comment on the general physical health of their community. A small amount of data was generated by this question, being mostly positive. The single theme was that physical health was not a major concern for people in the study communities.

#### ***General physical health is not a concern in these communities***

Majority of the responses indicated that the general health in the communities was either good or average.

*They have no reason not to be (healthy). The medical facilities are there...There are people in their 80s and 90s going strong.*

*I don't think people are too bad when it comes to physically. I guess it's like every other place in Canada...I don't think [the incidence of disease] is above the national average or anything.*

Participants were asked if there were high rates of any particular disease or disability in their community. The one significant result, from all communities came from comments about high rates of cancer. Several people in the two Acadian communities in Cape Breton mentioned a recent provincial survey which showed high cancer rates in that part of Nova Scotia.

Summary:

Physical health did not appear to be a major concern in these communities. Participants believed that the general health in their community was at least as good as anywhere else, although cancer rates were perceived to be high. This positive outcome of perceived general health may be related to the two following themes, which indicate that health promotion and health services were also indicators of positive outcomes in these communities.

### ***Health Behaviour of Residents***

Participants were asked about health behaviours in their community. Their comments about both awareness and practice were decidedly positive in most instances. Many people spoke knowledgeably and favourably about health promotion initiatives in their community. Three sub-themes were evident: there is growing awareness about healthy lifestyle, greater health awareness is producing more healthy behaviour, and there is active health promotion in all communities.

## **Growing awareness about the benefits of a healthy lifestyle**

The majority of responses indicated that awareness of healthy lifestyle practices had increased in all three communities.

*I think people are more health conscious of things now than they ever were. Probably things weren't thought of 20 years ago that are being thought of now. Or people didn't recognize the benefits.*

The response of one participant from Cheticamp reflected the impact of the hospital cutbacks and the Primary Health Care Project in that community. Attitudes were changing:

*I think people are becoming aware that it's easier to stay healthy. If you get a cold...and you think you'll go to the hospital for a week, that doesn't exist any more. So I think that is positive.*

## **Greater health awareness is producing more healthy behaviour**

There were questions about specific health behaviours. Although smoking was still considered a problem in all sites, the majority of the responses confirmed a general trend toward healthier lifestyles in the three communities.

### *Physical fitness*

Two thirds of the data related to physical exercise were positive. Probably the most striking image left by the data on healthy behaviour is that of people walking all around these three communities. A number of participants mentioned that people enjoyed outdoor activity of many kinds. Others referred to involvement in sports, notably hockey. But just about everyone mentioned the increase in walking in their community.

*Even in the winter days, you'll see them walking real fast. And I think I would say that's the main recreational thing in Arichat. And it's got to do with the setting as well. It's a beautiful place. A lot of people here walk and exercise like that.*

*Well, some people walk. I know people who are very addicted to walking, which I wish I was. Yes, people do walk. I don't know if their attitude toward it is for health reasons, or if they just have to get out of the house. I guess whichever reason, it's still good.*

Many participants expressed their community's need for more facilities for physical recreation and fitness. Of the one third of the data that was negative with regard to physical exercise, a very large proportion was concerned with the lack of local facilities. Enthusiastic walkers were among those who wished for better facilities.

*Sometimes people say, "I wish we had a nice place where you could go and walk other than on the roads." If we had some trails or something like that it would be nice, because we don't have sidewalks, as you know.*

*There aren't enough places in the community that encourage healthy behaviour...You've got hockey, but you need something more than that.*

(Translated from French)

*...good recreational facilities, good recreational directors who plan activities around those facilities. We have none of both.*

## *Nutrition*

Overall, the data about nutritious food consumption was more positive than negative.

*People now, I think, are conscious about salt and fat and cholesterol. They are educated about it. Whether they want to listen to it or not, they are educated.*

Part of the increased nutritional awareness was an awareness of generational and cultural barriers to healthy eating. Several participants noted the fondness of young people for junk food, or fast food. However, others believed that it was the older folks who weren't getting the nutrition message.

*Some people do (eat healthily). The younger people do. The older people are steadfast in the [belief] that a salt fish and a piece of salt meat will keep you alive longer than any pack of yogurt.*

Indeed, the traditional diets of these communities were seen as a barrier to healthy eating, especially by participants in Cheticamp:

*I think [diet] could be a problem because, being Acadian people, a lot of people are used to all the Acadian meals that were prepared by the older people, and it's been passed on to the younger generation. And all those Acadian meals are fairly high in fat, and are not necessarily the healthiest stuff you can eat. But I think more people now are getting more and more conscious of what they eat, and they'll be more careful as far as food preparation and all that.*

## **Active health promotion in all communities**

The question, "What types of things happen in your community that encourage people to keep healthy?", prompted a variety of responses in each community. While the level of health promotion appeared to vary among communities, the overall picture that emerged was positive. Smoking restrictions and school-based health promotion programs were mentioned by many participants across the board. Significant findings from each of the communities follow.

### *Cheticamp*

Of the three communities, Cheticamp appeared to have by far the greatest variety of health promotion programs, no doubt the legacy of a local hospital with a long-standing proactive approach to health promotion, and the Primary Health Care Project of 1992-95. This project was cited by a number of participants for its impact in the community.

*With the Primary Health Care, a few years ago when that came about, a lot of meetings were set up in different family homes, and different people from the community. People were made aware a lot through that program about how important it was to be proactive with our health instead of waiting to be sick...and we have probably started there, but there is still a lot to be done.*

Programs mentioned included nutrition, alcohol and drug awareness, informational and self-management clinics for diabetes, arthritis and heart disease, Well Women's clinic, foot clinic, breast cancer clinic, blood pressure clinic, and seniors' programs. Community health fairs have been held in the past.



## *Dildo*

As in Cheticamp, participants in Dildo had no difficulty in identifying health promotion activity in and around their community. The centre in nearby Whitbourne appeared to be active in this regard.

*They are always advertising the Well Women's Clinic. Lately they had a men's clinic in Whitbourne, and that was a big plus...Like right now, they have one of the nurses up there doing some sort of program for diabetics, and it's advertised on our community channel.*

Use of the community channel as a source of information about health promotion activities (and everything else) was a significant aspect of the data from Dildo. Clearly, it is seen as a valuable resource in this community. It may account for the very high level of awareness about a Heart Health Fair that had taken place several months earlier. In speaking about this event, many participants noted the involvement of youth.

*Just last year, there was a Heart Health Festival held by the Heart Health in Newfoundland, and the Economic Development. And that was a pretty good thing where there were students involved. Such problems as underage drinking and drinking in general, and smoking were addressed, along with ways that people can keep fit such as being outdoors and exercising and those sorts of things.*

The youth focus group in Dildo spoke about the success of their recent "Safe Grad" party, which was a first for their school. The whole community supported it, and 45 of the 70 graduates attended.

## *Isle Madame*

There appeared to be far less health promotion going on here. This was the only community in which doctors and pamphlets were mentioned as the sources of health information. Several participants expressed a need for more health education and better promotion of those services and programs that were available.

However, there were positive notes. Women's organizations were acknowledged to be leading the way in sponsoring programs. This is the only community to have a centre offering fitness programs. The Activity Centre was the recent creation of a group of local women who transformed an empty building into a small fitness facility.

*The women's groups are trying to get the message out to the public more that people should be active, should be watching their weight, should be watching their foods. It seems to be a big topic...It's being a part of the program whatever they're doing.*

## Summary:

Health promotion appeared to have had a positive impact in all sites, although the level of health promotion-related activity varied among communities. Participants reported growing awareness about the need for people to take care of their health. In particular, they observed that increased physical activity (especially walking) and greater attention to nutrition were evident across the population.

## **Health Services**

Despite having lost some services, and despite the fear that more cutbacks may be in store, the majority of participants indicated that they were generally satisfied with health services in their community. This was more the case with physical health services than with mental health services. However, community-based support for mental health emerged as a positive theme. Two sub-themes capture the positive outcomes related to physical and mental health services, respectively: people are satisfied with physical health services, and communities provide alternative sources of mental health support.

The range of accessible health services differs among the three communities, with Cheticamp appearing to have the greatest variety. It also had the largest number of programs devoted to prevention or primary health care (probably a legacy of the Primary Health Care Project), plus a notably high level of awareness among the participants about the health services available in their community.

### ***People are satisfied with physical health services***

Overall, the responses about satisfaction with existing physical health services were positive, although the degree of participants' satisfaction varied among communities. Dildo residents expressed the highest degree of satisfaction (although they must travel outside the immediate community to access all medical services), while those in Isle Madame registered the lowest level of satisfaction, with responses split evenly between positive and negative.

*Well, with health services, we're doing much better there. I think of lately we've gotten some excellent younger, more vibrant people into the health field in these communities. And because they have come into key positions, they have really started to provide the type of services that this community needs...the care for the aged is now good. Care for young children, single mothers.*

*We don't have a clinic or anything right here, but I don't believe the population would warrant it...The new health centre is not very far. It's in Whitbourne. Plus there are doctors in New Harbour and Greens Harbour. I think the health services are better than what they used to be...I know you can have your [prescriptions] delivered to your home, and stuff like that...I know there are rural communities in Newfoundland...if they want a doctor, they might have to go an hour or something. It's not like that here.*

A notable thread in the positive responses, no doubt a sign of the times, was that health services were often described as "good but," or "good considering."

*We have all the necessary health care we can get in the area. Considering all the downsizing that has been done, it's still fairly adequate.*

There were concerns expressed in all communities about mental health services which were generally perceived to be less available and less accessible than physical health services. However, a physician in rural Newfoundland noted positive developments resulting from the restructuring of health care systems:

*We are moving, like many provinces, toward regionalization of health services...In terms of what I alluded to earlier in some of the mental health issues related to stress - community stress, individual stress - I think there are some*

*positive things happening in terms of the redeployment and redevelopment of mental health services which have been virtually non-existent in the community.*

### **Communities provide alternative sources of mental health support**

While mental health professionals and self-help groups were perceived to be few, there were alternative sources of mental health help and support mentioned by participants in all three communities:

#### *Other professionals*

Family physicians and clergy were mentioned by a few participants as people to turn to for help with emotional problems.

*There are always places to go for people suffering from those problems. For example, there is the church. If people aren't sure, they might go to the priest and [he] could direct them to those services.*

#### *Training programs*

In Dildo and Isle Madame, the two communities with a large population of displaced fishers, people who had taken part in TAGS-sponsored programs spoke of the emotional support they provided:

*When the fishery first closed down, we had "Improving Our Odds" at school, and I attended this for about six weeks. I think it helped out people a lot because people could talk to each other one on one, and talk about the fishery and what effect it had on each individual. And the support was there because you knew they were going through the same as what you were going through.*

#### *Personal networks*

In all three sites, a number of participants observed that informal sources of emotional support were readily available, and much used, in the community. These sources included neighbours, friends and co-workers.

*There are a number of them in the same situation, so I think they can sort of get strength from their neighbours...So I think they adjust fairly well.*

Women in a focus group responded when asked if people informally act as support groups:

*Yes, even just talking, four or five people, or whatever, are supports.*

*Gabbing or talking, and then all of a sudden someone may have a problem, and they get it off their chest.*

*In the winter time, a lot of people have knitting (groups) or whatever.*

Several participants in a focus group of displaced workers were spending time on a picket line at the time of the consultations:

*We've always been like a family. If one is hurting, the others are hurting. And in the last two days, we've been supporting each other...You know, if one says, "To hell with this. What's it giving me? We're walking for nothing!", well, the others are there, "You've got to help us, and you've got to fight with us." But other than that, we don't have anything (i.e., formal support groups).*

### *Community organizations*

Community organizations were recognized as informal providers of emotional support. This was especially true in Dildo:

*In Dildo, I guess the senior citizens' group could be called a self-help group. And the church groups. Actually, our Bible study in some ways is a self-help group because it covers a lot of issues that we deal with on a regular basis. And the people who go to them face things that they probably haven't for a long time, and deal with them. And I think that is important.*

### Summary:

Despite differences in the variety and accessibility of services among the three sites, and despite the recent loss of some services, people seemed generally satisfied with the physical health services in their community. This satisfaction was somewhat tempered by a recognized need for modest expectations in times of financial restraint, and a fear that further cutbacks were possible.

There was some concern about a perceived lack of professional mental health services. However, participants noted that the community provided alternative sources of mental health support in the form of family physicians, clergy, friends and co-workers. Retraining programs and community organizations were also mentioned as places where emotional support was available. Participants clearly believed that the community at large had a role to play in the emotional health of citizens.

## **Negative Outcomes**

The three negative outcome themes identified in the data pertained to deteriorating mental health status, lack of communal action to address current economic adversity, and (from the two Acadian communities) a lack of cooperation and coordination among local organizations in addressing present problems.

### ***Mental Health Status of Residents***

While physical health was considered to be generally good in the study communities, this was not the majority view regarding mental health. Tough times were perceived to be having a negative impact on the emotions and behaviours of a growing number of people. There are five sub-themes: emotional and behavioural problems linked to the economic situation; anxiety, fear, uncertainty and depression are pervasive; there are family problems in the communities; there are addiction problems in the communities; and mental health problems are going to get worse.

### ***Emotional and behavioural problems linked to the economic situation***

A majority of participants in all three sites saw reason for concern about emotional health in their communities. Usually, they attributed the problems to the stress associated with the current high levels of unemployment. Many participants provided responses based on observation or information. Others offered more speculative comments arising from general knowledge about human behaviour under stress.

*The other chap was saying, "I considered going away, but where would I go? What would I do? I have no skills other than being a dragger man. I have a house down here that's not fully paid yet. If I had to complete the payments on this one and still pay the taxes and insurance, and go somewhere else with my family, what am I going to do?" So this is the sort of desperation. It eats away...*

*I'm not an expert, but I'm sure along with the stress of worrying about where the money is going to come from - I mean if you bring the stress into the home, violence and abuse and alcohol, drugs, whatever comes with it. I know that not so long ago I seemed to be in that circle of people [where] drugs and alcohol were the answer.*

*I'm sure there is a lot more insecurity everywhere. I'm noticing a lowering in their self-esteem. Sort of a hopelessness, that they don't know where they are going to look for a job next spring. Accompanying that would probably be a higher use of alcohol, partly because of depression, and partly because they have more time to spend in taverns and drinking places.*

Only in Dildo did a significant minority of participants respond with a negative when asked if emotional and behavioural problems were prevalent in the community. However, a local physician, a member of a focus group of service providers in the Dildo region, offered an alternative view in which he mentioned issues and problems that participants in all three communities identified:

*Certainly what we are seeing is ever-increasing amounts of stress and stress-related illness in the community...When the (cod) moratorium hit, there was a number of people who jumped off the mark right away and said, "Oh, we have to make some intervention to prevent a lot of these problems," and a lot of us working at the grassroots said, "Hold on...You're not going to see anything of this for two years...It's only after TAGS starts to whittle down and the full impact has hit in the community that you are actually going to see that. And now, in fact, we're starting to see this - very high levels of stress...increasing amounts of depression...increasing amounts of substance abuse...(and) family violence...(and) general anxiety... And that seems to colour almost every patient contact I have in the community nowadays.*

### ***Anxiety, fear, uncertainty and depression are pervasive in all three communities***

The focus of most of this emotional stress is the anticipated end of the TAGS program, and changes to the Employment Insurance program.

#### ***Anxiety, fear***

*Us, we're on TAGS right now. If we didn't have no Unemployment (Insurance) or no money, like if the government would stop the TAGS, there would be poverty. And there would be fear. We wouldn't have nothing. Nothing to pay our bills; nothing to feed our kids.*

*And they only go by your last eight weeks. So let's say last year you were getting over \$250 (a week). With that new [Employment Insurance], you would be getting \$79 a week. How can a family of four, or whatever, live on \$79 a week?*

The possibility of having to leave is a source of much anxiety.

*I don't think it's the ones that are left behind that feel left behind. I think it's the ones that have to move away that feel a great loss of having to go.*

A Dildo participant put the concern about moving into a historical context:

*I do think that rural Newfoundland is in trouble...With all the cutbacks and the fishery and everything. I do think that it is going to be hard. It's almost like trying to head back 40 years ago when they did some resettling. It's almost like you wonder if this is going to happen again. Are we going to have to be uprooted and replanted in some of the larger [centres]?*

### **Uncertainty**

*What is happening here too is that the government is not saying (whether) our plants are going to close or whether they are going to be open. Why don't they come out and say our plants are going to close so...*

*It's really hard to make plans. You can't plan on what you're going to be doing in a year. Like we just bought a house...but in four or five months, we may not be living in [it]. We might have to pick up and go.*

For youth, there are feelings of uncertainty about how to plan a future. A parent of teenagers observed:

*I think probably one of the toughest things about living in the community now would be, as a young person, to keep a sense of optimism, even above and beyond the realization that you're probably going to have to leave your community to find work. But even to keep up the optimism that there is any point in going on to get any further education.*

### **Depression**

*First when [the cod moratorium] started out, I was really positive...I attended a forum here, and I figured I wasn't going to let this get me down. But I must say that over the last couple of years - not that the fish plant work was really wonderful...but when you got up and went to work, it was - You know, you felt good about yourself. You were getting out. You were going to work. You were getting that pay cheque. You were working for it. I don't feel the same anymore...I've got more time sitting home and thinking, and I'm worrying about the future...I said I wouldn't let it bother me, but I have to say that it does.*

*Depression is there. You can see it in some people's faces. Just their appearance and how they've changed. They don't take care of themselves anymore. It is there.*

*Unfortunately, some people will turn to drinking and gambling...and some people will look at them and say, "He's an alcoholic, or a gambler," and all that, and not realize that the underlying problem is really depression, whether it's from lack of work or family problems and all that. So that can be a problem if people don't realize what the actual problem is.*

Another note of concern emerged from the Cheticamp data about mental health and depression. Five participants indicated that there was a high usage of anti-depressants in the community. (One participant from Isle Madame made a similar observation about that community.)

*It's a pill-pushing place. When I first got here, I couldn't believe...I mean, even family members; if there is a southeast wind, they take a pill for that; if there's a thunderstorm, they take a pill for that. It's very comical to some people, but it's a very serious problem in the community. Like everybody is on some type of pill.*

*I can't remember where the anti-anxiety, anti-depression drugs were when the Primary Health Care did their survey, but I think they rated fairly high. Like there were a lot of people on tranquilizers and that kind of thing.*

### **Family tensions, breakdown and violence are problems in the communities**

Increases in family tension and breakdown were apparent to most participants.

*A lot of our men are not working, and they are not used to being home idle and not working, so there is a lot more tension in the air than there ever was in our community.*

*They're taking their problems, their stress, their anger sometimes out on their families. Not necessarily in a physical way, but in an emotional way. Like there is a lot of blaming, and "shut up!" type of thing. "You're getting on my nerves," and this type of thing.*

*Terrible, terrible problems with break-ups in these communities...We used to be the communities that weren't like that. That was the big city style of life, but we were the communities that had the values of marriage...family...church... respect, and all of that. We're losing all of that.*

Many participants remarked that family violence was a hidden problem, but they suspected its presence in the community.

*From what I hear from the people - the social worker was talking to me a little way back - and I guess there is a problem (with family violence). Mind you, not a major problem, I would say...But it could be a problem. There is a lot of stuff that we don't know, that a person like myself doesn't know.*

### **Alcohol, drugs and gambling are problems in the communities**

Initially, participants were asked whether alcohol and drug abuse were problems in their communities. Because concern about gambling was raised by a number of early participants, it was added to the question guide.

#### *Alcohol*

Of these three addictive behaviours, alcohol abuse accounted for the greatest amount of data. In all study sites, participants attested that alcohol was a problem in their community. While a few in each location were of the opinion that it was no more of a problem in their community than anywhere else, a large majority expressed concern in stronger terms.

The use and abuse of alcohol has been part of the social fabric of these communities for a long time.

*It's a big part of the community...I don't know if it has anything to do with the downturn of the fishery or the economics. It's the way it's always been, it seems.*

*It's always a problem here. It only makes sense. People work 10 weeks out of the year. They would be off 42 weeks. Well, they've got lots of time to go drink. The more time you've got on your hands...like what are you going to do with it? They're bored. People are bored.*

In all the communities, the use of alcohol by youth was singled out for particular mention. Youth focus groups in two communities described similar Friday night rituals:

*When you've got a crowd of high school students, and their main thing for Friday night is getting that half dozen of beer, I don't think it's healthy.*

*The main problem is that on Friday nights they don't have anything to do so, okay, let's get drunk tonight...They're planning Saturday to get drunk the next Friday.*

### *Drugs*

A significant number of participants in each site expressed the opinion that the illicit use of drugs was a problem in their community.

*For the size of the community, drugs are fairly common in the area, I would say...My personal opinion is you probably get a lot of drugs coming in from different boats...I mean, there are probably a lot more drugs coming into the area than people realize.*

*And then you've got the illegal substances...I find the last two months, it's a lot worse than it ever was here...I don't know if it's the younger crowd because some of them who are doing it are almost 30, but they're not married. Like they are the single crowd, I should say. Not younger; single.*

While the drug problem was not seen to be restricted to youth, it was acknowledged to be present in the schools. In two communities, participants were of the opinion that it was not being seriously addressed by school administrators. A youth focus group provided these comments:

*They don't want to ruin the school's reputation by suspending 45 people in one day for getting stoned.*

*They don't look for it.*

*I'm sure they realize it's happening.*

*They kind of have to with people walking around with two eyes like marbles. They're just totally glassed over.*

### *Gambling*

Gambling emerged as a concern in the two Nova Scotian communities, with video lottery terminals identified as the source of the problem. Apparently these machines have not invaded rural Newfoundland. However, many participants in Cheticamp, and several in Isle Madame, saw video gambling as a serious threat in their communities.

*Gambling, I think that is another story. You get people going into the tavern and you get people you know are having a hard time getting by...putting all their cheques into the machines...I mean, that is a major problem. For the small*



*community that we are, we have a lot, a lot of people who are at the expense of the machines.*

*Like some girls - I'm not only talking about men now - I'm talking women too. Some take their whole cheque and gamble...But once you get addicted, it's hard to let go. And they have Gamblers Anonymous in Port Hawkesbury...I know some people who have already called, and they go from the island.*

### **Mental health problems are going to get worse**

There were predictions from all three communities that problems would increase as income support disappears.

*I would say that a number of people have problems, family problems and emotional problems, and it's only going to get worse because of the things that are happening, unless there is a big change like island development.*

*Oh, there's a big potential for [increased mental health problems] because people are kind of getting -I can't use the word lazy, but they're kind of set in their ways. And now they're getting this money. Now when it's cut off, they're not going to know how to deal with these things...and I think they're going to run into a lot of problems.*

Summary:

Stress related to the economic situation was having a negative impact on mental health in these communities. Among the unemployed there were feelings of anxiety, fear, uncertainty and depression. Linked to these, the incidence of family tensions and breakdown, substance abuse and gambling were seen to be rising. Participants feared that these problems would worsen as income support programs are withdrawn or cut back in the near future. The adequacy of mental health services may become an increasing concern in these communities.

### **Communal Inaction**

Participants in all communities reported that, while a few people were working hard to bring about community development, the communities as a whole have failed to respond to the challenge for change imposed by current economic circumstances. Three sub-themes were evident: communities have failed to respond to the economic/unemployment crisis, communities have difficulty in organizing to deal with the big picture, and communities fail to support local business.

### **Communities have failed to respond to the economic/unemployment crisis**

*I can think of a situation maybe where you're helping somebody, let's say, who went through a hard time. But I can't really think of any situations of rallying together due to unemployment or anything. We knew this was coming...I find that people in this area are a lot of talk and no action when it comes to stuff like that. Like, "We should go into the House of Commons and petition this point, and petition that point," but nobody ever takes the initiative to do it. Like everybody knew it was coming, but nobody said anything to stop it, to help it.*

### **Communities have difficulty in organizing to deal with the big picture**

*We have difficulties exerting pressure. We have problems presenting ourselves. We have problems demanding our rights. We only organize ourselves at small, little levels. It's hard to form a common front...Rather than complaining about individuals, we should be complaining about the problems, dealing with the problems...Rather than taking it out on certain people.*

*How do they express [their anger and frustration]? Amongst themselves. The anger is not expressed the way it should be, at government agencies. It's not expressed at meetings [of an organization formed] to look at their future. It's expressed when they go to the post office...to small canteens...when they meet in a group somewhere, amongst themselves. That expression is something that's innate...But to do that is not effective.*

### **Communities fail to support local business**

One of the ways that communities failed to respond to local attempts to cope with the economic downturn was a lack of support for new entrepreneurs. This was noted in all three communities.

*And people are trying to start their own businesses, and they are finding it difficult. Because I think people have a lot of time on their hands...They are having their cheque come anyway, and they haven't any work to do. And they are taking their money all over the place rather than spending it in the community because they've got too much time.*

*Everybody seems to have a car. If they want to go to Sydney, they go. That is where the bigger shopping centres are...And the prices there are cheaper than what you can get around here. And people aren't prone, I suspect, for supporting their community when it comes to saving dollars.*

#### Summary:

While successful community development projects were evidence of the work of some community members, these communities had failed to rally as a whole in response to the current economic crisis. People complained among themselves, but had difficulty in translating words into organized action. In all three communities, a lack of support for local businesses and new entrepreneurs was noted as an example of people's failure to think and act communally.

### **Lack of Coordination of Community Organizations**

The need for a more coordinated approach to addressing current challenges was a dominant theme from the two Acadian communities, particularly among participants involved with local development. (It was not expressed as a concern in Dildo, perhaps because that community has many fewer organizations, and they were perceived to work well together). Two themes were evident: lack of broadly based coordinating organizations, and existing organizations need to collaborate and coordinate more.

## **Lack of broadly based coordinating organizations**

Lack of broadly based coordinating organizations which could address broad and complex development issues was seen as a problem in both Acadian communities.

*It's almost impossible for [the development association] to tackle those infrastructure questions because they're very big issues that should be tackled by a broad-based community group. And what [the development association] has done as far as that goes is to try and create an Isle Madame community council.*

*It could be any sort of organization that would get the different organizations, the banks, the businesses, the groups in the community together, that would speak for the community and for the development of the community.*

## **Existing organizations in the community need to collaborate and coordinate more**

Significantly, by far the largest amount of data on this subject came from Isle Madame, where divisions within the community emerged as a risk factor related to communal anger.

*What I would hope to see is that these communities can come together in a cohesive effort to form one organization. Call it the community of Isle Madame...If you had this kind of system, you would prioritize your projects...But until the island gets away from these small little groups strictly doing their own thing and not having a vision for the island, they're not going to get anywhere.*

The speaker in the above quote mentioned Cheticamp as a model:

*You can see a prime example in Cheticamp, where there's no better organized community. They get together and do things.*

Ironically, that was not how participants from Cheticamp saw it.

*All those committees. Why can't just one from all the committees be a committee? Just one, and do something. Work together. There's too many.*

*I mean, we should have a meeting...not a war, but to discuss our problems and try to work it out together... A group of leaders from different organizations, from different businesses, from different service clubs...with CDC (Cheticamp Development Commission). We should all get together with all the unemployed people and work as a unit - how we are going to face the reform in the unemployment insurance, and how could we, together, improve the economy of Cheticamp.*

It is interesting to note here the Cheticamp 2000 project which is currently ongoing and which addresses precisely this concern. Its aim is the “concertation” (i.e., harmonization, coordination) of local organizations to better work toward meeting the needs of the community. As the Community Coordinator observed, this is a process which faces many challenges. One of these is a lack of inter-agency collaboration which is fostered by the competition for project funds. He described one meeting:

*I felt...that not enough time was devoted to establishing priorities insofar as economic development was concerned. I sensed a lack of trust among the participants when it came to discuss openly specific plans each organization*

*had for economic development purposes. Organizations feel they have to compete with each other for available funds, and applications for special projects are kept to themselves until they're approved.*

A recent update on the status of this initiative indicates that some new inter-agency links have been created. However, conflicts and lack of trust among participating organizations remain barriers to progress in the absence of third-party facilitation to help participants resolve differences and move ahead.

Summary:

Especially in the two Acadian sites, there was a perceived need for a more coordinated effort to better address the serious problems facing these communities. The formation of a broadly based coordinating organization was suggested as a way to facilitate this, and to help the very large number of existing local organizations to collaborate in their work on behalf of the community. The attempt by one community to create a long-term process to do this illustrates that support may be needed to build skills in conflict resolution and strategic planning.

Note: It is significant that the findings from the parallel study in the Crowsnest Pass area of Alberta were similar in many respects. Employment concerns and the need for a more diverse economic base were dominant risk factors. Voluntarism and a shared sense of history and values were protective factors which contributed to communal problem solving and coping as a positive outcome. The needs identified for increased mental health services and for more community members to be included in creating change in the Pass were echoed in the Atlantic Canada study.

# DISCUSSION

---

The following discussion, Figure 2 and Table 7 were developed for an article entitled *Community Resilience: Strengths and Challenges* in a special edition of *Health and Canadian Society* devoted to resiliency. The discussion appears here with minor wording changes as appropriate.

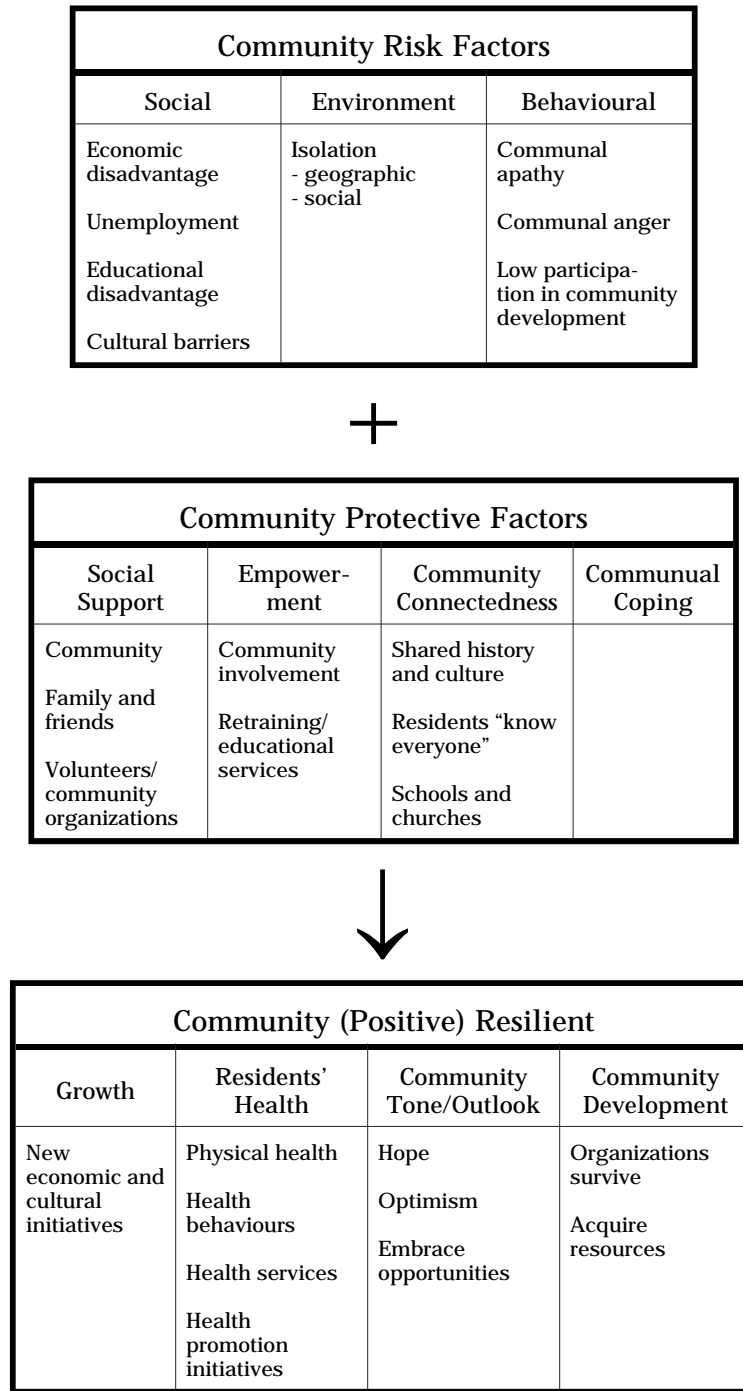
## Conceptual Framework

The data collected in these three Atlantic communities confirmed most of the draft framework (see Figure 1). Variables from the initial framework that were supported in the present study included five risk factors: economic disadvantage, educational disadvantage, cultural barriers, isolation, communal apathy and anger; four protective factors: social support, community involvement/participation, communal coping; and four positive outcomes: health status, health behaviour, community tone, community development.

Some components of the initial framework, however, were not predominant themes in these communities. For example, the physical environment, which includes transportation and housing, was rarely mentioned as an outcome reflective of resilience in these communities and environmental disasters were not typically identified as risk factors by participants. Nevertheless, it is important to note that physical environment could be a key issue in other communities. "A strategy that would result in resilience for one community may not be a resilient strategy for another" (Kulig & Hanson, 1996, p.13). Finally, some themes were added, such as community connectedness, educational/retraining opportunities (protective factors), health services and economic growth (outcomes).

A framework for community resiliency is presented in Figure 2. As indicated by the "plus" sign, in this model it is the combination of risk and protective factors which is linked to various outcomes. High levels of risk factors are assumed to be linked to poorer outcomes. However, the presence of community protective factors may balance out these risks and lead to more positive outcomes.

**FIGURE 2: REVISED FRAMEWORK OF COMMUNITY RESILIENCE**



**Table 7.**  
**Risk and Protective Factors and Outcomes Related to Community Resiliency**

Framework Components	Salient Themes
<b>Risk Factors</b>	<p><b><i>Economic Disadvantage and Unemployment</i></b></p> <ul style="list-style-type: none"> <li>~ Depressed economy</li> <li>~ Financial hardship</li> <li>~ Predictions of harder times</li> </ul> <p><b><i>Communal Apathy and Anger</i></b></p> <ul style="list-style-type: none"> <li>~ Negative attitudes create barriers to communal coping</li> </ul> <p><b><i>Low Participation in Community Process and Development</i></b></p> <ul style="list-style-type: none"> <li>~ Low public participation in community development-sponsored meetings</li> <li>~ Volunteer burnout</li> <li>~ Low levels of education associated with lack of participation</li> </ul> <p><b><i>Cultural Barriers</i></b></p> <ul style="list-style-type: none"> <li>~ Fishing culture threatened</li> <li>~ Cultural divisions within community</li> </ul> <p><b><i>Low Literacy/Education Levels</i></b></p> <ul style="list-style-type: none"> <li>~ Common among fishing workers</li> <li>~ Associated with negativity</li> </ul> <p><b><i>Geographic Isolation</i></b></p> <ul style="list-style-type: none"> <li>~ Youth boredom</li> <li>~ Problem for people without transportation</li> <li>~ Distance from major medical facilities</li> </ul> <p><b><i>Social Isolation</i></b></p> <ul style="list-style-type: none"> <li>~ Some newcomers experience social isolation</li> </ul>
<b>Protective Factors</b>	<p><b><i>Community Connectedness</i></b></p> <ul style="list-style-type: none"> <li>~ Shared history, values and cultural traits; traditional customs and language</li> <li>~ Religion</li> <li>~ Knowing everybody and trusting each other</li> <li>~ Community connectedness contributes to survival</li> </ul> <p><b><i>Social Support</i></b></p> <ul style="list-style-type: none"> <li>~ Community as a whole</li> <li>~ Family and friends</li> <li>~ Local volunteer organizations</li> </ul> <p><b><i>Community Involvement and Participation</i></b></p> <ul style="list-style-type: none"> <li>~ Opportunity for participation in community process</li> <li>~ High level of voluntarism</li> <li>~ Participation in recreational activities</li> <li>~ Participation in public meetings for burning issues</li> </ul> <p><b><i>Educational/Retraining Services and Opportunities</i></b></p> <ul style="list-style-type: none"> <li>~ Public schools offer good quality education</li> <li>~ Schools promote culture</li> <li>~ Adult upgrading and retraining has increased</li> </ul> <p><b><i>Communal Coping</i></b></p> <ul style="list-style-type: none"> <li>~ Communities moving toward positive coping responses</li> <li>~ Communities coping with current challenges</li> </ul>

Framework Components	Salient Themes
<b>Positive Outcomes</b>	<p><b><i>Economic Growth</i></b></p> <ul style="list-style-type: none"> <li>~ New economic and cultural initiatives</li> <li>~ Growing entrepreneurship</li> </ul> <p><b><i>Community Outlook/Tone</i></b></p> <ul style="list-style-type: none"> <li>~ Attitudes of determination and cautious optimism</li> <li>~ Embracing education and other opportunities</li> </ul> <p><b><i>Community Organizations and Community Development</i></b></p> <ul style="list-style-type: none"> <li>~ Organizations continue to play vital role</li> <li>~ Ability to acquire resources</li> </ul> <p><b><i>Physical Health Status of Residents</i></b></p> <ul style="list-style-type: none"> <li>~ Physical health not a concern for residents</li> </ul> <p><b><i>Health Behaviour of Residents</i></b></p> <ul style="list-style-type: none"> <li>~ Health promotion has had positive impact on awareness and behaviour</li> <li>~ Active health promotion in communities</li> </ul> <p><b><i>Health Services</i></b></p> <ul style="list-style-type: none"> <li>~ Satisfaction with physical health services</li> <li>~ Alternative sources of mental health support</li> </ul>
<b>Negative Outcomes</b>	<p><b><i>Mental Health Status of Residents</i></b></p> <ul style="list-style-type: none"> <li>~ Anxiety, fear, uncertainty, depression linked to economic situation</li> <li>~ Family tensions, breakdown and violence</li> <li>~ Addictions to alcohol, drugs and gambling</li> </ul> <p><b><i>Communal Inaction</i></b></p> <ul style="list-style-type: none"> <li>~ Failure to act in response to community problems</li> </ul> <p><b><i>Lack of Coordination of Community Organizations</i></b></p> <ul style="list-style-type: none"> <li>~ Need for community organizations to collaborate</li> </ul>

Economic disadvantage and unemployment were prevalent risk factors or challenges cited by community members. These risk factors reflect indicators of risk identified in the literature on healthy communities; specifically, the proportion of the population living below the low-income cut-off point, of welfare recipients (Health Canada, 1993), and of people using food banks and related services (Healthy Cities Toronto, 1994). Cultural barriers and divisions were evident only in the Acadian communities. Educational disadvantage was a problem primarily for displaced fishers. Some residents referred to environmental disasters, such as explosions and storms, but most focused on the fishery crisis. Geographic and social isolation posed barriers for newcomers and people without transportation. Communal apathy and anger were evident in the tendency to blame forces external and internal to the community, and expressions of powerlessness and resentment. Hancock (1993) notes that communities may not accept their responsibility or role in promoting health when other levels of government are responsible for providing services. Kenkel (1986) identifies other pertinent risks prevalent in small communities: little access to people modelling diverse ways of coping; collective denial of a problem; and rapid changes associated with “boom” and “bust” communities.

Clearly, many of the economic problems and unemployment experienced by these three communities were environmental in nature. Thus, some risk factors were beyond the control of the community and its residents. Our study focused exclusively on resiliency at the community level. Various levels of the external environment – regional, provincial, national (Stokols, 1992) – must



also be considered. Checkoway and Zimmerman (1992) note other factors which contribute to the deterioration of community conditions: changes in the national or global economy and employment patterns; shifts in class composition and social structure; reductions in public expenditures; and disinvestment of private institutions from neighbourhoods to other locations outside the community. Although questions related to risk and protective factors at levels beyond the community (e.g., provincial, federal) were not asked, participants often reflected on the influences of factors beyond the community. To illustrate, the changes in TAGS and Employment Insurance schemes had major impact on these Atlantic communities. Consequently, there is a need to recognize the environmental context and not to “blame the victim.”

Social support from family and friends, the community as a whole, local volunteer organizations, churches and service organizations were considered protective factors or strengths in all three communities. These factors are reinforced in the literature. Garbarino et al. (1992) refer to the importance to communities of cohesiveness, continuity in neighbourhoods, strong informal supportive networks, open supportive educational climate, and moral development through political, educational and religious institutions. The significance of public resources supporting the work of community organizations has also been noted (Healthy Cities Toronto, 1994). Resilient communities are characterized by the presence of community leaders who build cooperative and collaborative approaches and work with a supported network of community development organizations, self-help groups and advocacy groups (National Forum on Health, 1997, p.17).

There was evidence that the communities were moving toward positive attitudes and coping, depicted in entrepreneurship, retraining and optimism. Examples of communal coping in all three communities reflected collective solutions to shared problems. When one or more persons perceive a stressor as “our” problem (a social appraisal), rather than “my” or “your” problem (an individualistic appraisal), communal coping can occur (Lyons et al., 1995). A resilient community is likely to have a significant number of people with a communal coping orientation. Communities may be thought of as resilient when they respond to crisis or adversity in a way that strengthens the community, its resources and its capacity to cope (Reid et al., in press). When confronted with adversity, resilient communities can pull together and effect desired change, such as creating jobs. “This kind of civic cooperation facilitates social reintegration, counters social isolation, and helps deal with upheavals in the economy”(National Forum on Health, p.17).

The findings reveal that some aspects of community life, such as culture, can serve as risk or protective factors. Cultural barriers and divisions around language issues within communities were designated risk factors, while shared cultural traits and traditional customs and language were classified as protective factors (see Table 1).

Two concepts in the literature could guide the identification of resilient outcomes at the community level – *competent community* and *healthy community*. Competence is associated with behavioural outcomes. Iscoe (1974) describes the competent community as “one that utilizes, develops, or otherwise obtains resources, including ... the fuller development of the resources of the human beings in the community itself” (p. 608). Variables reflecting community competency include commitment to the community, perceptions of identity, management of relations with the wider society, and mechanisms for facilitating participant interaction and decision making (Eng & Parker, 1994). Public/community participation was evident in voluntarism and recreational activities, but less in school and public meetings. Community sustainability, like community capacity, emphasizes community involvement in meeting its needs and dealing with issues, and uses community members’ skills in problem solving (Kulig & Hanson, 1996). Community development organizations were surviving despite risk. Community development addresses problems and solutions from a systemic, rather than an individualistic perspective. Social and economic development (Brown, 1994), education, political involvement and community action are

encompassed in the community development process (Casey, 1994). Previous experiences with community development may contribute to a community's resilience in dealing with subsequent adversity. The sense of community and community connectedness (linked to shared history, values and cultural traits, social traditions, involvement in church organizations, the small size of the communities and communal trust) may also foster competence.

English and Hicks (1992) define a healthy community as "a system which promotes its own growth, development and health...has people who strive for physical, mental and spiritual health for all, and recognizes the impact of community decision making on the health of the inhabitants and the habitat" (p. 63). These communities reported good physical health and increased evidence of health promotion programs and healthy behaviours as resilient outcomes. Most community representatives were satisfied with formal health care services. However, emotional and behavioural health problems – depression, family tensions, addictions, etc. – were viewed to be problematic and were attributed to the economic and employment situation. Indicators of community risk may include community members' behaviour or lifestyle (e.g., amount of alcohol consumption) and the proportion of the population showing a high level of psychological distress (Health Canada, 1993). Despite these insights from the healthy community literature, there are differences that must be taken into account in applying healthy community indicators to community resilience; the concept of community resiliency implies communities that are distinctly at risk, which is not true of the healthy community concept.

It was remarkable that the vast majority of risk factors, protective factors and resilient outcomes cited by participants were similar across the three communities. The few exceptions pertained to local services, to differences created by culture in the Acadian communities and to differing levels of cooperation among local organizations.

## **Comparison of Community and Individual Resilience**

Behavioural competence and social competence despite risk are frequently noted as resilient outcomes for individuals. Other indicators of positive adjustment (Luthar, 1993; Staudinger, Marsiske & Baltes, 1993) include emotional health and physical health. Just as the notion of resilient outcomes at the community level has links with the concepts of community competence and healthy community, community protective factors seem to be related to a number of individual level concepts.

The concepts of social support, empowerment and coping which are related to individual resilience can be extrapolated and expanded to the community level to become community support, community empowerment and communal coping. These three concepts were designated as three broad categories of community protective factors (Figure 1). Protective factors for individuals – educational attainment, supportive relationships and positive school environments (Conrad & Hammen, 1993; Egeland, Carlson & Sroufe, 1993) – were evident at the community level in the positive educational services and support from community organizations. Finally, support-seeking, problem-solving skills, planning for future events and positive expectations of the future are protective factors which pertain to both individuals and communities. In contrast, sense of community and community connectedness can be differentiated from self-esteem and self-efficacy – protective factors for individuals – in that they reflect collective interdependence rather than individual independence.

Individual risk factors include low socioeconomic status, transitions, minority racial status (Egeland, Carlson & Sroufe, 1993; Luthar, 1993; Baldwin, Baldwin & Cole, 1990), and poor neighbourhoods (Luthar, 1993). According to this study, poverty and cultural barriers are significant risk factors not only in individual resilience but in community resilience.

Community resilience may be directly related to the level of community empowerment, or sense of control over its policies and choices. Empowerment – a reflection of perceived control – was particularly evident in community involvement and participation, communal coping and action, and community development initiatives in these communities. In contrast, communal apathy and inaction experienced by some residents point to perceived powerlessness of some sectors. Despite the neglect of empowerment in the resilience literature which focuses on individuals, it is relevant to perceived competence. Wallerstein (1992) defines empowerment as “a social action process that promotes participation of people, organizations, and communities toward goals of increased individual and community control, political efficacy, improved quality of community life, and social justice.” Experiencing the benefits of change brought about by their own hands instills citizens, community groups and communities with feelings of confidence and competence (Gottlieb, 1982). When a community moves through the process of resiliency, it becomes more successful at mastering adversity and change (Kulig & Hanson, 1996).

In a report of our earlier study on individual resilience (Mangham, McGrath, Reid & Stewart, 1995), we proposed that several factors appear to contribute to resiliency in communities: mutual support, collective expectations of success in meeting challenges, high levels of community participation, organizing cooperatively, working hard voluntarily, egalitarian treatment of community members and optimism. The findings from this study confirm these speculations.

## **Methodological Issues**

Triangulation in the three data collection strategies contributed to the richness and breadth of the data. The individual interviews elicited more in-depth, detailed information, while participants in the group interviews responded to each other's comments and expanded on their ideas to yield a broader perspective. Some groups focused on the needs and perspectives of particular populations, thereby revealing perspectives of community residents across the life span and in different employment situations. The observations, derived primarily from media accounts and reports of meetings, supplemented and reinforced the themes which emerged in the interviews.

This was a cross-sectional study which is a suitable strategy when a phenomenon has not been described before. In the future, longitudinal research could trace changes over time in risk factors, protective factors and resilient outcomes at the community level. These may vary depending on evolving environmental circumstances and developing resources. It is unclear how the various risk factors, protective factors and outcomes are related with a cross-sectional design. In order to determine if the risk factors cited caused the negative outcomes in these communities and if the protective factors identified would decrease the effects of these risks, a prospective study is needed.

There were several advantages and disadvantages associated with using community-based coordinators. These coordinators were intimately familiar with their own communities and could conduct the observations of community events, meetings and reports with ease. Furthermore, their credibility as “insiders” enabled them to recruit participants for the individual and group interviews. It was helpful for these coordinators to have the assistance of on-site advisors through the research team members and the local advisory group. Finally, the use of

indigenous research staff is congruent with premises of participatory research. Nevertheless, it became clear that these coordinators, selected by their community advisory boards, had not previously had the opportunity to be formally trained in interviewing skills in their educational programs or to conduct interviews. The transcripts from some of the earlier interviews indicated that, despite training, coordinators used the guide item-by-item rather than with adequate probing to elicit the required information. Therefore, the team held teleconference meetings with the community coordinators to discuss appropriate use of the guide and the Project Coordinator provided ongoing guidance and feedback. Furthermore, the team agreed that the Project Coordinator should conduct some of the focus group interviews in each community with the community coordinator, in order to provide on-site feedback and serve as a role model. In a future study, it might be preferable to use local coordinators for recruitment, scheduling of interviews and observations and to employ skilled/trained interviewers (research assistants) for conducting the individual and group interviews. Our collaborators in Alberta used this approach (Kulig, 1996; Brown & Kulig, 1997).

## **Implications for Health Promotion**

Economic status, meaningful employment and social support are viewed to be key determinants of health in recent Canadian documents on population health (e.g., National Forum on Health, 1996). These determinants were emphasized in the interviews and observations. Accessibility, supportive environments, coping and public participation – premises of the Canadian health promotion framework (Epp, 1986) – were prevalent issues in these communities. This study of community resilience reinforced the significance of support and of coping at the aggregate level evident in support organizations, community connectedness and communal coping. There was evidence of empowerment – an important ingredient of health promotion – and of the positive impact of health promotion programs on healthy behaviours of residents. The greater importance attached to health determinants (e.g., economy, culture) than to health care services is also noteworthy in light of the directions recommended by the National Forum on Health (1997).

Social ecological models of health promotion consider the interactive effects of the individual and the environment. Health promotion interventions should therefore be multifactorial and target protective factors at all levels – community, provincial and national (Weissberg, Caplan & Harwood, 1991; Winkleby, 1994). “To achieve resilience, a community must foster its own growth and development and value public participation in decision making while developing and using resources within and outside its limits” (National Forum on Health, p.17). The links between resiliency and health promotion are further explicated in a paper on resiliency and its implications for health promotion (Reid et al., 1995).

As protective factors may influence resilient outcomes, it is important to capitalize on community strengths and to enhance social support, voluntarism, communal coping, and community connectedness. Community development initiatives should be supported and community organizations should be encouraged to engage in greater outreach to involve more residents. In conclusion, this study revealed that despite considerable risk in terms of employment and the economy, these communities displayed remarkable resilience and expressed guarded optimism about the future.

# RECOMMENDATIONS

---

## Caveats

- 1) The present study used a cross-sectional research design. Thus, we cannot be certain that our “protective factors” would actually have protective effects over time. A longitudinal design would be needed to test if the protective factors decrease the negative effects of risk over time.
- 2) The relationship between risk and protective factors and specific outcomes could not be determined in the present study. The present study identified a variety of risk and protective factors and outcomes. It cannot be determined if each of the risk and protective factors is related to each of the identified outcomes. There may, for example, be different sets of risk and protective factors for economic outcomes versus mental health outcomes.
- 3) The mechanisms by which risk and protective factors impact on outcomes was not examined in the present study. From the present study, we cannot state how factors such as communal coping actually work.
- 4) The present study focused on resiliency at the community level. Risk and protective factors at higher levels (e.g., provincial, federal) were not specifically examined. However, participants’ comments frequently referred to the impact of broader systems on the community. Some suggestions listed are based on these data. However, additional research examining resiliency at multiple levels of analysis is needed.

The above caveats limit the ability to draw implications and recommendations related to policy and programming from our data. Thus, the following ideas are termed suggestions.

Additional research in the area of community resiliency is required. Combining research with some of the programming and policy suggestions may serve to both enhance our conceptual understanding of resiliency and strengthen communities.

## Research

- 1) Longitudinal research studies on community resiliency should be conducted. The present study can be used as a framework to provide ideas for more detailed studies that examine resiliency in communities over time.
- 2) Research projects should be developed and conducted in collaboration with the community. There is a need for proactive research that involves grass-roots participation beginning at the design stage to ensure that locally identified community needs are served. The research should be designed to leave something in the community (e.g., enhanced skills).
- 3) Improved methodologies for the measurement of community-level variables are required. The quality of any research project is limited by the quality of its measurement. Measurement of risk, protective factors and outcomes at the community level has rarely been undertaken. Both quantitative and qualitative methodologies should be used.
- 4) Future research should take into account information from existing databases. Demographic characteristics of communities, such as employment figures, economic status, health status and health behaviours will contribute to an understanding of community resiliency.
- 5) Resiliency related to specific outcomes should be examined. Identification of the risk and protective factors that relate to specific types of outcomes would enhance the ability to develop targeted interventions. Further, if a common core of risk and protective factors that predict a number of different outcomes can be identified, it may be possible to develop interventions that impact on multiple outcomes simultaneously.
- 6) The risk and protective mechanisms should be identified. Understanding how risk and protective factors operate is critical. This understanding can be used to develop models of how communities adapt and change in response to adversity. In addition, the interrelationship of outcomes needs to be investigated.
- 7) A method of developing community profiles is needed. This might involve mapping capacities/skills, in particular, population sub-groups such as youth, to explore how these support or complement community resilience.
- 8) The links among individual, family and community resiliency need to be explored. Is a community with attributes which contribute to the resiliency of individuals likely to be a resilient community? Do increases in family tension, breakdown and violence have a negative impact on community resiliency?
- 9) Changes in communal coping strategies used in the context of changing stressors in the community should be explored.

## Policy And Programs

- 1) Programs that invest in community development should be created or enhanced. Ongoing programs aimed at enhancing protective factors are likely to be the most effective means of community development.
- 2) Community programs should involve joint partnerships between community and external agencies. Communities at risk likely require additional skills and resources. External agencies can assist communities by providing the training and other resources required to build skills within the community.
- 3) The effectiveness of community programs aimed at fostering resiliency should be evaluated. The evaluation process documents program success and identifies areas for improvement. The direct and indirect results of community programs should be examined.
- 4) Mechanisms to help communities learn from each other should be developed. Results from pilot studies and information about model communities must be disseminated effectively.
- 5) The impact of community development organizations can be maximized through provision of stable funding or long-term strategic funding plans. The community development process often takes years to implement. Efforts can be seriously hampered by short-term funding, or by changes in the political landscape which result in policy shifts with regard to community development and its funding.
- 6) In order to foster self-sufficiency, flexibility is needed in the design and administration of community development initiatives. Programs should be designed to maximize a community's ability to provide for itself. Despite common problems, communities have unique resources and histories. A "one size fits all" approach to regional development does not acknowledge differences in strengths and challenges among local communities.  
  
Methods of administering program funds may serve to increase dependence and impair a community's ability to mobilize its resources. Program funding is likely best administered through external (e.g., provincial, federal) guidelines with sufficient flexibility to allow implementation procedures that fit the needs of individual communities.
- 7) Established community organizations/groups are likely the best choice for developing and administering new programs. Communities are readily able to identify which organizations provide leadership in key areas within the community. New programs should capitalize on the skills and resources of existing organizations.
- 8) Community participation should be enhanced through support for leadership and human resource development. Broad-based participation in the resolution of community problems is needed. Volunteers play a key protective role within communities, but low levels of participation and/or the limited availability of qualified personnel leads to burnout and limits access to skills of individuals who are not involved.
- 9) Programs that foster integration of new members into the community should be developed. Communities need to access all available human resources to meet their needs. Exclusion of new members cuts off access to new ideas and resources. In addition, feelings of exclusion impair the adjustment of new community members.

- 10) Interorganizational cooperation and collaboration should be enhanced. Programs are needed to equip community organizations with additional skills in policy development and conflict resolution.
- 11) A recommitment to extension and adult education agencies is needed. Poor education limits the abilities of community members to acquire requisite new skills to address community problems. It also creates feelings of inadequacy that impair individuals' use of existing skills. These agencies can provide essential third-party assistance to volunteer organizations in the planning and skill development needed to address community challenges.
- 12) Entrepreneurial initiatives and community-generated opportunities should be encouraged both within and from outside the community. Our study showed the indication of economic growth and entrepreneurship to be the outcome most highly rated by participants.
- 13) Mechanisms for community self-promotion should be developed. Communities may have multiple strengths but fail to promote these attributes. Self-promotion skills can foster economic development and enhance community pride.
- 14) Community pride should be enhanced. Community pride appears to energize various programming initiatives. Physical projects seem to be one method of enhancing community pride. Our study suggests that construction projects (e.g., community centre, board-walk) can provide a focal point for community support and facilitate the process of community cooperation.
- 15) Cultural heritage programs should be maintained or strengthened. Community celebrations of culture bind people together and contribute to the protective factor of community connectedness and identity. Art and music programs in the public schools provide a foundation for cultural appreciation and need to be supported.
- 16) Social support mechanisms need to be strengthened and expanded. Social support is a key protective factor for communities. Formal and informal social support should be enhanced. Social action organizations should be helped to move beyond a charity focus to address systemic reasons for community problems such as poverty and family breakdown.



# REFERENCES

---

- BALDWIN, A.L., BALDWIN, C. & COLE, R.E. (1990). Stress-Resilient Families and Stress-Resilient Children. In J. Rolf, A. Masten, D. Cicchetti, K. Neuchterlein & S. Weintraub (eds.), *Risk and Protective Factors in the Development of Psychopathology* (pp. 257-280). Cambridge: Cambridge University Press.
- BROWN, I. (1994). Defining our Terms: Community Development and Public Health. *Health Visitor*, 67(10), 353-354.
- BROWN, D. & KULIG, J. (1997). The Concept of Resiliency: Theoretical Lessons from Community Research.
- CASEY, L. (1994). Community Development: A Framework for Analysis. Unpublished Report of Clinical Experience in Community Health. Nova Scotia.
- CHECKOWAY, B. & ZIMMERMAN, M.A. (1992). Correlates of Participation in Neighborhood Organizations. *Organizational Change and Development*, 16(3-4), 45-64.
- CONRAD, M. & HAMMEN, C. (1993). Protective and Risk Factors in High and Low Risk Children: A Comparison of Children with Unipolar, Bipolar, Medically Ill, and Normal Mothers. *Development and Psychopathology*, 5, 593-607.
- COWEN, E.L. (1991). In Pursuit of Wellness. *American Psychology*, 46(4), 404-408.
- EGELAND, B., CARLSON, E. & SROUFE, L.A. (1993). Resilience as a Process. *Development and Psychopathology*, 5, 517-528.
- ENG, E. & PARKER, E. (1994). Measuring Community Competence in the Mississippi Delta: The Interface Between Program Evaluation and Empowerment. *Health Education Quarterly*, 21, 199-220.
- ENGLISH, J.C.B., & HICKS, B.C. (1992). A System-in-Transition Paradigm for Healthy Communities. *Canadian Journal of Public Health*, 83(1), 65.
- EPP, J. (1986). *Achieving Health for All: A Framework for Health Promotion*. Ottawa: Health & Welfare Canada.
- GARBARINO, J., DUBROW, N., KOSTELNY, K., & PARDO, C. (1992). Resilience and Coping in Children at Risk. In J. Garbarino, N. Dubrow, K. Kostelny & C. Pardo, *Children in Danger: Coping with the Consequence of Community Violence* (pp. 100-114). San Francisco: Jossey-Bass.
- GOTTLIEB, B.H. (1982). Mutual Help Groups: Members' Views of their Benefits and of Roles for Professionals. *Prevention in Human Services*, 1, 55-67.
- HANCOCK, T. (1993). The Evolution, Impact and Significance of the Healthy Cities/Healthy Communities Movement. *Journal of Public Health Policy*, 14(1), 5-18.

- HEALTH CANADA (1993). *User's Guide to 40 Community Health Indicators*. Ottawa: Health Services and Promotion Branch.
- HEALTHY CITIES TORONTO (July 1994). *A Strategy for Developing Healthy City Indicators*.
- HOROWITZ, F.D. (1987). *Exploring Developmental Theories: Toward a Structural/Behavioural Model of Development*. New Jersey: Erlbaum
- ISCOE, I. (1974). Community Psychology and the Competent Community. *American Psychologist*, 29, 607-613.
- KENKEL, M.B. (1986). Stress-Coping-Support in Rural Communities: A Model for Primary Prevention. *American Journal of Community Psychology*, 14, 457-478.
- KULIG, J. (1996). Surviving and Thriving: Resiliency in the Crowsnest Pass, Lethbridge, Alberta: Regional Centre for Health Promotion and Community Studies.
- KULIG, J. & HANSON, L. (1996). Discussion and Expansion of the Concept of Resiliency: Summary of a Think Tank. Regional Centre for Health Promotion and Community Studies, University of Lethbridge. Lethbridge, Alberta.
- LUTHAR, S.S. (1993). Annotation: Methodological and conceptual issues on research on childhood resilience. *Pediatric Annals*, 20(9), 501-506.
- LYONS, R.F., MICKELSON, K.D., SULLIVAN, M.J. & COINE, J.C. (1997, in review). Coping as a communal process. Submitted to *American Psychologist*.
- MCCUBBIN, M.A., MCCUBBIN, H.I. (1993). Families coping with illness: The resiliency model of family stress, adjustment, and adaptation. In C.B. Danielson, B. Hamel-Bissell, & P. Winstead-Fry, *Health and illness: Perspectives on coping and intervention* pp. 21-61). St. Louis: Mosby.
- MANGHA, C., REID, G., MCGRATH, P. & STEWART, M. (1995). *Resiliency: Relevance to health promotion*. Discussion paper submitted to Alcohol and Other Drugs Unit, Health Canada.
- NATIONAL FORUM ON HEALTH (1996). What determines health? Summaries of a series of papers on the Determinants of Health commissioned by the National Forum on Health. Ottawa.
- NATIONAL FORUM ON HEALTH (1997). *Canada health action: Building on the legacy*. Ottawa: Author.
- PEARLIN, L. (1985). Social structure and processes of social support. In S. Cohen & S.L. Syme (eds.), *Social Support and Health* (pp. 43-60). Orlando, FL: Academic Press.
- REID, G., STEWART, M., MANGHAM, C. & MCGRATH, P. (1995) Resilience: Relevance to health promotion. *Health and Canadian Society*.
- STAUDINGER, U.M., MARSISKE, M. & BALTES, P.B. (1993). Resilience and levels of reserve capacity in later adulthood: Perspectives from life-span theory. *Development and Psychopathology*, 5, 541-566.
- STEWART, M. (1985). Systematic community health assessment. (M. Stewart et al., eds.) *Community Health Nursing in Canada* (pp. 363-377). Toronto: Gage Publishing Ltd.

- STEWART, M.J. (1993). *Integrating social support in nursing*. Newbury Park, CA: Sage Publications.
- STOKOLS, D. (1992). Establishing and maintaining healthy environments: Toward social ecology of health promotion. *American Psychologist*, 47(1), 6-22.
- THOITS, P.A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology*, 54(4), 416-423.
- WALLERSTEIN, N. (1992). Powerlessness, empowerment, and health: Implications for health promotion programs. *American Journal of Health Promotion*, 6(3), 197-205.
- WEISSBERG, R.P., CAPLAN, M. & HARWOOD, R.L. (1991). Promoting competent young people in competence-enhancing environments: A systems-based perspective on primary prevention. *Journal of Consultant Clinical Psychology*, 59, 830-841.
- WINKLEBY, M.A. (1994). The future of community-based cardiovascular disease intervention studies. *American Journal of Public Health*, 87, 1369-1372.
- WORLD HEALTH ORGANIZATION (1991). Community involvement in health development: Challenging health services. Report of a WHO study group. *World Health Organization: Technical Report Services*, 809, i-iv, 1-56.

# APPENDICES

# APPENDIX A

---

## **SUMMARY SURVIVING AND THRIVING: RESILIENCY IN THE CROWSNEST PASS**

This report discusses a study conducted in the Crowsnest Pass which attempted to understand why the “Pass” had “survived and thrived”, or been resilient. The research was conducted as part of a parallel study between the Atlantic Health Promotion Research Centre and the Regional Centre for Health Promotion and Community Studies. The Pass was chosen for the study because of its unique history that includes a number of natural disasters (mountain slides, floods and windstorms), a boom and bust economy largely dependent upon the coal mining industry, and a large multicultural population. Two local residents were hired as community coordinators, while another was hired as secretary/transcriber. The community coordinators were responsible for advertising the study and helping to locate individuals for the interviews. The secretary/transcriber was responsible for typing all the meeting notes and taped interviews. The investigators of the study met with the local personnel throughout the study and supervised the research assistants who did the individual and group interviews.

In total, 114 residents were interviewed; there were 58 women and 56 men in the sample, ranging in age from 18 to 87. A question guide was used to generate information about things such as voluntarism, challenges to living in the community, and issues that divided or brought the community together. All of the individuals were required to sign consents and were assured that their answers and identities were confidential. The information collected was analyzed by using a computer software program.

The results showed that there are specific challenges to living in the Pass that mainly focus around employment concerns. Community participation, including voluntarism, appears to remain high, but may be decreasing as shift schedules for the miners have changed, and more women work outside the home. There are great concerns about decision making and leadership with a belief that more community members need to be included in creating change in the Pass. There are several community issues, including the continual concerns over the amalgamation of the Pass from a series of small towns into a municipality, tourism and the influx of outsiders. The greatest community needs were seen as creating a diversified economic base and increasing mental health services.

Within the Pass, the unique history combined with the number of disasters (both natural and human-made), the geographic isolation and the presence of a number of multicultural groups have led to the creation of shared values and a shared sense of history. This process, combined with the community's recognizing and solving problems, has also led to the development of nine distinct features, such as a sense of belonging and community togetherness, that have allowed the Pass to survive and thrive or be resilient. However, there is also the potential for this community to get "stuck," or not make progress, if it cannot resolve some of the issues with which it is currently dealing. To prevent this from occurring, there are a number of recommendations suggested, including the need to develop a plan for the future of the Pass which addresses tourism and involve community members in this process.

# APPENDIX B

---

## QUESTION GUIDE FOR INTERVIEWS AND FOCUS GROUPS

**NOTE:** Where appropriate, questions may be altered to reflect local terminology or circumstances.

During this interview, I will be asking you to talk about your community. What do you see as “your community”? (What geographic boundaries? Village, area, region?)

### **I. RISK FACTORS**

#### **Introduction**

In the first set of questions, I will ask you to talk about problems that affect people in your community...things like opportunities for jobs or education, and whether people get along well with each other. First, I want to find out how you feel in general, and then I will ask some questions about specific problems.

#### ***General Risk Factors***

- 1) What is tough/hard about living in Isle Madame/Cheticamp/Dildo these days?

#### ***Economic Disadvantage***

- 1) What are the obstacles/challenges to making a living in this community?

*Probes:* Describe any problems that your community has with

- lack of economic diversity
- seasonal industries

- 2) Let’s talk about whether unemployment is a problem for this community.

*Probes:* Describe any problems that your community has with

- high levels of unemployment
- “people problems” resulting from unemployment (e.g., low morale, high levels of stress, drinking, abuse, crime, grown children remaining at home)

- 3) Describe the financial problems faced by people in this community.

*Probes:* Describe any problems that your community has with

- high levels of poverty

- high numbers of welfare recipients and recipients of other forms of social assistance
  - high numbers of people using food banks
  - poor housing
- 4) Tell me about any changes in the local economy and employment levels over recent years.

### ***Educational Disadvantage***

- 1) Are low levels of education and literacy a problem for many residents? If so, please describe.
- 2) Have people in this community had enough opportunities for education?

*Probes:* Describe any problems that your community has with

- lack of access to educational resources: preschool, post-secondary, special education, continuing education
- difficulty in attracting teachers to rural areas

### ***Cultural Barriers***

- 1) Please discuss whether people from the different cultures or ethnic groups in this community “get along.” Is this a challenge?

*Probes:* Describe any problems that your community has with

- prejudice
- cultural isolation of certain groups
- loss of cultural identity

### ***Isolation***

- 1) Do you think people in this community feel isolated? In what ways?

*Probes:* Describe any problems that your community has with

- feelings of isolation from other communities in Nova Scotia/Newfoundland
- young people, families moving away from the community
- the proportion of community residents who live alone
- the community being closed to newcomers

### ***Disasters***

- 1) Tell me about any disasters or tragedies that the community has faced in recent years.

*Probes:* Describe any problems that your community has had with

- natural disasters (e.g., flood, tragedy at sea)
- human-made disasters (e.g., closure of a major local industry)



## **General Risk Factors**

Are there any other problems faced by this community that we haven't talked about so far? What are they?

Let's talk now about the community's reactions to the difficulties or disasters we have been talking about. Please describe how the community deals with such problems.

**Note:** Responses may be negative, positive, or both. Record positive responses as noted below.

### **Negative responses:**

Probe for:

#### **Communal Apathy**

*Probes:* Describe any problems that your community has with

- political impotence/powerlessness
- blaming others for community problems
- passivity - community failure to assume responsibility for dealing with problems
- negativity

#### **Communal Anger**

1) Is there anger/frustration in the community? How is it expressed?

*Probes:* Describe any problems that your community has with

- community rivalries and divisions
- 2) Describe the levels of violence/crime in this community.

### **Positive responses**

Reactions of community support, coping and action should be recorded here. You can refer to them again with the participant as you lead into the next set of questions about Protective Factors.

## **II. PROTECTIVE FACTORS**

### **Introduction**

(You have already mentioned some positive ways that people in this community react to difficulties or disasters.) Now I would like to talk some more with you about how people in your community work together, and the ways, if any, in which they support each other and are involved in things like decision making. I will ask you broad questions first, followed by questions that ask for more detail.

### ***Lay Support***

To what extent do people in this community feel a sense of support from friends, family, neighbours or other community members?

*Probe:* Describe some specific examples of neighbours helping others, community social events, sense of camaraderie.

### ***Communal Coping***

Please describe some other ways you see people in this community pulling together to cope with problems in the community.

*Probes:*

- Around what problems do you see people rallying?
- Can you think of examples of community members working collaboratively in response to a problem?

### ***General Protective Factors***

- 1) What are some things about this community that help people cope with these hard times?

*Probes:*

- Can you describe any particular things that hold the community together? For example, any important traditions?
- Examples of ways the community has survived or thrived?

### ***Community Connectedness (Outcome Variable)***

Would you say that people in the community trust each other? If so, describe why you believe this. If not, why?

## ***Professional Support***

Now I'd like you to talk about whether community members have access to needed services.

1. Let's begin with social services.
  - Describe services available
  - Has access to needed services changed in any way in recent years?
2. Education and training
  - Describe services available
  - Has access to needed services changed in any way in recent years?
3. Health
  - Describe services available
  - Has access to needed services changed in any way in recent years?

(Outcomes Variables under Physical Health):

- How adequate do you feel these health services are?
- What needs to be improved?

Now I will ask you some questions about how people are involved with the community and in promoting its well-being. First, I will ask you how the population as a whole supports community events. Then I will ask about how individuals get involved with the community.

## ***Community Participation (Outcome Variable)***

Thinking about participation in community activities or events...

- 1) Describe the participation in community recreational, sporting or artistic activities.
- 2) Describe the participation in school/public meetings.
- 3) How has community participation changed in recent years?

## ***Public Participation***

- 1) How are community members involved in shaping the future of the community?

*Probes:*

- How do citizens have input into decision making?
- Is their input welcomed? Encouraged?
- To what extent are citizens involved in activities to promote the well-being of the community?

## ***Communal Responsibility/Action***

Thinking now about individuals...

- 1) What are some of the specific ways that community residents volunteer their time?
- 2) What would you say the level of voluntarism is in this community? Any changes in the level of voluntarism in recent years?
- 3) Do volunteers come from different backgrounds in terms of, say, age or sex?
- 4) What types of self-help/mutual aid organizations are there in this community (e.g., support groups, parenting groups)?
- 5) Have self-help initiatives tended to be locally created and developed, or have they been initiated by others outside the community? Describe one example.
- 6) How do groups in the community manage problems associated with change? (What happens when there are different opinions?) Do people
  - avoid each other
  - try to reach consensus
  - talk it through
  - let it pass
  - argue and fight
  - gossip

## ***Communal Support***

- 1) How do the various organizations and agencies in this community work together locally? Regionally?

*Probes:*

- How well do they communicate?
- Tell me about any “turf battles” that occur.

# **III. OUTCOME VARIABLES**

## **Introduction**

Now I would like to get some of your thoughts and feelings about the quality of different aspects of your community. First, I want to find how you feel in general and then I will ask some questions about specific areas of the community.

### ***Community Tone/Quality of Life***

- 1) What would indicate to you that your community was doing well?
- 2) To what extent are your comments a description of your community today?
- 3) When you are out walking, shopping or at community events, how would you describe the mood of people?

*Probe for happy, sad, angry, optimistic/pessimistic*

### ***Environment***

- 1) Describe any problems your community has with the physical environment...things like pollution, waste management.

*Other probes:*

- green space
- water quality
- air quality
- soil quality
- sewage treatment
- cleanliness

[If necessary, ask:] What is happening about these problems?

### ***Infrastructure/Transportation***

- 1) Describe any problems your community has with things like roads, sewers, transportation.

*Other probes:*

- traffic congestion
- private/public transportation
- telecommunications
- electricity/utilities
- wharfs/docks/ports
- railway
- shopping areas

[If necessary, ask:] What is happening about these problems?

## ***Mental Health***

- 1) a: Do you think that many people in this community have emotional/behavioural (family or personal) problems?

b: Describe what types of emotional/behavioural problems people have.

*Probes:* Describe any problems your community has with

- suicide
- depression/anxiety
- family breakdown
- family violence
- sexual/physical abuse
- alcoholism

c: To what extent is substance abuse a problem in this community? gambling?

- 2) Describe the services that are available for people with emotional or behavioural problems.

*Probes:*

- Describe the services available for specific population groups: youth, seniors, women, etc.

- 3) How adequate do you feel these services are?

- 4) What could be done in your community to improve services for people with emotional or behavioural problems?

## ***Physical Health***

- 1) Tell me about the physical health of people in this community.

*Probes:* Describe any problems your community has with

- rates of premature death, perinatal mortality, infant mortality
- disability, disease, chronic illness

## ***Health Behaviours***

- 1) Describe the things that people in this community do to keep themselves healthy.

*Probes:* Describe any problems your community has with

- nutritious food consumption
- participation in physical/sports activity
- smoking rates
- drinking rates
- seatbelt/helmet use
- safe sexual behaviours

- 2) What types of things happen in this community that encourage people to keep healthy?

*Probes:*

- community health fairs
  - primary health care projects
  - smoking restrictions
- 3) What needs to be improved?

Let's talk now about the local development groups.

### ***Community Development Agencies***

- 1) What do you know about your local development organizations?

### ***For individuals:***

- 2) What is your opinion about the effectiveness of the local development groups?

### ***For focus groups or individual members of development organizations (3 questions):***

- 2) a: What goals and priorities does this community have?  
b: Are the ways and means to implement these goals agreed upon?
- 3) a: What long-term development plans are there within the community?  
b: How are these plans going to be implemented?
- 4) What is your opinion about the effectiveness of local development groups in carrying out plans and reaching goals?

Two final questions: Out of all the things we have talked about,

- 1) What are the three greatest needs of this community in your view? (Risk Factors)
- 2) What are the most important indicators of success in your community?(Outcome Variables)

# APPENDIX C

---

## FOCUS GROUP QUESTION GUIDE

### Introduction

During this discussion, we will ask you to talk about the challenges this community faces, and the strengths it offers to deal with the challenges. In responding to the questions, we would like you to think about the community as a whole, and about how groups and organizations within the community work to shape its future.

### ***General Protective Factors***

1. What's good about living in \_\_\_\_\_ these days?

### ***Risk Factors***

2. What's tough/hard about living here these days?
3. What are the two/three greatest needs/challenges in your community right now?

### ***Protective Factors and Outcomes***

4. Overall, \_\_\_\_\_ has survived despite a lot of challenges. Why is this? What has made this happen?

*Probes:*

- In what specific ways are community members working together to meet these challenges?
  - What plans are there to address these needs?
  - How are/will these plans being/be implemented?
  - How effectively are community organizations communicating and interacting in response to these challenges?
5. Describe how groups and organizations in the community encourage the participation/input of community members in dealing with these challenges.

*Probe:*

- Is this something new, or has the community always been this way? Explain.



6. Beyond friends and family, what support systems or networks (formal or informal) are in place in this community to help people deal with the problems of these hard times? (e.g., support groups, self-help groups, advisory groups, neighbourhood networks)
7. What are the most important indicators of success in this community?

***General Tone/Perception of the Community***

8. To what extent does the community feel hopeful about the future?