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Rethinking Asset-Building and Community Development: A Community Analysis

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Abstract

Asset-based community development is instrumental in helping disorganized communities develop into sustainable environments for their citizens. The primary building blocks of community development are local assets, which include the skills of local residents, the power of local organizations and associations, and the supportive work of local institutions to form a cohesive structure protecting the community. To assess the assets of one community, we looked at the strengths of one organization that extols a mission to support the health and well-being of families within the community. This article provides a portrait of the identified community and supportive organization and offers key outcomes that speak to the strengths, challenges, opportunities and concerns the organization has as it supports and lends services to the citizens of the community.

Introduction

Asset-based community development (ABCD) (www.abcdinstitute.org) is a critical form of assessing the building blocks of a community to ensure sustainability. It aspires to identify human and social capital instrumental in resource acquisition and social connectivity through vital community asset-building. This article illustrates how ABCD was used in a community assessment and highlights an organization that uses community resources to be a strength for community linkages. Organizations can use this application to assess the strengths, challenges, opportunities and concerns facing a community's viability. It concludes with how the organization positions itself to be a vital leader in the identified community and collectively disseminate tangible and intangible resources to the community's citizens.

Literature Review

Disorganized communities and marginalized citizens have a common thread: lack of a prominent voice and knowledge of assets within the community [1, 2, 3]. Critical to asset-based community development is identifying assets that can be harnessed to sustain and promote a community, and the organizations or associations within [4]. Disorganized communities have assets; they just have not identified them and incorporated these assets into the fabric of the community [5].

Asset-based community development (ABCD) was developed by John McKnight and Jody Kretzmann, who were instrumental in helping disorganized communities develop into sustainable environments for their citizens. The primary building blocks of community development are local assets. These local assets include the skills of local residents, the power of local organizations and associations, and the supportive work of local institutions that form a cohesive structure protecting the community [1, 2, 5, 6].

For those communities affected by racial and economic injustices, ABCD recognizes the skills and human capital of the community and citizenry, and the social capital sustaining them [5]. Power is also critical dynamic in ABCD as connecting citizens with social capital fuels resource appropriation and acquisition. Racial and economic injustice erodes linkages within the community and its connections to the greater society [1, 7, 8]. Even environmental injustices and lack of ideal environmental resources (i.e. clean water, optimal housing, and ideal sanitation) can isolate a community from the greater society and decrease their access to power and resources.

Government entities cannot be the only link for community resources. Private institutions are key to a community's sustainability. Private institutions are an economic driver to ensuring citizens have access to jobs and other assets. According to Gobar [5], "Having assets therefore is beneficial not only to the individual asset-holder, but also to the family [and] to the community at large" (p. 6). Private institutions promote human capital development. By developing human capital, individuals within communities increased their earning power and are less likely to live in poverty and can use resources to transform disorganized communities. Human capital and social capital are intertwined, enabling individuals within communities to amass assets (tangible and intangible) that have positive effects on well-being [5]. By accumulating assets, individuals within disorganized communities are able to move out of poverty and emerge beyond the limitations of government assistance.

It is the scourge of poverty that hampers depressed communities and its citizens. However, according to Sherraden (1991), "community-based asset building programs with financial education components

assist impoverished families to save for home ownership, education or micro-enterprise development" [5]. This dynamic is derived by the use of networks and cooperation. According to Gobar's [5] research citing Putnam (2000), when trust and social networks are present, "individuals, companies, neighborhoods and even nations prosper economically" (p. 9).

One community organization in a mid-size county has been tasked with addressing poverty, social isolation and domestic violence while addressing and serving pregnant and parenting families. Dutchess County Healthy Families (DCHF) is a key component serving four communities in Dutchess County, New York. The primary focus of their work is to:

> Reduce parenting stressors and prevent child abuse and neglect by promoting bonding and attachment between infants, young children and their parents.

DCHF provides free, voluntary home visits to meet this goal and its objectives to enhance overall child development. Families are recruited prenatally and can be served up to the time the target child is five years old or entering Kindergarten. This is achieved through the use of Family Assessment Workers and Family Support Workers who work within the context of the home to:

- Promote healthy pregnancies through engaged prenatal care;
- Connect families to services, post-partum; and,
- Enhance well-baby outcomes through breastfeeding education and training.

DCHF, in its commitment to broadening the scope of DCHF's outreach in the community, noticed minimal client involvement in the home-based services. It appeared as though client involvement was inconsistent with client involvement in the other three nearby communities. An asset-based assessment was requested by DCHF to explore and document resources and opportunities within the primary community that would enhance access and delivery of services for families and positively impact service outcomes in this community, and the well-being of families in the community. The research question fueling this inquiry is what are the assets of DCHF that contribute to the community's vitality.

Methodology

In February, 2011, an agreement was formed between DCHF and Adelphi University School of Social Work to complete a strengths-based community assessment to explore and document the needs and assets within the Town in relation to perinatal services provisions and access to resources. The process of inquiry required researchers to obtain interview data to identify assets within the community that could improve perinatal service delivery for families throughout the community.

In cooperation with DCHF, researchers from Adelphi University invited individuals to participate in the project and examine community members' knowledge of resources that promote pregnancy, delivery and infant/early childhood well-being within the community. No expenditures were made under this agreement, as it was a university service provided to the community of Hudson Valley and the DCHF organization. The information gathered by the research team helped them learn the community resources that would positively affect children's health and social and emotional development. Individuals were asked to participate in a survey interview.

This assessment is a qualitative exploration of community members' knowledge of DCHF and its programming and the likelihood of utilizing the programming to promote well-baby outcomes in and across the community. The project began in February, 2011 with collection of secondary data. Survey data collection from the community began immediately upon IRB approval in June, 2011. The data collection concluded in August, 2011. No more than 55 persons were selected for inclusion in this project. The adults were interviewed in their homes or in community venues to capture participants' perceptions of the assets within the community that would promote well-baby outcomes among vulnerable families in the community.

The characteristics of prospective participants were that they lived and/or worked in the community in Dutchess County, New York. The age range expected from the participants was 18 years and older. English may not have been a primary language for a few of the participants. Thus, participants who required Spanish translation received that translation. Most importantly, every effort was used to make certain participants felt valued and respected during the research process. Recruiting subjects for the project occurred through non-probability sampling. DCHF provided some contacts to be "invited" to participate in this project. These included members of DCHF's Advisory Board or their network of volunteers. Other invitees came from a roster of agencies and community groups, as well as organizations, businesses and residents within the Village or the Town.

The snowball technique was used until the N=55 occurred. The technique was used over other techniques because of the opportunity for potential participants to self-select into the project. It was the belief of the Field Research Team that potential participants recruited for this study may have a pre-existing investment in DCHF or in communities across the County, and would be more inclined to participate fully in the study and contribute their knowledge of community connections and assets to this exploration. It was understood that this technique would not survive rigorous testing and was prone to selection bias and sampling errors. However, it remained ideal because the study relies on "participant-driven" engagement and community development.

The exploration utilized interviews as a way to identify the assets and challenges within the community. The Field Research Team contacted potential subjects to determine their willingness to be involved in the study with a mailed invitation and phone call/email. Upon acceptance of the invitation through phone or email, participants received their consent forms, and a follow up call was made to set a date for their survey interviews with a member from the Field Research Team. Survey interviews are performed in person or over the phone. The surveys were not linked to an individual's name or identity. Information from the surveys was kept separate from the information obtained in the consent forms to ensure confidentiality. Upon completion of the survey interview, participants received a gift bag from DCHF.

Data Analysis

For the qualitative portion of the exploration, all qualitative data was entered into a MS Word file with a corresponding SPSS ID number. Coding of data used six members of the Research Team, who coded each reflection according to questions posed. After, the data were reviewed for emerging themes. These themes were:

1) potential funders
2) development of marketing staff
3) mobile transportation
4) domestic violence outreach
5) teen pregnancy supports
6) child abuse and neglect linkages
7) pre-natal training and family health literacy
8) pediatric linkages
9) parent support and outreach
10) substance abuse and perinatal mental health
11) housing issues

Using these themes, participants responses were clustered around key categories denoting community assets. These categories were:

1) Physical Health
2) Socio-Emotional Health/Mental Health
3) Parent Education
4) Early Childcare
5) Education Systems
6) Child Safety
7) Economic Security
8) Other Community Assets

There were thirty women and three men who participated in this project. Of the respondents, a majority self-identified as White, with 30 respondents stating the U.S. was their country of origin.

Results

The purpose of this strengths-based community assessment was to identify the assets within the community and acquire an asset-based portrait of avenues DCHF can utilize to increase its stature within the community. Following the principles and directives of the ABCD protocols, this study attempted to organize community linkages around a particular focus – perinatal health and early childhood development. *Perinatal health* refers to those months before the birth of a child, the labor and delivery of the child, and also the first 30 to 45 days following birth of the child, according to perinatal health advocates such as the March of Dimes. Perinatal services include pre-natal care and regular perinatal checkups; breastfeeding education; post-partum/ post-delivery parent information and support; and nutritional information and support whether the pregnancy is with or without known risks. Perinatal community health supports are the central focus of this exploration because of its theoretical and empirical relationships to family access to health care and social services, family health literacy, and optimal child development during the early childhood years [3].

General Portrait of the Village

In order to better understand the breadth of issues DCHF needed to address, the inquiry focused specifically on a Village in the community. The Village rests primarily along two route corridors. These thoroughfares maintain access to Main Street, and another route appears to house many local businesses who compete with the economic revitalization. The Village also has access to waterfalls and creeks, which serve as natural assets and amenities to residents and families. This is critical as many of these natural elements are housed along parks that provide venues for community recreation.

The Village is a densely populated area in Dutchess County. According to the 2010 U.S. Census [9], there are 5,522 persons living in the Village across a one-mile radius. Of this, 386 (7%) are under the age of five years and overall 1,214 (22%) are children under the age of 18 years. More than 50% of the population (51.7%) are women, and more than 760 persons (13.9%) are below the poverty threshold [10]. More than seventy percent of the population identifies as White, with a median household income listed as $49,000. By 2010, the population rose 12% from 2000 [9]. According to key informants leading the Village, the community is viewed as a community of stable, middle income households with more than a third of the population owning homes. This is an important profile for DCHF as it offers a clearer portrait of potential clients and the degree to which socio-economic status may play a role in potential clients' level of vulnerability.

If residents do not own cars, the public transit bus system offers daily bus services within the Village and across the County. Unfortunately, the bus system does not operate regularly to support residents' demand for transportation services [11]. Therefore, livery car services are used frequently to meet this demand. Residents Residents livery car services and incur a significant expense to travel across the County. Further, according to local law enforcement, many of these livery services are operated by persons lacking documentation to support residency or the necessary vehicular insurance, further placing residents at risk.

Another public system critical to the Village is the library system. The historic library houses the Village's history and books and periodicals. Although the system continues its work to obtain grants for its historic preservation [11], the library remains as the center for community programming and informational resources for residents. Both of these public systems demonstrate a need for mobile units within the community focusing on health service delivery and family literacy.

Education in the Village is provided by the Central School District. While there are no public schools located within the Village itself, the youth of the Village attend schools across the Town. There are two elementary schools, one junior high school and one senior high school. In addition to these venues, GED and job training are provided to ensure residents have varied opportunities to achieve self-sufficiency. But more importantly, the educational venues offer DCHF recruiting centers with which to attract potential clients, educate the community, and build its public profile.

When looking at the institutions designed to promote and sustain quality of life, the Village comprises a Police Department, Fire Department, Town Board and Commissions, Town Justice, Civic Association, and Parks & Recreation Department. The Police Department in particular serves the Village with 36 officers. The members of the Police Department live within the Village and have a personal investment in maintaining quality of life within the community [4]. According to representatives of the Village Police Department, quality of life issues are very important to the Village Police Department including the issues of domestic violence.

Informing the public about domestic violence programs is one of the key activities of the Department, as "underreporting of domestic violence is significant in the Village, especially among Hispanic Families" [4]. The Department views itself as more than an element responding to crime within the Village; it sees itself as sustaining quality of life through disseminating information, supporting community programs and informing the public of different laws and opportunities promoting community support. However, the Department's leadership sees a need for greater supportive programs and educational opportunities surrounding domestic violence. The Fire Department is a volunteer-based institution, along with the infrastructure of the Town Board, which comprises the Mayor and Council members. Overall, quality of life is critical to these institutions, as well as the Town Justice. They serve as community assets designed to promote well-being among the community's families. This includes reducing incidences of domestic violence, securing child safety, and increasing healthy community engagement across the Village [4], elements of critical interest to DCHF.

Community Assets

There are more than 90 community assets focused on health, education and civic engagement. There are three health care facilities, as well as a variety of physicians who serve patients through these three institutions, and consist of general practitioners, family medicine practitioners, and OB/GYNs. Also, there are five dentists with standalone clinics, and several pediatricians with standalone clinics. There are thirteen agencies providing socio-emotional health and family support, and another thirteen agencies providing child care services or parent education. This list comprises an immediate inventory of assets that can be transformed into community linkages to enhance DCHF's recruitment of families and distribution of health education and support.

These assets offer venues for reaching families with young children. This includes avenues of child care and family support information to improve quality of living for the families and young children. In addition, as the village continues to revitalize its economic vistas, there are a number of assets that significantly contribute to the overall well-being and quality of life in the village. Some of these assets include March of Dimes, Little League and the United Soccer League. These and other economic vistas primarily serve to support and engage family life into the community and provide recreation that spurs economic growth to benefit Village families. By tapping into these community assets and using these institutional infrastructures to disseminate information on child development, breastfeeding, domestic violence and family health literacy, DCHF has the potential to broaden its client population across the community. DCHF has the capacity to do this because of its pre-existing infrastructure and history of service outreach across Dutchess County, specifically in the community.

Portrait of DCHF

DCHF's programming is designed to help young children and their families have a strong healthy start. The mission of DCHF is to promote positive parenting and child development, while addressing child abuse, family violence and other risk factors. DCHF focuses its work on bonding and attachment between the young child and his or her attachment figure (e.g. mother), while promoting health, development and safety among the community's young children. Key to DCHF's outreach is its programming dedicated to decreasing stressors and improving the coping skills of parents and children, while also increasing self-sufficiency among each family unit. DCHF achieves this through its intensive home visiting services. The home visiting program works to assist families that present as overburdened. Home visiting can be provided for five years.

DCHF recruits pregnant women in the Village from one of the medical centers, or Department of Health. Often, families present with one or more of the following risk factors:

- Alcohol, tobacco or other drugs/Substance abuse
- Domestic violence
- Child abuse and neglect
- Current child protective services involvement
- Other elements placing children at risk [12].

A significant goal for DCHF is to reduce child abuse and neglect incidences and prevent violence toward children and within families to ensure healthy outcomes in health, development and safety. There are four ways in which the agency's goal and objectives are met – 1) peer support networks; 2) child play groups; 3) home visiting; and, 4) presence at community events. These programmatic features occur post-family assessment. The peer support networks create a supportive group for the mother during pre-natal and post-natal periods.

Further, the play groups allow the family to receive support in a natural environment of child play groups, fostering mutual aid among families-at-risk. Home visiting allows for the family support worker and family assessment worker to reach out to recruited families and provide instruction, support and information, while mediating family dynamics that may be injurious to the children.

Finally, community events are used by DCHF in conjunction with Salvation Army, and Department of Health, as well as the regional perinatal networks. Often developed and organized by DCHF, these community events include breastfeeding walks, car seat events, community baby showers, and a fathers' day parade, and bring information and services to families within the community through the infrastructure of recreation and celebration. In addition, DCHF also performs street outreach in the community as well as outreach to the County Jail to further ensure well-baby outcomes of infants and young children.

Utilizing the curricula of Graham, et al. [12], as well as standardized assessment inventories such as Parental Stress Index, Maternal Efficacy Scale, Depression Inventory, and DCHF's services includes:

- regular home visits;
- playgroups for families;
- pregnancy and labor & delivery information;
- parenting information including promotion of positive discipline;
- nutritional information including breastfeeding, monitoring of medical care, promotion of physical and mental development of baby;
- implementation of a developmental screening;
- parent-child activities that promote bonding and attachment, reduction of parental stress and aid in improvement of coping skills;
- implementation of a parental stress screening;
- goal-setting based on the family's priorities; and,
- community referrals for advocacy [12].

Why This Village?

According to staff at DCHF, the Village has a need for home visiting services and child abuse and neglect prevention services. Incidences of domestic violence as well as reports of child abuse or neglect appear to be on the increase. However, at the time of this inquiry only 32 families were being served in the Village by DCHF. According to DCHF's program data, 120 persons were screened in 2010-2011, and 47 met with Family Assessment Workers. In addition, 48 persons declined services from DCHF. Thus, only 32 cases were opened. This number was well below the expected targeted level of 60-75 families. One of the concerns may be that many of the families do not "know" about DCHF or the services provided, even though DCHF made extensive outreach through Police Department, School District, and local community groups. DCHF takes pride in its home visiting program. The home visiting program is designed to assist pregnant families in preparing for their children to have a healthy start. The services that DCHF provides are free, voluntary, and entirely confidential in a non-judgmental, strength-based manner. Thus, the services cater to each family and their individual needs.

DCHF seeks to expand its work in the Village. As one staff member noted, "families are starting to see we are a safe agency" [4]. According to staff, transportation and immigration issues create a more complicated community system to address. Concurrent with the information from the Village Police Department, DCHF noted that there were many families dealing with immigration documentation issues (i.e. lacking documentation to sustain residency in the United States). Thus, many families in need of DCHF's services appeared to be more socially isolated from the venues of DCHF's referral systems. In the Village specifically, in-home education programs featuring breastfeeding, parent education and family supports to foster healthy familial environments for the young children did not seem enough to address the myriad of issues affecting vulnerable families. These issues include immigration support; domestic violence prevention; employment and housing referrals; and meeting well-baby outcomes.

DCHF – A Strengths-Based Model

DCHF evolves from a positivist ethos of the Healthy Families initiative [12] to promote healthy pregnancies, enhance well-baby outcomes and reduce parental stressors to ensure bonding and attachment within the familial system being served. The Strengths Perspective is a philosophy and practice model that supports positive development, and fosters existing and potential strengths to influence sustained change in DCHF and across the communities being served [13].

There are a myriad of strengths that DCHF possesses in its delivery of health and well-being services. The following are critical indicators of strengths, as well as the accompanying challenges, opportunities and concerns. Table 1 provides an illustration of all the strengths, challenges, opportunities and concerns emerging from this inquiry.

Strengths	Challenges	Opportunities	Concerns
Staff are EXPERTS	Community lacks information on DCHF beyond breastfeeding and pre-natal care	Strengthening partnerships with service linkages	Funding community wants evidence-based and outcomes-based work that can show immediate results
Significant partnerships exist with critical social service and health organizations and institutions	Community lacks knowledge of DCHF and its partnerships with organizations serving the community	Focus service outreach attention on -domestic violence; -referrals for QOL issues (e.g. housing, labor, etc.) -use of public spaces and venues for walks, community baby showers, etc. to infuse DCHF into the fabric and patterns of daily life in the Village	Other organizations provide perinatal services alongside other critical needs
Highly committed Advisory Board	Building a donor base	Link with others to develop and sustain a Mobile Health & Literacy Unit that will reach families in a *public transportation-starved environment*	
		Obtain a marketing/funding development specialists to address the marketing needs of DCHF	
		Need partners in finance and corporate/commerce community alongside service providers	
		Community liaisons and marketing specialists to promote outreach and promotion	
		Develop a fundraising initiative to raise funds for DCHF programming.	

Table 1: Strengths, Challenges, Opportunities & Concerns

Indicators of Strengths:

1. Program staff members are experts: Staff members are able to educate and serve clients who are referred for services. Further, staff members are also able to educate, train and mobilize community linkages to promote DCHF programming.
2. DCHF has significant partnerships: DCHF already has significant partnerships across Hudson Valley, including social services and health organizations to promote well-baby outcomes in the community. Many of these partnerships are with established organizations such as the medical center, CPS, and children and family's organizations.
3. DCHF's Advisory Board is a key resource: DCHF's Advisory Board is highly committed to DCHF's success, its programming and the clients served. Further, the Advisory Board serves as a defining voice and representation for DCHF in and across communities served.

Indicators of Challenges:

1. Community's perceptions: The community appears to lack an understanding of DCHF's services and how DCHF can address critical needs such as domestic violence, substance abuse in families, and immigration issues. Although DCHF's primary focus may be breastfeeding and perinatal care, DCHF is primed to also address social issues and "community problems" that post significant threats to infants and young children. It is believed that by changing the community's perception through extensive outreach to community civic groups, an increase in clients may be seen by DCHF.
2. Donor base: Funding is a critical issue for DCHF, according to some of the respondents. In addition to the funds DCHF receives from Dutchess County and the Institute for Healthy Families, private donations would assist DCHF in its discretionary funding. This inquiry showed that many of the respondents donate to various causes and organizations. DCHF faces a challenge of launching a campaign to boost its funding sources that would sustain its programming across communities.
3. Utilizing established partnerships: DCHF has many partners, most of whom have well-established public support. However, the community may lack this information about DCHF's partnerships and how DCHF works with these key organizations well-known to the community. DCHF should use these established partnerships to broaden its public appeal and eventual support.

Indicators of Opportunities:

1. Strengthen partnerships: DCHF can use the linkages and inventory of assets to build and strengthen additional partnerships within and across the community. This can occur by creating a "partnership circle" thereby offering marketing and promotion for DCHF and other agencies. By strengthening partnerships, DCHF can build its own stature in the community.
2. Community Liaison: DCHF can create a staff position for an individual whose primary task is to locate and strengthen ideal partnerships within the community. Often, community liaisons are community organizers who develop relationships within and across the community to ensure the sustainability of the organization.

3. Fundraising initiatives: DCHF needs to develop a fundraising initiative operated by specialists who would identify grantors and raise funding for DCHF to support the growth of its programming.
4. Broaden attention of service outreach: DCHF can focus service outreach to include domestic violence referrals and assistance for quality of life issues such as housing and employment training and referrals. Also, by continuing its regular use of public spaces and venues for perinatal health walks, community baby showers and more community activities, DCHF would infuse itself into the fabric of the community as an essential arm of the community and its quality of life for young families.
5. Mobile health and literacy units: DCHF can link with other partners to develop and sustain a mobile unit to reach clients and overcome the challenges associated with limited transportation. The mobile unit would reach families and further create a marketing opportunity for DCHF.
6. Marketing specialist: Comparable to the community liaison, DCHF can create a staff or consultant position to further the marketing of DCHF through the community. The distribution of written material would be girded by other "products" that can be specifically positioned in markets, banks, and other venues that residents use regularly. This would also emerge into building corporate partnerships within the community to assist with the marketing of DCHF programming.
7. Corporate partners: DCHF can develop partnerships within the corporate community to facilitate the marketing and promotion of DCHF services and partnerships.

Indicators of Concerns:

1. Evidence-based practice: Funders and partners desire evidence-based and outcomes-based results. DCHF utilizes a nationally recognized curriculum and model to achieve these outcomes. DCHF can further promote these results, regularly, to market DCHF's work and garner additional support from the community.
2. Competition: Why DCHF? Other organizations provide perinatal services along with other services and supports. DCHF has special qualities as evidenced within these findings as well as its own results within its case files and program reports. DCHF must be able to convey to the public why its services are an optimal opportunity for families within the community. Being able to answer this question would also elicit further support for DCHF and its programming to ultimately build its client base and donor support base.

Discussion: Essential Action Steps

DCHF is in a prime position to demonstrate best practices of perinatal and family services. This is due to its established holistic infrastructure and its strengths-based model of practice. In order to build upon its existing strengths, DCHF can develop a strategic plan for the next five years that incorporates actions to address indicators within this assessment, and institute a community development plan (e.g. Asset-Based Community Development) that focuses on building and strengthening partnerships within the service, civic and corporate institutions.

Further, DCHF can arrange a meeting with a community foundation to identify the Foundation's interests and whether DCHF fits with its funding agenda. The community foundation has an interest in early child development and family well-being. However, it is up to DCHF to discover whether its programming aligns with the overall purpose and goals of the community foundation. In keeping with this idea, DCHF can also formalize a media handbook to promote and market DCHF across Hudson Valley. This includes both conventional media outlets – newspapers, radio, and PSAs on local television, as well as emerging outlets, such as the social media venues. It is believed that by accomplishing this, DCHF can build a repertoire of support and volunteers to assist DCHF in its efforts, while also building its client base.

DCHF is headed in the right direction, as the findings of this analysis assert. DCHF has the leadership to guide its strategic planning, the staff to deliver optimal services, and a cadre of supporters to ensure the message and services of DCHF are disseminated to the public. DCHF is an inspiring, motivating social service setting that serves as a model for participatory and collaborative service outreach in its community.

These conclusions can aid other community organizations in disorganized communities emerge as assets to the area's citizens. It is important that community organizations engage citizens as participant-leaders because the residents are the inherent assets to a community.

Competing Interests: The author reports no conflict or competing interests.

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