Residents' perspective on their utilisation of community centers in the municipality of Zaltbommel, and how it contributes to their personal wellbeing

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Master Social Challenge Policies & interventions (SCPI)

202300018 Master Thesis – SCPI

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15 June, 2024

Word count: 7388

Internship at the municipality of Zaltbommel

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This thesis has been written as a study assignment under the supervision of an Utrecht University teacher. Ethical permission has been granted for this thesis project by the ethics board of the Faculty of Social and Behavioral Sciences, Utrecht University, and the thesis has been assessed by two university teachers. However, the thesis has not undergone a thorough peer-review process so conclusions and findings should be read as such.

Abstract

Introduction. As health issues in society become more complex and change over time, the social domain is encountering challenges. This had led to higher expectations for municipalities and their residents to take ownership and accountability within the current healthcare system. Strengthening facilities and neighbourhoods is important to ensure no one is left behind. In this study, community centers are examined from the perspective of residents from rural and urban areas in the municipality of Zaltbommel, with the purpose of examining in what ways community centers can contribute to a person's wellbeing, as these centers can strengthen and empower individuals and communities. **Methods.** Semi-structured individual face-to-face interviews (n = 15) in different community centers (n = 5) were conducted. Interviews were transcribed and coded using an inductive and deductive approach, followed by a thematic analysis. **Results.** Analysing through the healthy settings and the salutogenic theory as theoretical lens, the findings illustrate that community centers have the potential to positively impact individuals' personal wellbeing in three interrelated ways: 1) the friendly environment of the centers makes visitors feel comfortable and enjoy doing activities at these locations, 2) intrinsic personal needs are satisfied by visiting community centers, with urban centers playing an important role in personal learning experiences, 3) community centers contribute to social needs, such as promoting or strengthening social connections, with differences observed in rural and urban centers. **Discussion.** In summary, this research provides comprehension into community center participation and urban-rural differences. One of the limitations includes not achieving data saturation in the urban area. It is recommended to explore the needs of urban areas more extensively as their needs are diverse, and actively engage with residents for insights. This information can help policymakers make informed decisions and highlights the importance of citizen perspectives.

Keywords: community centers, urban and rural areas, social domain

Introduction

Economic and social changes within the Dutch welfare state have a significant impact on the wellbeing and health of individuals from a societal standpoint (Yerkes & Van der Veen, 2011). Some changes that arose in recent years include price increases for services, energy and nutrition, the Covid-19 pandemic, and housing shortages (Centraal Planbureau [CPB], 2023; De Klerk et al., 2021; Sociaal en Cultureel Planbureau [SCP], 2021). As a result, stress and negative effects on both emotional and physical health can occur (Sigfusdottir et al., 2017), and may contribute to a rise in individuals being in precarious situations (De Klerk et el., 2023). Currently, one out of every six adults in the Netherlands encounters a multitude of challenges (e.g. limited resources or finance and relationship problems), making them more inclined to seek support in the social domain (Verbeek-Oudijk et al., 2023). Moreover, the existing healthcare system is challenged by an ageing population, increased migration, and a shortage of staff and volunteers, requiring a resilient society that can adapt to future developments and changes (Verbeek-Oudijk et al., 2023). To prevent social exclusion, it is important to recognise that not all individuals have access to a robust social safety net, and it is therefore not feasible to expect individuals to operate autonomously or rely solely on their own social networks (De Klerk et al., 2022; Berkers et al., 2021). As Verbeek-Oudijk et al. (2023) argue, this requires a greater degree of self-reliance in managing one's own health and personal resources to stay healthy and participate in society. In this perspective, enhancing opportunities within the community plays a crucial role in bolstering the social realm (Verbeek-Oudijk et al., 2023). Therefore, this study will examine the role of Dutch community centers in improving the personal wellbeing of individuals using community centers in society. De Klerk et al. (2022) illustrate this point as they describe that community centers fulfil a valuable role to strengthen and empower local societies.

The importance of community centers in policy is emphasised by the Dutch Ministry of Health, Welfare and Sports (VWS) (2020) as they highlight the significance of using community facilities as crucial hubs for social interaction, education and support to enhance the quality of life for individuals in the national health policy paper for 2020-2024. In support, the State Secretary for VWS,

emphasises that more attention should be paid to policies to strengthen the social foundation in society, including by advocating for additional facilities and resources in one's own neighbourhood (Movisie, 2022; Van Ooijen, 2022). In academic literature, the term *community centers* tend to be used to refer to local facilities that offer a range of services and activities to support their community, often focusing on health and wellbeing (Jones et al., 2013). Initiatives that foster the coming together of individuals contribute to personal growth, stress relief, and promote a sense of community among individuals (SCP, 2020). Moreover, it is important to acknowledge that there are differences between rural and urban areas, especially in terms of social cohesion among residents (Steenbekkers et al., 2017). Therefore, it is crucial to meet the unique needs of geographic areas (Hospers et al., 2013). Hence, a better understanding of how community centers may benefit individuals can help policymakers improve community facilities during the policy-making process.

Despite the presence of community centers in the Netherlands, there is a noticeable absence of research on how centering residents' needs can enhance their wellbeing and how municipalities can better facilitate these needs. As different systematic reviews and research illustrate, most research focuses on the effectiveness of clinical settings such as health centers or adult day care centers related to specific groups (Rokstad, 2019; Bradley et al., 2011; Gaugler, 2014; Ritchie, 2003; Ibsen & Eriksen, 2021; Conrad et al., 1992). Additionally, Apers et al. (2016) and McCuaig and Quennerstedt (2018) show that there is quantitative research in the study of health and health resources, however, with limited attention given to the perspectives and experiences of individuals. This hinders a comprehensive understanding of how sociocultural and other factors, influence the quality of life of individuals (McCuaig & Quennerstedt, 2018). In terms of qualitative research, there are opportunities to explore how community levels can be addressed to improve the wellbeing of individuals (Vaandrager & Kennedy, 2017). Therefore, this study will focus on the perspectives of individuals using community centers in their everyday lives, to bridge this gap in scientific understanding.

Context analysis through existing literature

In managing population health, participation involves engaging with citizens to ensure that facilities meet the needs of the community and have a greater chance of success (Jewkes & Murcott, 1996). To better align the needs and desires of the local community and to reduce expenses of the national government, that were previously allocated for this purpose, municipalities in the Netherlands were given more responsibilities with the decentralisation implemented in 2015 (Boogers, 2014; De Klerk et al., 2022). Nevertheless, obstacles manifested themselves in practical implementation (Boogers, 2014). With the increasing involvement of local governments in youth care, social support, and social security, municipalities are expected to work together with citizens, professionals, and local authorities to effectively delegate responsibilities and utilise resources (Boogers, 2014; De Klerk et al., 2022; Drion, 2023). This suggests that municipalities have increasingly taken on more responsibilities in the provision of care, giving them a crucial role in creating a comprehensive long-term vision (Portrait et al., 2023). This poses policymakers in different domains with the challenge of creating effective policies that address these issues at different levels and take into account the environment in which individuals live (Pietersen, 2015; Hewis, 2023). As a result, this can lead to variations in self-reliance as individuals with larger social circles and strong connections with others are more capable of effectively managing their overall health and wellbeing (Marselis, 2016; Moro-Egido et al., 2022; Bartolini et al., 2013). The lack of alignment in communication and collaboration results in a subset of individuals lagging behind and finding themselves in vulnerable situations (Marselis, 2016; Verbeek-Ouija et al., 2023; Huijnk et al., 2023). Thus, collaboration over different levels can help municipalities to effectively address the needs of all individuals in society.

Overview of existing literature

In the view of healthy policy, *vulnerability* is a result of different intersections that stems from various factors at the individual level (e.g. social networks, individual capacities, status) and factors at the community level (e.g. developments in society related to social, economic or environmental concerns) that can put people in vulnerable situations (Mechanic & Tanner, 2007). Numans et al.

(2021) suggests that policymakers classify *vulnerability* for those who do not experience a complete state of social, cognitive and physical wellbeing. Moreover, other traits that are often attributed to vulnerable populations are, among others, facing multiple challenges or lacking the necessary resources to participate in society (Van Regenmortel, 2009). In this context, it is important for policymakers and professionals to create interventions and policies that target vulnerability, focusing on vulnerability factors for communities in order to reduce vulnerability risks for individuals (Brown et al., 2017). In support, Mechanic and Tanner (2007) argue that policy interventions specified towards communities and neighbourhoods can be effective to implement. In this regard, community facilities provide valuable assistance and support to individuals who may otherwise be expected to provide these resources themselves (Ter Avest, 2016). Individuals may turn to, for example, community centers or other community facilities (Berkers et al., 2021; Ter Avest, 2016). In other words, policy interventions involving community centers have the potential to prevent individuals from falling into vulnerable situations or to provide support to those in need.

In this regard, elderly individuals are particularly considered to be in vulnerable situations as they are assumed to be highly affected by living a healthy life without support (Grundy, 2006; Popescu et al., 2021). Studies in the domain of gerontology found that elderly have unique needs and preferences (Stephens et al., 2015; Lloyd-Sherlock et al., 2012). Designing environments and public spaces that are easily accessible and promote physical activity can help eldery live independently in their own homes (Beard & Bloom, 2015). Participating in social and meaningful activities is hereby beneficial for elderly, as it can help fulfil societal roles and give life meaning (Heaven et al., 2013; Morgan et al., 2021). Reciprocity and community connections were found most important as providing and receiving support contributed to older people's sense of autonomy and wellbeing (Ten Bruggencate et al., 2018). Hence, it is crucial to facilitate opportunities for elderly to age and participate healthy in society.

However, Heaven et al. (2013) points out that there is a lack of understanding in society and among policymakers, who often overlook that ageing and engagement in society is not only an

individual and isolated process but is an interplay between generations and a changing society. As a result, they fail to adequately address the needs of society as a whole (Heaven et al., 2013). Similarly, there seems to be a separation of different roles and stages of life that can lead to incomprehension and stereotyping when it comes to meeting the diverse needs of individuals within these groups (Beard & Bloom, 2015). Therefore, it is crucial to take into account the broader societal perspective rather than solely focusing on specific demographic groups in policy development.

Moreover, it is important to consider the environment in which individuals navigate in everyday life. Especially for elderly as they prioritise ageing in their own homes, highlighting the importance of easy access to amenities and community spaces tailored to their needs (Pijpers et al., 2016; Stewart et al., 2014). As Pickett and Pearl (2001) describe, in accessing facilities the role of neighbourhoods is essential because they can have a direct and indirect influence on individuals' overall health, namely directly through the type of neighbourhood and indirectly through the presence of facilities and services. Regarding the latter, facilities in the urban area generally offer a wide variety of choices and close proximity, while rural areas tend to have more uniformity, dispersed availability and limited options (Hoekman et al., 2016; Pijpers et al., 2016). In other words, access to nearby facilities can be of influencing for a person's health, with variations in the range of services available between urban and rural areas.

Additionally, Gieling et al. (2019), found that local amenities like community centers in rural areas did not play a significant role in fostering social bonds among residents. This is because social connections in these areas are already more focused on internal relationships (Gieling et al., 2019). Compared to urban areas it is suggested that residents living in higher density areas feel less connect to others and their environment (Weijs-Perrée et al., 2017). In support, the study from Belance et al. (2021) demonstrate that emotional connections and positive perceptions of places are stronger in rural areas than in urban areas. This can be attributed to the close proximity of family, relatives, and friends in rural areas (Mesch & Manor, 1998). Overall, there are clear differences in feelings of attachment to neighbourhoods between urban and rural areas (Steenbekkers et al., 2017). Therefore,

neighbourhoods and the characteristics of areas situated in urban and rural areas can have an impact on residents' feelings of attachment to others and their living environment.

Taken together, understanding the impact of an individual's physical and social environment, as well as their relationships and connections with others is valuable, as these factors can influence their overall health and wellbeing (World Health Organization [WHO], n.d.; Hewis, 2023; Hunter, 2009). These important aspects are frequently neglected in the field of policy, as the focus tends to be on individual health factors (Hewis, 2023). Therefore, addressing the needs of the society as a whole in their social context is of importance to enhance comprehension of this subject.

Objectives

The research question outlined in this study is: How does the utilisation of community centers contribute to personal wellbeing, from the perspective of residents of the municipality of Zaltbommel? The aim of this study is to explore the possible interrelationships for community centers and personal wellbeing for vistors using these centers.

Theoretical framework

In this study, community centers and wellbeing are considered key concepts. This theoretical framework presents their conceptualisation from a theoretical perspective that can indicate mechanisms by which community centers may contribute to personal wellbeing. Therefore, healthy settings for community centers will be used. The salutogenic theory will be employed to explore the connection between community centers and personal wellbeing.

Healthy settings

The standard regarding health promotion worldwide is the "healthy settings" as outlined by the WHO in the Ottawa Charter (Thompson et al., 2018; WHO, 1986). Healthy settings expanded the traditional health promotion theories which include social policy and sociology, but also disciplines such as anthropology, organisation sociology and geography (Whitelaw et al., 2001). According to the WHO (2021), *healthy settings* are: "The place or social context where people engage in daily activities, in which environmental, organizational and personal factors interact to affect health and

well-being." (p. 30). Settings can contribute to improving health, among others by designing physical environments aimed at promoting health, improving access to services in villages or promoting interaction in communities (WHO, n.d; Bloch et al., 2014). Instead of addressing individual health issues, the environment and the setting in which a person resides also plays a significant role in their overall quality of life (Whitelaw et al., 2001; Sirgy & Cornwell, 2002; Poland et al., 2009; Dooris, 2009). In this respect, neighbourhoods and communities are vital settings that can be defined as a sense of collective identity, a local environment where people live or can be presented in a physical building or place (Vaandrager & Kennedy, 2017; Gieling et al., 2019). In this study, community centers are considered as a setting because they provide a context in which they strive to promote social interaction and serve as a gathering place for people to connect (Gieling et al., 2019).

Community centers

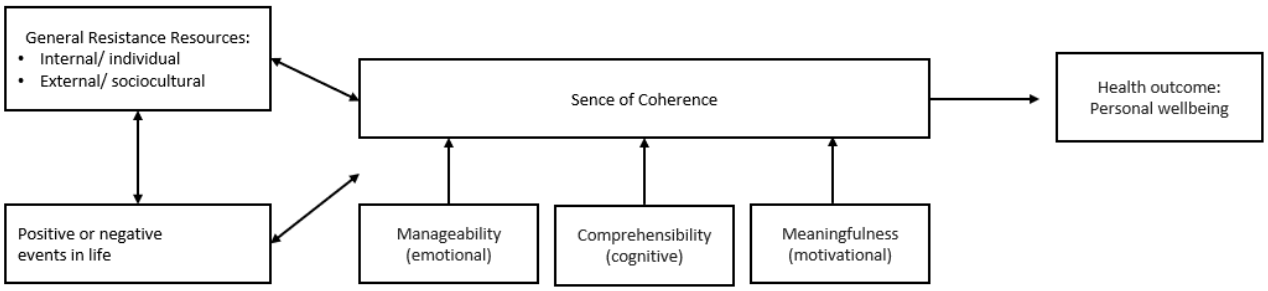
As Ter Avest (2016) describes, community centers can be classified in various ways, based on the involvement of citizens and the municipality, as well as the underlying motivations for their establishment. These centers are considered part of meeting facilities in the public space (e.g. parks, cafes, libraries), in which community centers play a valuable role in terms of interacting with others, as a space to gather and receive tailored help for local residents who look for assistance (Ter Avest, 2016; Jones et al., 2013). Therefore, Estes (1997) describes that the primary purpose of *community centers* is to improve the wellbeing of individuals at all levels in society, this by allocating social support and resources within communities needed because of decentralised services. Strengthening the social environment of communities can, for example, help maintain good health by providing social support and meeting daily needs, without the need for professionals to intervene (McLeroy et al., 2003). In this light, community centers can help promoting positive experiences in life and be proactive in preventing negative health outcomes (Bauer, 2017).

Salutogenic theory

To delve deeper into how making use of community centers by residents can contribute to their personal wellbeing, the "salutogenic theory" developed by Aaron Antonovsky is employed. This theory can help to address and explore aspects of health promotion in neighbourhoods and communities on the local level (Vaandrager & Kennedy, 2017). Salutogenesis supports the notion that there is a strong relationship between making sense of the world and utilising resources that can contribute to individuals' health, offering the opportunity of considering individual's social networks and personal life, as well as social infrastructures (Vaandrager & Kennedy, 2017; Lindström & Eriksson, 2005). Despite the salutogenic theory originates from the medical sociology it is used and applied across various disciplines (Pérez- Wilson et al, 2021; Mittelmark & Bauer, 2017). Central is the aspect of positive health, in which activities that promote health and wellbeing are encouraged, as well as focuses on maintaining healthy (Tan et al., 2016; Hewis, 2023). According to Antonovsky (1996) the *salutogenic theory* challenges the idea of health as a dichotomous categorisation in which an individual is "healthy" or "unhealthy." Instead, he proposes it as a continuum influenced by various factors (Antonovsky, 1996). Figure 1 illustrates the relationships between the components of the salutogenic theory in light of this research.

Figure 1

Salutogenic theory



Note. The figure shows the relationship between General Resistance Resources and Sence of Coherence (Author's illustration).

Essential concepts of the salutogenic theory are Generalised Resistance Resources (GRRs) and Sence of Coherence (SOC) (Antonovsky, 1996). McCuaig and Quennerstedt (2018) provide the description that GRRs or health resources are resources that can be found in ourselves, in our surroundings and how we interact with others, GRRs can function independently as well as interact with one another. McCuaig and Quennerstedt (2018) argue that GRRs can therefore help to handle difficult situations and make sense of life. Exploring the definition of a health resource, they delve into Antonovsky's belief that a relationship between GRRs and SOC exists (McCuaig & Quennerstedt, 2018). Lindström and Eriksson (2005) define SOC as the means to be able and have the capacity to utilise the resources and to understand the situation a person is in. Antonovsky (1996) proposes that one's ability to navigate towards or remain in the healthy spectrum is dependent on their SOC in the following three components: manageability (emotional), comprehensibility (cognitive), and meaningfulness (motivation). In the setting of community centers, this theory highlights the potential to help individuals cope with challenges in life, as utilising community centers can strengthen their ability to stay or become healthy and can also effectively act as a personal resource (Vaandrager & Kennedy, 2017). Table 1 provides the descriptions of the concepts of SOC.

Table 1

Description of the three components of SOC

Component	Description
Manageability	Manageability means an individual thinks they have enough resources to cope with the things that come their way (Antonovsky, 1996). These resources can be controlled by other people or by themselves (Lindström & Eriksson, 2005).
Comprehensibility	Comprehensibility is about how well a person understands and make sense of things around them, both inside and outside themselves (Lindström & Eriksson, 2005). Having a high comprehensibility would indicate that an individual sees the future as clear, structured and foreseeable (Lindström & Eriksson, 2005). This would make people more capable of handling stress or difficulties because they have the ability to efficiently use the resources available to them (Ericson et al., 2021).
Meaningfulness	Meaningfulness would refer to a person trusts that they have the necessary support and tools to handle challenges or difficulties (Antonovsky, 1996).

Taken together, the salutogenic theory aligns well with the healthy settings as both consider the broader perspective of health and the interaction of the individual and the environmental elements of the community center (Bauer, 2017).

Personal wellbeing

Wellbeing is a broad concept that encompasses various aspects of the life of an individual (Halleröd & Seldén, 2013). This study focuses on personal wellbeing. As suggested by Eriksson and Lindström (2014), viewing this concept by the salutogenic theory considers taking into account the broader context and social environments in which individuals navigate, and in what ways they are of influence on their wellbeing and satisfaction in life. Salutogenesis thus focuses on enhancing the positive aspects of health and wellbeing to make people feel as good as possible (García-Moya & Morgan, 2017).

Generally, the term *personal wellbeing* indicates a subjective and personal sense of satisfaction with an individual's life that considers different aspects, such as functioning, vitality and enjoyment (Musek & Polic, 2014; Mellor et al., 2009). As Hanley et al. (2015) describe, in psychology this concept can be distinguished in two concepts: psychological wellbeing (PWB) linked to eudaimonia (e.g. pursuing goals), and subjective wellbeing (SWB) linked to hedonia (e.g. finding joy, excitement and experiences). It is suggested that both assist in building coping skills to reduce stress and in improving personal wellbeing (Hanley et al., 2015; Musek & Polic, 2014). Furthermore, they can help or protect in maintaining a good health (Steptoe et al., 2015; Drigotas, 2002).

The positive association with communities is illustrated by the fact that people who participate in supportive and welcoming communities, such as community spaces or services, experience a positive impact on their wellbeing (Mellor et al., 2009; Jungmann & Madern, 2020; MacIlvaine et al., 2014; Borji & Tarjoman, 2020). In other words, looking at personal wellbeing through the lens of salutogenesis helps us grasp the various factors that impact individuals' wellbeing and allows them to live fulfilling lives within a broader framework.

Methods

Study design and procedure

The present study was conducted using a qualitative methodology, utilising semi-structured individual face-to-face interviews. This qualitative research method is used as this allows for a deeper understanding of the experiences, perceptions, and motivations of individuals regarding community centers (Morgan, 2018). Semi-structured individual face-to-face interviews were conducted as this provided a way for capturing detailed information, promoting participant engagement and to discuss personal matters (Irvine et al., 2013; DiCicco-Bloom & Crabtree, 2006).

Data was gathered on different locations (i.e. community centers) within the municipality of Zaltbommel. Sampling involved a site visit and have conversations about several potential community centers with a colleague from the municipality. Subsequently, a subset of these centers was strategically chosen. To facilitate the process, key figures introduced the researcher to the residents in

order to recruit participants. The researcher engaged with these key figures closely associated with these centers and visitors to arrange meetings, aimed at discussing the research and outlining the upcoming on-site interviews.

In preparation for the interviews, a guide for conducting semi-structured interviews was developed (Kallio et al., 2016). The interview began with an open-ended question about the participant's background to encourage them to share some information. To provide more useful information, four topics were distinguished that guided the interview (See Appendix A). The four topics emerged from the theoretical framework (i.e. healthy settings and salutogenic theory), in which questions centered around the living environment, personal life and social interactions were discussed. The interviews were conducted by the researcher in a quiet environment within the community centers, with each session lasting a maximum of approximate 45 minutes. The participants were informed about the study by discussing the information letter and active informed consent was asked. Data collection took place in March and April of 2024, with recordings being made and subsequently transcribed for analysis. To guarantee ethical considerations and thoughtful data management, this study was approved by the Faculty Ethics Review Board of the Faculty of Social & Behaviour Sciences on 15 March 2024 (24-0641).

Participant sample and recruitment

Inclusion criteria for the sample were that participants made use of community centers and volunteered to participate in the study. Additionally, community centers had to be located within the municipality of Zaltbommel and provide an open walk-in opportunity. Locations that focused exclusively on specific groups or provided assistance with care-related issues were excluded. In total, five community centers were included located in the town of Zaltbommel (n = 2), the village Gameren (n = 1), the village Aalst (n = 1) and the village Nederhemert (n = 1).

Participants were recruited with a maximum variation sampling, to involve community centers that differ in terms of location, size, services offered, and demographic characteristics (Palinkas et al., 2015; Byrne, 2001; Duan et al., 2015). Additionally, snowball sampling was employed

in order to ensure a sufficient number of participants (Suri, 2011). Furthermore, various sample sizes are recommended when conducting interviews. Generally, it is common that prior to the data analysis, a minimum of 10 interviews is suitable based on an appropriate variety of participants in the sample (Francis et al., 2010). Similarly, the study of Guest et al. (2006) suggests that an minimum of twelve is recommended if maximum variation sampling is to be achieved. Therefore, a total of fifteen interviews were eventually carried out.

Data analysis

For the data analysis, the interviews were transcribed and coded (MacLean et al., 2004; Bailey, 2008; Oliver et al., 2005). In order to maintain anonymity, numeric codes were given to the participants (Stuckey, 2014). A combination of an inductive and deductive thematic analysis was employed for examination. The inductive approach involved gathering data from participants to generate new codes, whereas the deductive approach was utilised as a framework to categorise responses into codes outlined based on theory (Fereday & Muir-Cochrane, 2006; Janiszewski & Van Osselaer, 2022). The guidelines for a thematic analysis were followed in this study. According to Braun and Clark (2006) this approach is beneficial when seeking insights into people's perspectives and experiences. Table 2 shows the phases of this analysis.

Table 2

Thematic analysis

Phases of thematic analysis	Explanation
1. Familiarising with the data	This includes reading the text multiple times, taking notes for ideas for codes and themes and transcribing.
2. Generating initial coding	Words and sentences were marked and coded.
3. Searching for themes	Codes will be grouped to identify themes and sub-themes.
4. Reviewing themes	Consists of two levels. At the first level, the codes within each theme are examined to see if they are coherent. If the themes don't fit well together, the themes are reviewed to see if things can be grouped together, new group can be created or removed. The second level is rereading the themes and see how it fits related to the entire data and see if they are representative.
5. Defining and naming themes	Theme are defined and named.
6. Producing the report	Results are reported in the report.

Note. Adapted from *"*Using thematic analysis in psychology," by V. Braun and V. Clarke, 2006, *Qualitative research in psychology*, *3(2),* pp. 87-93. Copyright 2006 by Qualitative research in psychology.

In order to ensure data management, the research and data management guidelines of Utrecht University were followed. As Bos (2020) explains, research ethics encompass various aspects that were warranted in this study, such as securely storing data, anonymising information, obtaining active informed consent from participants, and providing them with the option to withdraw from the study to ensure the privacy and ethics of participants. Furthermore, transcripts were de-identified by pseudonyms or numeric codes and were strictly for the purpose of this study (Mero-Jaffe, 2011). In the context of this research, anonymous processing of data by participants is particularly important, as there is a possibility of conflicts of interest due to the interviewees' dependence on municipalities

for daily life support and care. Therefore, the researcher was aware of taken greatest care in handling the data.

Reflection research process and positionality

Interviewing residents involves acknowledging researcher's own positionality and how this may influence the research process and outcomes (Berger, 2015). This involves a thoughtful and reflexive approach to understanding the complexities and nuances of the research process and being aware of possible biases as researcher (Watt, 2007; Noble & Smith, 2015; Johnson et al., 2020). In my role as a researcher, I encountered a sense of ambivalence among participants in terms of their reactions to my affiliation with the municipality. The perception of working on behalf of a government body raised questions regarding the objectivity of my findings and the outcomes. As a researcher, I maintained an independent positionality that was not influenced by the municipality, a point which I made sure to explain thoroughly to participants. Furthermore, I was unsure how my non-western ethnicity would influence how others perceived me and whether it would affect their willingness to participate in the research, especially among individuals living in rural areas where conservatism was expected to be common. However, this concern was not mentioned by participants and did not seem to affect the sampling process.

Results

After the analysis three main themes with sub-themes arose from the individual face-to-face interviews and were visualised in a coding tree (See Appendix B). In this chapter these findings are presented, supported by quotations. The chapter concludes with a summary of the outcomes.

Community centers visitors-friendly environment

Being in a community center was often described as a homely and warm experience. This was often attributed to the space itself that was defined as cosy and nice decorated, but also to those who care of the locations or those who facilitate the activities, such as volunteers and hosts, as well as to the individuals who come to visit the community center. Together, they all contribute to creating a welcoming and inviting atmosphere for visitors:

***P8**: "And this is really just fun. The cosiness and the atmosphere. Just how it's decorated. Just really nice."*

***P15**: "It's immediately a warm bath with [name host]. So when I come, the welcome is always nice and pleasant. It makes me feel right at home."*

Moreover, different plans and activities were organised to appeal to a diverse audience to attract as many people as possible. These activities were frequently organised, some of them were held each week, which encouraged residents to keep returning. Activities such as eating together, drinking coffee or playing games were highlighted in both rural and urban areas as fun activities to do. Additionally, in urban community centers, they also offered facilities and activities such as food pantries, computer or language classes. The diverse range of activities attracted various audiences to engage with community centers as illustrated in the following quote:

***P10**: "Through the different activities that are organised, you meet other people or they take a different kind of people with them to join, which makes it extra fun."*

Furthermore, noticeable differences in visitors of the community centers can be observed. Urban centers showcased a variety in backgrounds coming together, while in rural areas more homogenous groups were observed in terms of age and background. Characteristic of the rural community was that religion played a role in the lives of some of the visitors. This was not an obstacle for them to come to the community center to mingle with people who were not religious. Yet, it was observed that individuals who placed great significance on religion had their own designated places to gather:

***P12**: "And here I find it quite funny. Here also come people who do go to church. Not from this church, who are more serious they don't come here. They have their own thing, their own place where they come together."*

Moreover, the accessibility of community centers was generally perceived as excellent due to the geographic location of the centers, the wide paths in the building and lack of or minimal participation fees, making it possible for everyone to visit and participate in the diverse range of activities as illustrated in the following quote:

> **P1**: "I *think that is important because if it is not accessible, there will be people who drop out. For example, if there is an entrance fee and things like that, it scares people away, including people who have to live off a minimal pension.*"

However, some visitors in the urban area recognised that there are practical and social barriers, preventing people from visiting a community center. For example, the lack of transport for elderly people preventing them from going to the venue or it could be too uncomfortable for people to step into an unfamiliar space with people you don't know:

> ***P8**: "I do think that there are many elderly people in the [name district] who have transportation issues. Because of course, there are quite a few older people aged 80, 90. It would be nice if there was a neighbourhood bus that could bring those people here as well. That they are picked up, that it is announced that those people are picked up for free and also get the chance to be taken home. They are mostly at home, are lonely, usually do not have children who can pick up or bring them. That would also be a very nice thing."*

> ***P7**: "I do think that there are barriers for people. There is always some kind of barrier, you enter an unfamiliar space and you speak to unfamiliar people. For myself I don't have a problem with that at all."*

Community centers and intrinsic personal needs

Each individual is different and, as such, has their own inherent desires and personal needs. Overall, community centers can be seen as a way of giving direction to someone's personal life and

using it in a way that benefits them most. An example is being active as a volunteer in the community center. Individuals found satisfaction in volunteering, not just from helping others, but primarily from the personal sense of fulfilment it brought them, giving them a sense of purpose:

> ***P9**: "Yes, today I am thinking. Today I have thought. When I go to work, I miss the [Community Center X]. But when I am free, I go to [Community Center X]. To drink coffee and see other volunteers […]. I help all people especially with serving coffee for everyone […]. That's why. Yes, I love doing something. I do not like lounging at home. That's why I want something."*

Moreover, in most conversations the personal need to stay socially active was discussed. Chatting, hearing stories and interacting with others made people feel good about themselves and generated positive emotions:

> ***P4**: "You really get to know the people from the community center. You all greet each other in the village, but now you get to know people in a different way. I have a chat with this person and then with another person, so I find it very useful as well. Definitely also for myself."*

Furthermore, most activities were scheduled on a specific day each week or month, which was appreciated by visitors as they expressed that they regularly visited these community centers, some even multiple times a week as this provided people with a meaningful daytime activity during their week:

> ***P6**: "Half of the time I am at the coffee hour. I quite enjoy that as well. And that's true, we also have that meal. It's once a month. Yes, the average is still twice a week, that's where I was just thinking about. Actually, I've never really thought about it, how much am I there? I don't find that very relevant. But on average, I do come twice a week."*

***P15**: "At some point you can't keep yourself occupied every single day like that. At some point, that seems to diminish. At least for me. And then I have moments when I have too little to do. And then it's nice that I have something to do."*

With regard to the personal needs of visitors in the urban area, diverse things were mentioned. For example, someone expressed the personal desire to strengthen their self-esteem as this brought personal growth, while for another person visiting a community center was a way to practice the Dutch language. Generally, most visitors in the urban area learned things at community centers that they could take with them in their personal lives, as illustrated in the following quotes:

***P8**: "It gave me a heartwarming feeling to be among people. And that really did me good. It also helped me to get back to work. So I really got satisfaction from that. I thought yes now I can handle my work again. I can start building it up again. I think that's something beautiful. That's what you get from it."*

***P15**: "I have never been old. So how am I supposed to know how to do that? And that helps here because then I meet people, some who complain a lot and such. But others, who also see the light and the nice things, that is nice."*

Community centers and vistors social needs

Community centers provided satisfaction to the various social needs of visitors. Broadly speaking, the desire for social connection and interpersonal relationships is a common theme mentioned among all visitors. The desire for social interaction with others is usually more important than the activities organised in the community center itself as illustrated in the following quotes:

***P1**: "Yes, look they are going to have a play of klaberjass, play billiards and playing a bit of cards. But most importantly, it's about having a good time together. Soon, a group of about five or six men will come along and just have a great time chatting and joking around with you all afternoon."*

***P9**: "I think [Community Center X] is needed in this country. The municipality can put a coffee machine in the corridor that is cheap. But actually, the coffee is not important. It's about the people. People want to sit at the table, chat with others and make contact with others."*

Another social need discussed was finding common ground with others who have similar life experiences, have the same interests or connecting with people of the same age at community centers. This provided a valuable resource for sharing stories with each other:

***P13**: "We are around middle age, usually with four or five of us. Yeah, then those stories are different when you're sitting at a table with people in their 70s or 80s. It's easier to bring up other topics. Also, topics from your own phase of life. That creates a different connection, in my opinion. You become more familiar with each other."*

Compared to their urban counterparts, residents visiting rural community centers are more inclined to actively engage in the community, such as in all kinds of clubs and village associations. For this reason, community centers play a crucial role for cultivating stronger social connections within the community and promoting a deeper sense of belonging to the local area that residents have long been a part of. This not only affects daily life, but it also strengthened individuals to look out for each other and to foster an even stronger sense of togetherness through community centers as illustrated in the following quotes:

***P10**: "Well, at one point, with my complaints, sometimes you are inclined to stay at home. But, because then if I skip once to come to the community center then you'll hear "Hey, where were you?" Do you know? So, it's just a bit of a push to still come here and have a good time."*

***P12**: "And there was another gentleman who comes from [name of village], who we suddenly miss as well. I say, I haven't seen him for weeks, what is going on? And then they give him a call. [name] gave him a call to see what was going on with him. Well, there was something*

wrong with his health. And now he was there again this morning, so I think, oh nice, [name] is back. That is important, isn't it?"

On the other hand, the social needs within the urban area that emerged in most interviews was to connected more to society and others in everyday life. This stemmed from the autonomy they experienced as pleasant in their everyday personal lives, but led to reduced connections with society and others. For example, for someone this meant that chatting with neighbours was limited to brief exchanges, while for another this was illustrated by talking about polarisation or witnessing individuals who were lonely expressing gratitude for the gatherings at these centers. Community centers helped in this respect by fostering a greater connection with others and in this way making them feel more part of society as illustrated in the following quote:

***P7**: "And when I walk my dog, I sometimes meet people I also see at [Community Center X]. That does give a nice feeling, that is definitely worth a lot. I can say that because I have travelled a lot. From place A to B you come to a new place, you don't know anyone. Then you miss those small signals of "Hey do I know you? Have I seen you before?" That feels good, then you also start to feel more at home. I think that [Community Center X] has also contributed a lot to that and still does."*

Summary of the findings

The findings indicate that community centers can positively contribute to individuals' lives in three different ways. **Firstly**, the visitors-friendly environment of the community centers could contribute to individuals' personal wellbeing in terms of the pleasant atmosphere (ambiance, the visitors or people working at these centers), doing activities and the excellent accessibility (location, building, no or low fees), making it a desirable destination for individuals to visit. However, the lack of transport for elderly and social barriers were mentioned as possible barriers in not visiting a community center by some of the urban visitors. **Secondly**, community centers play a role in meeting the intrinsic personal needs of individuals, providing them with opportunities for personal fulfilment

and guidance in shaping their lives (volunteering, socialising, structure in life). Furthermore, in the urban area it was evident that visitors learned things from being in a community center for themselves that helped them further to deal with things in life. **Thirdly**, community centers address residents' social needs by facilitating interpersonal contacts and enabling relationships with people who share the same interests, experiences or life stages. Furthermore, differences were identified in the roles of community centers between urban and rural areas, with rural centers this was observed in strengthening the existing sense of community and social cohesion within villages, while urban centers helped to connect more to society and others.

Discussion

Overview main findings

In today's society, individuals are exposed to or face challenges in society that require them to rely on their own self-reliance and social networks as expected by the existing healthcare system. However, not all individuals are equipped with these resources, which may result in individuals experiencing an accumulation or ultimately being overwhelmed by these challenges. In this respect, it is plausible that more people tend to seek support in the social domain, such as community centers. Therefore, the purpose of this study was to explore in what ways community centers can play a role in the personal wellbeing of individuals' lives. Results demonstrates that community centers play an important role in the perceived personal wellbeing by visitors as observed in three themes, namely by 1) bringing visitors into a friendly environment, 2) fulfilling intrinsic personal needs and 3) social needs, and thereby acting as a resource or a mean of making sense of the world or dealing with life. These themes do not function in isolation, but rather, they interact with each other. For example, being in a pleasant environment may encourage social interactions, as well as being present at a community center can provide individuals with things that satisfy their personal needs. Hence, the study's findings enhance our understanding of community centers in promoting personal wellbeing, drawing from residents' own experiences.

Findings in the light of literature

Community centers visitors-friendly environment

Similar to the findings in this research, Beard and Bloom (2015) described that accessible environments and facilities help older people stay socially engaged, making them friendly environments for people to be in, with this research showing that this also applies to a broader range, not just elderly. Also, in the field of public health, for example, it is noted that social and physical environments play a role in social engagement through the availability of public spaces and nearby accessible facilities (Beard & Petitot, 2010; Beard & Bloom, 2015). In line with the articles of Hoekman et al. (2016) and Pijpers et al. (2016) the choice in facilities and activities was more diverse in urban areas compared to rural areas. This study found that less choice of activities and community centers in rural areas did not impact visitors' satisfaction. Brannen and Nilsen (2005) provide the explanation that the ability to make social interactions and connections with others is more important than the significance of people in having autonomy over a wide range of choices to choose from. Overall, accessible environments appears to be beneficial to a diverse population in order to stay engaged with the social community.

Community centers and intrinsic personal needs

In relation to previous research it was also noted that elderly benefit from engaging and participating in activities as this provided them with some kind of fulfilment in their personal daily life (Heaven et al., 2013). It enabled individuals to be part of a network with others, giving them a sense of direction, value, self-worth or organisation in their existence, and it went beyond things like learning and volunteering, but was indicated by older people as aspects that contributed to their wellbeing (Reichstadt et al., 2010; Gabriel & Bowling, 2004). This study found that this pattern was also present across participants of varying backgrounds. Additionally, differences in this study were found between urban and rural environments in terms of acquiring personal skills. It may be explained to differences in socio-cultural environments, with urban areas having social norms that set independence as a principle, requiring people to develop their personal abilities to effectively

navigate and thrive in society (Glackin, 2015). In other words, individuals have their own unique needs that could be met at community centers, providing them with a sense of personal fulfilment.

Community centers and visitors social needs

In relation to the desire for social connection among elderly, it has previously been studied that they have a strong desire for social connectedness, highlighting the importance of meaningful relationships and connections in their lives (Morgan et al., 2021; Bryant et al., 2001). The findings in this study demonstrate that feelings of social connection and attachment is stronger in rural areas (Steenbekkers et al., 2017; Mesch & Manor, 1998). This would support the suggestion that there is a connection between the physical environment, the community and the individual navigating in it (Dennard, 1997). Contrary to the findings of Gieling et al. (2019), it was discovered that community centers in rural areas can enhance relationships and bonds among residents, despite their connection with the environment and others. One possible explanation for this difference is that our study concentrated specifically on villages within a single municipality and community centers, while Gieling's study encompassed a wider variety of villages across the Netherlands inquiring about a diverse range of neighbourhood facilities. Furthermore, in line with research of Weijs-Perrée et al. (2017) it was found that residents living in urban areas felt less connect to others and their environment. This outcome could potentially be linked to the shorter duration of residency and the higher population density common in urban areas (Weijs-Perrée et al., 2017). Taken together, in comparing urban and rural areas, it becomes evident that visitors have different social needs that may be influenced by the reciprocal relationship between the geographic area and visitors' social interactions within them.

Strengths and limitations

The contributions made in this thesis can be of wide interest. By interviewing residents allowing them to share their thoughts and perspectives on what makes community centers enjoyable and beneficial for their wellbeing, valuable insights into their experiences and needs were gained. Another strength of this study is the interdisciplinary framework to study the utilisation of community

centers by residents applying the healthy settings and the salutogenic theory. This integration allows for a holistic understanding of wellbeing, as it considers the interplay between social, environmental, and individual determinants. Additionally, an examination of community centers in both urban and rural areas is being conducted to gain a comprehensive understanding of the specific needs of residents in these locations.

Alongside these strengths, there are some limitations that should be taken into account. One limitation of the study is that, data saturation was not entirely achieved in urban areas, probably due to the diverse needs of visitors. This means, new findings were discovered regarding the usage of urban community centers, suggesting that the collected data may not capture the needs of the urban area. To address this limitation, conducting additional interviews could have helped to mitigate this issue. Data saturation in rural areas however, was achieved. This indicates that the findings for the rural area could be considered indicative. Another limitation is that the interviewed visitors of community centers may not be the individuals who could potentially benefit the most from these locations, particularly populations in vulnerable situations, who may need assistance and support. It could be that the most self-reliant residents have been able to find their way to the community centers or were more willing to participate in the study. This indicates that those in vulnerability may not have been represented in the interviews or that do not frequent visit community centers. When interpreting the findings, this should be considered. To address this limitation, alternative sampling methods or inclusion criteria could have been employed in order to reach these groups as well.

Implications of findings

Scientific implications

Future research should consider the potential effects of community centers more carefully, for example it is recommended to pursue additional interviews or other qualitative research methods, particularly in urban areas where needs are varied and diverse as this helps to get a broader scope of visitor's experiences in community centers. This approach allows for more thorough conclusions, which is desirable for future work.

In addition, combining the salutogenic theory and healthy settings might prove an important area for future research. Further work is required to disentangle these complexities in which various settings can influence the personal wellbeing and quality of life for individuals in diverse geographic, demographic, and social contexts. Systems approaches are therefore recommended to better understand the complex systems in which residents live.

Furthermore, it is recommended to explore both visitors and non-visitors' perspectives to be able to shed light on what in community centers works for whom and under what situations. To gain a comprehensive understanding, this is valuable for future research as it helps to understand the underlying reasons and mechanisms of individuals' behaviour.

Policy implications

Policymakers are encouraged to consider undertaking a comprehensive research initiative, such as a survey among their residents, especially in the urban area as residents expressed they liked to be inclined with others and society in some way. This is valuable in understanding the importance of neighbourhood facilities and residents perspectives beyond the scope of community centers. Including a wider range of local amenities is therefore strongly advised. This can help to identify gaps or areas for improvement that require additional investment. This provides a greater focus on community driven efforts and explores their potential areas for future developments.

Furthermore, it is recommended to identify and reach vulnerable populations that may be difficult to reach or assist, both in urban and rural areas. It is advisable to identify the needs of those in vulnerability and enagage with them directly. This information can be used to make informed decisions about resource allocation and activity development, ensuring that community centers are accesible and responsive to the needs of all individuals.

Lastly, it is recommended that policies should be designed in collaboration and with the engagement of residents on regulary base, both in urban and rural areas. One effective strategy may involve conducting resident interviews and evaluations with them for monitoring purposes. This proactive approach is essential to prevent health problems before they occur, rather than having to

adress them afterwards. In the future, for example, it may be necessary to explore additional resources or co-design and collaborate with residents and healthcare organisations in providing means for active ageing in the neighbourhood.

Main conclusions

In conclusion, this study demonstrates that community centers play an important role in the perceived personal wellbeing by visitors in three ways that influence each other as well, namely by bringing visitors into a friendly environment, fulfilling intrinsic personal and social needs, and thereby acting as a resource or a mean of making sense of the world. This is in line with the salutogenic theory in which life events, resources and understanding the world are interrelated in pursuing goals or daily joy in life. Furthermore, community centers can thereby play a key role as a healthy setting, as it promotes wellbeing where individuals can feel comfortable and content. Key implications for future research are to explore the urban areas in terms of how community centers can contribute to their personal wellbeing as their needs are diverse, and it is recommended to conduct research on non-visitors of community centers as well, to gain more insight for whom community centers work. Practical implications focus on direct engagement and collaboration with residents in order to identify, monitor and evaluate needs. Overall, our research shows promising results for the positive influence of settings and how social interactions within them can affect residents' personal wellbeing, highlighting the significance of residents' points of view.

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Appendix A

Semi-Structured Interview Guide

Hartelijk dank voor uw deelname aan dit interview. Ik zal kort wat over mezelf vertellen. Ik ben Anna en zit momenteel in het laatste halfjaar van mijn studie voor de master Social Challenges, Policies & intervention aan de Universiteit Utrecht. Momenteel loop ik stage bij de gemeente Zaltbommel. Hiervoor combineer ik mijn scriptie met een vraagstuk die ligt bij de gemeente omtrent ontmoetingsplekken. Deze interviews worden afgenomen met als doel het welzijn van de bewoners te verbeteren en beter te begrijpen wat zij vinden van de verschillende ontmoetingsplekken, waaronder [naam ontmoetingsplek], en hoe de inrichting van deze plekken verbeterd kan worden volgens de wensen van de bewoners. Er zijn dus geen goede of foute antwoorden op deze vragen, ik ben geïnteresseerd in uw ervaringen.

Deelname aan dit onderzoek is vrijwillig. Het interview duurt maximaal 45 minuten, afhankelijk van hoeveel informatie u wilt delen. Met uw toestemming wil ik het interview opnemen zodat ik geen informatie zal missen en uw antwoorden later nog kan terugluisteren om te analyseren. Alle reacties worden vertrouwelijk behandeld. Er zal voor gezorgd worden dat alle informatie die we in het rapport opnemen u niet identificeert als de respondent. U kunt op elk moment en om welke reden dan ook ervoor kiezen een vraag niet te beantwoorden of het interview af te breken. Voordat we met het interview beginnen, zijn er nog vragen over wat ik net heb uitgelegd?

Laat de informatiebrief zien en laat de participant deze rustig lezen.

Laat de informed consent ondertekenen.

Vraag of de digitale recorder aangezet mag worden voor het interview.

Begin

Stel hier een open vraag om elkaar beter te leren kennen, zoals: "Kunt u iets vertellen over uzelf en wat uw passies en interesses zijn?"

1. Topic buurt

Beginnen met een open vraag zoals: Kunt u me iets vertellen over deze buurt?

Topic	Check	(sub)vragen
Buurt		Hoe lang woont u hier?
		Hoe ervaart u de buurt waarin u woont?
		Hoe zou u de sfeer in de buurt omschrijven?
		Wat vindt u leuk aan de buurt?
		Wat zou er volgens u verbeterd kunnen worden in deze buurt?

2. Topic ontmoetingsplekken

Beginnen met een open vraag zoals: Wat is u ervaring met [naam locatie]?

Topic	Check	(sub)vragen
Ontmoetingsplek		Wat is de reden dat u deze plek bezoekt?
		Hoe vaak bent u hier te vinden?
		Hoe hebt u gehoord van deze plek?
		Hoe toegankelijk vind u de plek?
		Zijn er activiteiten die u aanspreekt die hier georganiseerd worden?
		In welke mate/ op welke manier draagt deze ontmoetingsplek bij aan u welzijn?
		In welke mate/ op welke manier draagt deze ontmoetingsplek bij aan het opdoen van nieuwe vaardigheden?
		Wat vind u belangrijk in een ontmoetingsplek?

3. Topic welzijn

Beginnen met een open vraag zoals: Wat geeft u energie en voldoening in het leven?

Topic	Check	(sub)vragen
Welzijn		Wat doet u om uzelf mentaal en fysiek gezond te houden?
		Heeft u veel contact met andere mensen?
		Voelt u zich met bepaalde mensen verbonden?
		Wat geeft u een gevoel van een doel of betekenis in uw leven?

4. Topic zelfredzaamheid

Beginnen met een open vraag zoals: Van welke voorzieningen van de gemeente maakt u gebruik?

Topic	Check	(sub)vragen
Zelfredzaamheid		Hoe vindt u dat de gemeente haar voorzieningen aanbiedt/communiceert?
		Wat voor sociaal netwerk heeft u om op terug te vallen wanneer u het moeilijk heeft?
		Welke bronnen, vaardigheden, eigenschappen of hulpmiddelen zijn volgens u het meest nuttig bij het omgaan met uitdagingen in het leven?
		Wat zijn uw ervaringen en eventuele behoeften met betrekking tot ondersteuning?

5. Conclusie

Vat kort samen wat je gehoord hebt tijdens het interview en vraag of de participant nog vragen heeft.

Hartelijk dank voor uw tijd en de informatie die u met me deelde

Appendix B

Coding Tree