

Module VI: Community Perspectives as Related to Community Organization, Empowerment, Partnering and Education

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Competency Statement

The learner will describe the community system as the entity affected by environmental hazards and as the actor(s) for addressing such risks.

The learner identifies how nurses support organized community response through consultation, education and partnership.

Rationale

Nursing strategies described in this Module are essential to competencies in advocacy and risk communication. Pope et al (1995) describe the importance of nurses building on existing communication skills to provide linkage among environmental scientists, medical and environmental epidemiologists; and individuals, neighborhoods, or community groups in communication about risks and hazards.

Problem solving and action to address environmental risks require participation of all sectors contributing to and affected by that hazard. The least powerful community sectors often carry the heaviest risks to health. Through nurse partnership and other community development strategies, participants can be empowered to take a strong voice in protecting their environmental health and finding appropriate and acceptable solutions.

Objectives

Upon the completion of this module, the student will be able to:

1. Analyze the community, its formal and

- informal components, as a system.
2. Analyze community development including citizen empowerment and participation in decision making.
3. Critique selected entry approaches into a community for the purpose of addressing environmental concerns.
4. Analyze a partnership model for citizens and professionals.
5. Facilitate citizen involvement in environmental change through education and consultation.

Vocabulary

Change strategy
Collaboration
Community development
Community organization
Community planning
Community system
Consciousness raising
Enabler
Empowerment
Ownership
Partnership

Course Content

1.1 Define the local community

The community is a locality-based entity composed of systems of formal organizations reflecting societal institutions, informal groups and aggregates. These components are interdependent and their function is to meet a wide variety of needs (Goeppinger, Lassiter, & Wilcox, 1982).

1.2 Describe the community system and its functions

Communities, families, and individuals may be viewed according to systems theory.

Described by von Bertalanffy (1952), general systems theory represents every organism as a complex of elements in mutual interaction. Popularized in the 1960s, systems theory remains relevant in today's world. Several conceptual models of nursing are based on a general systems theory including Johnson (1980), King (1981), Roy (1984) and Neuman (1989). These models are commonly used to guide nursing practice and education. Systems theory guides the student to see a particular human system as an organized whole; it is especially relevant in the study of any given community and its environmental health.

In this module, systems' concepts are used to describe the community. Wholeness refers to a pattern in which a collection of parts responds as an integrated single part. Communities are best understood as wholes, comprising parts or elements which interact within a defined space or time.

Systems theory stresses the relationship

- among system parts,
- between a system and the larger system of which it is a part, and
- between interfacing systems.

Systems theory emphasizes the organization or arrangement and relationship of component parts called subsystems. For communities, subsystems are the functional entities such as families, neighborhoods, organizations and interest sectors. The community system exists within a larger system called a supra system. For example, a town system exists within a

county; the county represents a supra system for that town and other towns located there.

Systems are bordered by a boundary. Among community residents there is common agreement about where the community begins and ends geographically. This shared definition of community boundaries is sometimes specified by natural markers such as rivers, sometimes by geographic or political demarcations such as county lines. Information, materials, and persons crossing the community boundary are monitored and then received or excluded. The community is described as relatively open when input is generally welcomed and relatively closed when input is usually rejected. The community responds to information, materials or persons coming in based on the meaning that it ascribes to these inputs. Regulating the flow of information and materials across the boundary is one way to exert community control.

For most communities the interaction of residents within the community system is more frequent and intense than the interaction they have across boundaries into an adjacent or interfacing community.

1.3 Identify the formal and informal components of the community

Communities consist of parts that are related and integrated. The parts are held together and fit according to the community residents' beliefs and definition of who belongs or is included in one community.

Formal organizations and groups are officially established, have an organizational structure and prescribed responsibilities. Formal organizations include service sectors, neighborhood sectors and professional, social, employment, worship and cultural organizations.

Informal groups are characterized by face-to-face relationships such as among family, friends and small work groups. Informal groups emphasize closeness and satisfaction of personal needs for individuals.

Learning Activity

Diagram the community showing subsystems, supra systems and interfacing systems.

1.4 Explain the functions of communities

Warren (1963) describes five major community functions that have locality relevance. A description of these functions follows.

1. **Production-distribution-consumption:** actions which foster the production of goods and services and those which distribute goods and services for consumption.
2. **Socialization:** the process that transmits knowledge, social values, and behavior patterns considered appropriate.
3. **Social control:** regulating processes that foster conformity with accepted norms.
4. **Social participation:** interpersonal relating among individuals.
5. **Mutual support:** assistance for individuals during crises and for unusual needs as in times of death or disaster. (Warren, 1963).

Warren defines community vertical patterns as its ties to the larger society and culture; and horizontal patterns as the relationship of its local units to each other. With increasing mobility and communication capability in modern society, vertical patterns are increasingly essential to communities. For example, communities rely less on local production and

distribution to meet daily survival needs and are increasingly interdependent with the larger society or supra system for this function. Horizontal patterns or interactions of components within the local community system remains important. Local community interaction and participation remain key to the fulfillment of family and extramural roles. These relationships serve to buffer the individual from the tensions of interaction in the larger society.

Community resources, such as raw materials and human skills, sustain the local community and produce goods for distribution to outside communities. This is especially true for rural and remote settlements. Economic exchanges within and across community boundaries are influenced by resource abundance, the community's decision-making processes, and relationships developed across community boundaries. A comprehensive analysis of economic exchanges and resource utilization is beyond the scope of the module learning objective, yet an identification of resources and economic exchanges within the system and with other systems is of importance in understanding one community's function.

Social interactions; including socialization, control, participation, and support are essential to community well-being. A study of local culture, especially as it effects customary ways of relating to others (see Module III), will assist in the understanding of community function.

Learning Activity

++Map economic exchanges in one local community illustrating the extent of local economic interdependence.

List any environmental resources, such as water or fuel, that are shared locally such as water or

fuel. Do residents rely on inside natural resources or rely on resources from outside communities for these?

1.5 Describe multiple group memberships that link community subsystems

Groups represent the collective interests, needs and values of individuals; they provide a link between the individual and the larger social system. Individual attitudes are developed in families and friendships. Throughout life, memberships in other groups influence thoughts, choices, behaviors, and values as people socialize and interact. Groups serve as communication networks (Lassiter, 1996).

For example individuals within a family exchange information and views regularly, expressing not only the opinions held by the family, but also those brought from members' various work place experiences. The family view may be broadened by exposure to work place views. The information exchanged at home may also be brought to work place discussions; work place decisions may be influenced by values to which workers have been socialized in their families.

Memberships in multiple groups help to integrate individuals and diverse sectors in community cooperation. Mediating groups such as family, church, and neighborhood function to link organizations.

Contacts with individuals and groups in the local community for purposes of environmental risk assessment and intervention may be facilitated through existing community advisory groups. The nurse may link to these or create an issue specific community advisory group. Ways to establish and create working

relationships with such groups are described in the National Association of County and City Health Officials (NACCHO) (1997b) publication, Partnerships for environmental health education: Performing a community needs assessment at hazardous waste sites.

Learning Activity

Identify formal and informal groups in the community where you study or work from your own participation there, from written accounts in the local newspaper, and from review of county records of committee meetings which are available to the public.

Discuss the formal and informal groups to which community members belong. What overlaps and links occur?

Analyze how linkage from one group to another occurs through these multiple memberships.

If there is a known environmental hazard in the study or work community, identify the groups there that are most affected, groups that speak out about the hazard and the groups taking action to address the concern. Are these groups linked through members or through utilization of critical resources?

++ Contact your local EPA Community Involvement Office or ATSDR Regional Representative. Obtain information about the agency's Community Advisory Panels (CAP) or Community Advisory Groups (CAG). What is their role in addressing community environmental issues? How well do they communicate with systems such as government agencies outside the community?

Contact the spokesperson for the CAP or CAG group, seek permission and attend one of the meetings. Through observation at the meeting and by talking with members of the group afterward, describe how they view their roles in environmental health promotion.

1.6 List basic survival functions for the community system

Human systems survive through

(1) adaptation to the environment, (2) integration of parts and (3) decision making relative to one and two. Community systems accomplish these survival functions through maintaining boundaries, utilizing resources, containing conflict, producing output and assigning meaning to input from outside the community.

1.7 Identify three characteristics of system change

Systems theory delineates the characteristics of change for human systems and guides students' understanding of the constant and inevitable change in communities. Change includes each of the following features. (1) Change in one part leads to changes in all other parts; each part of the system affects every other part. (2) The system seeks to maintain equilibrium by resisting change; human systems find stability and comfort in conditions that are known and predictable. (3) The system will grow and change (differentiate) over time due to normal growth and development. (4) Human systems often change in response to stimuli from the environment in which they exist.

Change may be unplanned or planned. Planned change is a conscious, deliberate and collaborative effort to improve operations of human systems through the utilization of valid

knowledge (Bennis et al, 1976).

References are listed at the end of the module on change for human systems. These sources are recommended for students who desire additional study in change theory and its application in the community setting. An example of change in a local community is included in Appendix A.

Learning Activity

Discuss examples of local community change. Identify the way that how various parts of the community are affected in examples. Describe behaviors observed or reported that show resistance to the change. Identify growth factors that stimulated need for change.

Utilize the guide in Appendix B to make a more detailed analysis of community change for the case example given in Appendix A.

++Students who desire additional information on systems theory should review one of the many nursing texts that go beyond the discussion in this module. Lancaster et al. (1996) give a more complete overview and summarize concepts from "systems" nursing models in the book, [Community Health Nursing: Promoting the Health of Aggregates, Families and Individuals.](#)

1.8 Describe the sources of influence for community components

Influence is the power or capacity of causing an effect in indirect ways. Sources of power and influence in community decision-making include knowledge, status and position; control over sanctions; group effects on family and kin memberships; identification with formal organizations such as work or church; and control over resources. Socialization to power-taking and power-denying roles also influences

behavior. See Module II for a description of cultural and economic influences for communities in the Mississippi Delta Region.

Some influences in a community may be noted from conversations with residents, from observations of community meetings, and from published news reports. Whenever persons of great influence are identified, consideration should be given to try to determine the reason the persons are powerful.

Learning Activity

Discuss power influences operating in the local community.

Collect data from news and community meetings as examples of influence and relationships among community sectors.

Use the guide in Appendix C to analyze one case example of a community response to environmental threat. Ask critical questions and look for relationships in descriptive data as directed. You may use the case example given in Appendix D or select an example from the field community in which you study or work.

2.1 Explain the characteristics of community development

Community development is a model for community change that encourages a high level of citizen participation in health concerns. It is a process of collaboration with community members to assess the collective needs and desires for healthful change and to address these priority needs through problem solving, utilization of local talent, resource development, and management. In community development, the nurse seeks to support local development of skills and knowledge needed to promote,

protect, and restore the community's health.

Within the community development model, community health assessment encompasses multiple sectors of the community system and focuses on perceived needs and resources of the community. Nurses work closely with community representatives from multiple sectors to specify community concerns and capabilities.

Diagnosis is based on community priorities. Nursing interventions are focused on community self-help and capacity building, mobilization of resources and integration of health care services. Nurses and community partners seek broad-based solutions to the complex community health problems rather than quick, segmented or temporary fixes. A major aim is community ownership of health.

Evaluation is a joint process between the community and nurses or health care workers involving process, outcome and context components. Process evaluation follows the movement and management of steps throughout the partnership work. It includes periodic examination of whether or not objectives are being met and assesses the effectiveness of interaction between involved persons. Outcome evaluation focuses on how satisfactorily short-term and long-term goals are accomplished. Outcomes must be measurable for the working team to specify that outcomes are achieved. Contextual components include the varied facilitative factors and barriers to progress that arise within the environment or outside of the working partnership. Community development requires a substantial time commitment from the nurse and partners (Hickman, 1993).

2.2 Identify citizen participation and decision making as strategies for addressing environmental hazards

Community development tenets include the following:

- (1) Citizen participation and partnership are essential for community growth and improvement.
- (2) The focus of work should be on local concerns.
- (3) Established citizen groups should be utilized.
- (4) Implementation strategies must be suitable to the locality.
- (5) The development of skills in participation and community decision making are as important as task undertakings.

Community ownership of local concerns, challenges and decision making ensures that solutions are locally relevant (Lassiter, 1992).

When helpers, such as nurses, expect active local participation, citizens are encouraged; the value of community improvement and the importance of activism are reinforced.

Learning Activity

Plan within the student group how to enhance citizen participation in working toward environmental health goals.

Review additional readings on community participation and collaboration listed at the end of this module.

List the evidence for community ownership of projects in the local community.

2.3 Describe desirable process outcomes from community development

Community development supports the following outcomes:

- # Development of local leadership.
- # Community education and training for democratic processes.
- # Strengthened community resources.
- # Clarification of differences and divergent goals.
- # Creative utilization of conflict.
- # Community commitment and competence.

Learning Activity

Question faculty and fellow students about the areas for which you need further study and resources. For example, creative utilization of conflict and conflict resolution approaches are key to successful community partnership; some students will want additional study in this or other areas. Read success stories in community involvement between health agencies and communities affected by hazardous waste sites in the reference, Learning From Success: Health Agency Effort to Improve Community Involvement in Communities Affected by Hazardous Waste Sites (Cole & Stevens, 1996).

2.4 Describe the role of nursing in community development

The following nursing actions are typical in community development approaches.

- Bringing together and involving a broad cross-section of people in solving local health problems.
- Identifying and supporting the goal to enhance community capacity for self help.
- Encouraging communication among local

- interest groups.
- Acting as a catalyst.
- Coordinating community efforts to identify and address health problems.
- Teaching problem-solving skills.
- Supporting and facilitating local leadership.
- Maintaining the focus on local concerns.
- Ensuring that implementation is locally acceptable (Lassiter, 1992).

These community development approaches are built on basic nursing skills such as communicating, supporting, planning, coordinating, teaching and working with groups. Nurses working with partners to address environmental health may readily apply previously learned skills. Students at varied levels can further develop skills through the learning activities for this objective.

Learning Activity

Conduct a community information gathering meeting using the guide in Appendix E. Write key questions to ask local spokespersons during the meeting.

Identify all organizations and interest groups who seek to improve individual or community health.

Prepare a lesson plan on how to solve problems that is appropriate to for the local participants. Be sure to build on the existing strengths of individuals in the group. Recruit a local representative to co-teach the class with you. See Edelman and Mandle (1994) or other health teaching texts for

review on lesson planning and teaching, as needed.

Discuss your values and any changes in thinking that have developed because of class presentations and discussions.

++Review other social action strategies as described in the assigned reading in Bobo et al. (1991) to supplement module content for on this topic.

2.5 Describe nursing strategies that broaden the focus of environmental health issues

Environmental health issues must be explored critically by raising questions about oppressive situations, by involving community members in the process of defining and solving problems. Interventions should liberate people from the health-damaging effects of hazardous environments.

Nurses share their ideas and dialogue with community members, listening to what the community defines as problematic, helping to raise consciousness about environmental dangers, and working with citizens to bring about change.

Nurses utilize strategies similar to the change actions used by community members including strategic organizing, litigation, testimony at public hearings, letter-writing campaigns, legislative lobbying and mass demonstrations. Nurses teach, train and support these efforts with partners (Stevens & Hall, 1993).

.Learning Activity

++Discuss leading consciousness raising sessions in the local community relative to environmental concerns. See Culbert (1976)

or other sources relative to this advanced activity.

2.6 Describe the importance of community involvement in affecting social and political policy

Citizen empowerment and participation are especially important for environmental health issues. Existing research suggests that changing individual behaviors does not lead to significant reductions in overall morbidity and mortality in the absence of basic social, economic, and political changes (Milio, 1983).

To improve the quality of air, water, housing, food and waste disposal while reducing risks of occupational injury and violence requires basic social, economic and political changes. Hazardous environments are often experienced inequitably. Poorer communities are more harshly affected than others. Taking a stand to address environmental problems requires community partnerships (Stevens & Hall, 1993).

Learning Activity

Arrange a visit with the Department of Health or invite key personnel (Director of Public Health, Public Health Nursing, or Environmental Health Services) to speak to the issues of current approaches to addressing public policy and community involvement through partnerships in your county.

++Discuss Milio's position on social and political change as outlined in the assigned reference reading (Milio, 1983).

Discuss the potential for improving environmental health through social and political policy changes.

3.1 Establish contacts with key individuals in the local community

Nurses (and others) who enter a community as strangers or as known persons who are not members of the partner community must establish a working relationship after an initial period of gaining acceptance. Initial acceptance is often with reservation, followed much later by a deeper level of trust and acceptance. Trust grows from collaboration as the nurse demonstrates competence and reliability over time.

Key individuals in the local community may be identified when they are mentioned repeatedly as people of influence by the local residents. A specific technique for identifying such key individuals follows. In this technique the community worker asks five individuals to name the most influential members in their community (i.e. the ones to whom they would turn for help). These five are then interviewed with the same question and the ones they identify are interviewed also. This process continues, repeating the question about people of influence until the nurse or community worker recognizes that particular individuals are named repeatedly. The individuals named repeatedly are then considered knowledgeable community representatives.

Using your campus as an example of a community, identify five key people considered to be influential. Which areas of campus life do they influence most?

++Identify leaders or spokespersons from each sector in the local community. Explain how you would contact and invite these representatives to present their point of view on local environmental risks and protection.

3.2 Describe how to establish relationships with individuals in the community

Early acceptance is facilitated through identifying self and the proposed work

- with key formal leaders,
- through news media, and
- with gatekeepers for the community who will help with entry and alert you to the realities of the community situation.

Typical reactions to strangers coming into the community include exclusion from meetings, incomplete sharing of information, close scrutiny, and testing. These reactions diminish as trust is established through well-known approaches such as keeping promises, presenting self as a "good person," and providing "unofficial" help.

Bobo et al. (1991) state that relationships are the most important resource and the most important talent among community organization strategies.

Learning Activity

Role play entry into a strange community with a classmate or teacher. Have an observer note the interaction. What actions or words facilitated trust? Was there mutual information sharing? Was critical information obtained regarding influential persons? The media? Describe the testing behaviors that occurred during the interaction.

3.3 Identify the outsiders' purpose in coming into a community and describe any value this may have for the local community

Acceptance is furthered by receptivity as community members teach the nurses about their concerns and needs. While the nurses must demonstrate competence in interaction, they need not feel that they have all of the answers. Neither should the nurse hesitate to own mistakes that occur. Truth saying and owning normal human needs contribute to the real and equal (i.e. trusted) partnership.

As nurses learn from others and support an examination of attitudes and beliefs about the proposed work together, they enhance the project through the following behaviors:

1. Affirm attitudes consistent with project goals,
2. Acknowledge attitudes that create barriers to work, and
3. Share values that mandate action toward environmental changes.

The purpose for coming into a community is made clear by defining goals and explaining reasons for being in the community. The nurse needs to specify what may be gained through his or her input in the community.

3.4 Describe two important pitfalls to acceptance

By listening carefully you will note that the local community holds values and beliefs particular to their system. Take care to respect these local values; be politically correct. Avoid the pitfall of assuming others hold the same values and beliefs that you hold.

Personal anxiety, also a pitfall, may seem overwhelming to the person entering the community as a stranger. This anxiety may stem from the differences between the host community and one's own culture or it may grow from the helper's intense sensitivity to oppression or poverty in the community dealing with environmental challenges. Ways to mitigate this anxiety include finding and relying on personal allies in the community and continuing supportive contacts with friends from your home base.

3.5 Describe contracting with the community for participation in work on an environmental problem

An arrangement for working together may take the form of a contract or agreement. The elements of contracting with community residents are similar to general contracting with clients in nursing. Contracting between nurse and client includes a statement of who will be involved, doing what specific services, at what place, at what time, and for how long. If money or other benefits are exchanged as part of the agreement, this is also specified in the contract.

An additional consideration in a community contract includes attention to reciprocity. Issues on collecting material for sensitive topics and specifying the use of results and findings from community work are also of note in successful contracting. Issues such as these are discussed and agreed upon by involved parties.

4.1 Describe the characteristics of a partnership for healthful change

Partnership is the informed, flexible, and negotiated distribution and redistribution of

power among participants in the process of change for improved health (Shuster & Goeppinger, 1996). Partner involvement varies according to participants' abilities. Partnership recognizes capabilities and resources of each participant and emphasizes collaboration. Responsibilities in a partnership are more equally specified than in agreements in which nurses take more managing and authoritative positions. Partnerships often include interdisciplinary collaboration among professionals, local helpers, and citizens.

A philosophy underlying partnership and collaboration is described and commended by NACCHO (1997a) as a social change process of building relationships and sharing decision making authority. In the publication cited here authors explain that participation means community involvement at all phases of decision-making; including planning, goal-setting, designing and implementing actions that will affect the health of the community. They state further that community voice helps to ensure that community values are represented in the process.

Skills needed by community partners for such full participation include leadership and group participation. When community residents wish to further develop skills they frequently turn to nurse partners for training and support. With a basic understanding of how to work with groups and how to lead others successfully, community workshops may be planned and held. Leadership and group skills training may be facilitated by any of the community members who have this expertise, or the nurse may be designated as the teacher. Nursing texts and general group process or leadership materials may be used. Several resources are included in the additional readings section of this Module.

Learning Activity

++Design resource materials for citizens to further their knowledge and skill as team members or leaders. Include information on how to conduct meetings in the community and other topics that community residents identify as their learning interests.

4.2 Analyze community and nursing willingness to work in partnership

Nurses working in isolation cannot solve local environmental health problems. They must work with citizens who can best analyze local needs. Finding appropriate interventions should come from identifying and understanding local priorities, causative factors and outcomes to environmental problems.

Community development concepts lend direction to partnerships for health. Citizens frequently know each other; local leaders and public officials are highly visible and easily available to the whole community by telephone and at regular gatherings. Community links facilitate communication and building on existing relationships.

Learning Activity

Partner responsibilities include the following.

- Identifying problems and needs,
- Coming to partnership consensus on goals and priorities,
- Agreement on ways and means to implement goals,
- Collaborating effectively on actions and
- Evaluating outcomes.

Learning Activity

List roles and responsibilities for partners in a hypothetical community facing an environmental hazard. What is expected from local citizens? What is expected from the nurse and other professionals?

Using your campus as an example, identify a problem that is of concern to everyone. Are there other programs at your college or university with whom you could partner to work on the problem? If you are able to work on a campus problem develop goals and work with your partner to select priorities for action. Evaluate your progress.

5.1 Define consultation

Consultation is closely linked with the idea of empowerment. Consultation helps clients work through problems and learn new skills w that the clients see as most important and most helpful in enabling them to solve more of their own problems (Sebastian & Stanhope, 1996).

Consultation may be seen as a mechanism for achieving intersystem change. In this case the consultant and community interact to work collaboratively on desired changes. Planning is done by both community system and consultant. The kind, quality, and quantity of input vary as circumstances change.

5.2 Identify key information sources for community partners

Community partners may need assistance to identify relevant resources for information and community organizing including how to investigate environmental problems and how to take collective actions such as holding group meetings, utilizing varied media, and presenting

an argument at a public forum.

Learning Activity

Identify one printed resource that community members will find helpful in investigating environmental problems or in working with others in the community. For example, the Agency for Toxic Substances and Disease Registry (1993) has published the Public Health Assessment Guidance Manual which provides explanations on the investigation of exposures and related topics. Organizing for Social Change: A Manual for Activists in the 1990's (Bobo et al.,1991) is a source on how to hold a group meeting or how to present an argument in a public forum. Other instructive aides are available through public libraries and public service agencies. Additional sources are included at the end of this module. Also see Appendix AA for resources in environmental health.

++ Based on learning activities you have completed such as organizing a community information gathering, interacting with community members, and attending community meetings, complete the worksheet in Appendix G identifying the educational needs of the groups with whom you interacted.

5.3 Demonstrate beginning skill in a problem analysis method applied to an environmental health problem

Environmental health problem analysis is key to planning; establishing priorities, goals and objectives and identifying intervention activities to accomplish the objectives.

Analysis strives to clarify the problem origins, its impacts, points at which interventions are warranted and the parties affected by and interested in finding solutions. In the analysis

process all causes and results known for the environmental risk problem are listed first. Then the relationship between each cause and effect from the problem is researched and specified. Environmental health experts should be available to assist nurses and community representatives; they must also draw on information from current studies found in physical and social science literature. Information on toxins and effects on environmental health is presented in Modules I, III and IV.

The resulting analysis report is shared among participants. A report may be presented to the community. Once the problem is clearly understood, intervention steps are selected that address major causes and results. Professionals and community members plan based on available resources and capabilities. Partners' responsibilities are selected; ways to carry out the plan are chosen and put in place. The work plan is implemented, supported and evaluated by the partners. See Shuster and Goepfinger (1996) for a detailed description of community problem analysis and intervention planning.

Learning Activity

++Analyze an environmental health problem such as the one in Appendix F. Identify causes and results of the problem.

++Name three nursing interventions for the case study problem. These should address major causes and results as described in the case.

5.4 Evaluate the feasibility of citizen action for environmental protection in a given community

The current political climate in national, state and local neighborhoods will greatly influence the feasibility of some actions. A discussion of the

current climate should be conducted at the local level. Identify existing regulations for environmental risk protection and how these are implemented within the state and local community.

Consider the factors that facilitate working to reduce environmental risks and the barriers anticipated to such work. What is needed to overcome barriers and facilitate the action strategy depends on the action strategy selected. For example, getting out information on environmental health hazards probably meets fewer barriers than demonstrations at the court house to close a toxic waste dump. A careful consideration of expected effects, desirable and undesirable, is important to the community's selection and preparation for action.

It is important to find opportunities for interventions in a changing political system. As communities and nurses are increasingly aware of health risks to communities and to the inequity of risk distribution, they will refine their skills and continue to address these health problems.

Learning Activity

Discuss the current political environment as documented in news media and by existing rules and regulations about environmental risk protection.

Consider the facilitative factors and the barriers anticipated for each of the intervention strategies you developed for a case in an earlier learning activity. Refer to change theory references as needed.

Teaching Methods

Lecture, small group discussion, assigned readings, community field experiences, descriptive data presentation, analysis of community problems and role play may be utilized. Specific learning activities are suggested for each objective.

Evaluation

Students may be evaluated for class and group participation, for performance on selected learning activities and through examination.

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Appendix A: One Example of Local Community Change

Slate is a rural town with a population of 3,000. Three families, the Roberts, the Koltenskys and the Mitchells have lived there for five generations, first farming and raising cattle, then later branching out into small business and public service ventures. One could make a good estimate of a person's influence and status in Slate by figuring how closely he was tied to the kin network of these founding families. Because most people in Slate worked hard and valued community service, public education and simple outdoor recreation there were few community conflicts expressed. While it was somewhat difficult for a newcomer to fit in when moving to the town, he or she was usually able to adapt to the way things were done if he or she showed proper respect to the town influentials.

As the number of young adults seeking local employment grew over time and too few jobs were available in Slate, the young often moved away. In the early 1990s, the local town council decided to accept a new industry in Slate in order to create jobs and thereby keep young adults there. The new industry, which manufactured metal cookery, was established with full town approval; three hundred new jobs were created.

The town folks' purpose in bringing in the industry was seemingly lost to the administrators of the company. As the company began selection of employees, they extended a search to the entire southern state, interviewing locals and many others. Eventually they filled over three quarters of the jobs with outsiders who had recently become U.S. citizens. These outsiders were willing to work for minimum wages assuring a better profit margin to the company.

Appendix B: Questions That Guide Analysis for Change

(Individuals, groups & communities)

What was the situation before and after a change or a suggested change?

What beliefs are held about the change and whether or not this change is for the overall good?

What new skills do individuals need to adapt to the change?

In what way are previously held roles modified and what new roles are required?

Do role changes affect relationships among persons in a positive way?

What do people lose in the changed situation?

What new opportunities and satisfactions are gained?

Who gains and loses most?

Will this cause increased conflict or peace among the people?

What information do people need related to the change? Where is this information available and accessible?

Who will be upset by the change?

Will long held values be challenged?

Appendix C: Analysis of Environmental Threat

For the selected community and the environmental threat event utilize the following key directives to focus analysis.:

- a. Determine what information is missing.
- b. Give a brief history of the community prior to the threat event.
- c. Explain when and how the threat sequence was discovered.
- d. Provide data (and sources) that supports the information. Who generated or gathered the data?
- e. Determine what problem solving approaches were used by the citizens.
- f. Find out what course of action the community proposed to address the problem.
- g. Identify the groups and organizations affected by the threat. Determine their strength in community influence.
- h. Highlight the interaction and outcome of each sequence by telling the vent narrative.
- i. Evaluate the progress to date.
- j. Ask the community what it wants now. What actions are they proposing next? What resources and help are they seeking?

An analysis of an environmental health problem follows which identifies related causes and results for the problem. Specify the relationship between each of these and the local problem.

Appendix D: Case Example: Community Response to Environmental Threat

In a neighborhood called Duck, located in Creektown, Mississippi, residents enjoyed a pleasant life style. Most individuals worked in small businesses or the public service sector. Most adults were employed, contributing to a good family income. Neighbors in Duck were like family; people cared for each other and most family units included single adults and elders.

Members of several families in the neighborhood were especially diligent in working; sometimes a person held two jobs. Families consistently saved to improve their living conditions. Because households usually included adult children and elderly relatives the houses were just too small to accommodate the luxuries that some families could now afford.

Word spread of a newly constructed residential development—Verdon—located near the river in Creektown. This development was located on the property where a plastics factory had been located in the past. The factory had moved out of state and the whole area was wonderfully landscaped. Houses were spacious, lovely, fitting to families with a sufficient income for a "better life." Twenty families from the Duck neighborhood purchased homes in the newly created subdivision.

Within five years the pleasure of spacious luxury homes in a lovely landscaped subdivision turned sour. Residents in Verdon were troubled by an acidic odor that seemed to worsen when there was a heavy rainfall. In some areas low green-yellow liquid seeped from the soil. The odor and liquid came into some basements through sump pump basins. By summer, the residents avoided using porches, decks and yard areas. The smell was objectionable!

Six years after the move to Verdon, residents called a neighborhood meeting where they decided to present the problem to the Creektown City Council. At the presentation, the question arose whether the odor and foul liquid could be the result of the plastic factory's residue buried under the lovely grass surrounding their new houses. The City Council felt they had no responsibility in the case because the plastics industry had moved to another state and there were no documented health complaints.

Verdon residents next decided to take the issue to the plastics company. They sought information and considered instituting a suit against the real estate company which sold the houses to them. Somehow they believed the real estate company had known there were risks involved because the selling price of homes had been relatively low for such fine houses. Some home owners in Verdon put their homes up for sale to get away from the stench; there were no buyers.

Residents sought help from the State Agricultural Department. Soil around the homes was tested, and the resulting report showed no toxic levels of chemicals in the soil samples. Elders and young children living in the Verdon homes experienced headaches and many respiratory illnesses. To the families, these symptoms seemed excessive, but health care workers treating them did not attribute their symptoms to chemical or toxic exposure. Residents took their concerns to friends, coworkers and, finally, to a citizens action group in the bordering county of Randolph. No such action group existed in Creektown or the county it was in.

The Randolph Citizens Action Group listened carefully to the Verdon representatives and strongly encouraged them to collect data. The Randolph Citizens Action Group recommended forming an action group of Verdon concerned citizens and advocates to study the issue and do something about it. Taking this advice, Verdon residents did form a neighborhood action group. They invited local leaders to join their effort. Sue Ramey, their public health nurse, was one of the first advocates to the group.

Appendix E: How to Conduct an Information Gathering, Community Meeting

Before the meeting the organizer should:

Talk with three to five influential members of the community about the purpose for calling a meeting. Locate at least two persons who agree with the need for such a talk. Get commitment that they will attend at a specific time.

Select a place; schedule it. Be sure it the facility is adequate in seating and comfort. Pay attention to size, need for sound equipment, and other logistics such as parking, and convenience to residents. Put up signs to mark the designated meeting place.

Get information out that the meeting will be held, when, and where. State the purpose of the community meeting clearly in all such notices.

At the meeting the facilitator should:

Open the meeting with introductions of all and a clear purposes for this particular meeting.

Set the ground rules for hearing from each participant. If the group who gathers is quite large, subdivide it into groups small enough for all to be heard. If these subgroups are formed, mandate that each one will report back to the larger group before the meeting closes.

Ask for clarification whenever there are points of confusion or doubt. Restate what persons have said, note areas of agreement and differences.

State your own perspective to the group, listen to their responses to your statements.

Decide whether or not the group should identify the next steps. If they decide to do so, work with them to plan action steps. Set responsibilities for who will be responsible for each action step.

Discuss how the generated information will be used. Set a new meeting time as desired and needed.

Thank all of the people who gathered at the community meeting.

Appendix F: Case Study: An Environmental Health Problem

This fictitious case is a composite of several real events occurring in the Mississippi Delta Region, and reported in county news papers over a three year time span.

In one Mississippi Delta county there is a large chemical plant that employs county residents. The plant manufactures solvents, paint removers, pesticides, and adhesives from coal tar. Toluene, a toxic substance found in many areas of the Delta Region, is used in the manufacturing process. Chemicals used at the plant are transported by rail through several counties to other manufacturing sites. Precautions to prevent spills and leaks are usually carefully followed.

Groups in the community feel that they need the chemical producing and manufacturing plants in the county. Before the plants moved to their locality, the economic base for services in the county was quite low and many people had been unemployed. Therefore, the opportunity for jobs at the plant and in businesses that supported the plant was seen as positive and even as necessary to the survival of some families. The state had supported the relocation of many industrial plants through tax benefits to the company owners. Even after the crisis occurred, most families felt that the risk of harmful exposure was a price that must be paid for important benefits.

An environmental crisis occurred in July 1996. A railcar carrying toluene developed a leak, spilling an undetermined amount of the chemical close to a densely populated community.

Residents immediately noted eye, nose and respiratory tract irritation. Rescue workers responded to calls for help. Emergency evacuation and treatment were instituted. The plant identified the leaking railcar and was able to stop the spill, but not before 100 persons were exposed to the damaging effects of the spill.

Several factors contributed to the crisis; fortunately no deaths occurred. (1) Manufacturing and distribution of toxic chemicals was permitted, (2) the plant was located close to a residential area, and (3) the chemicals were transported through adjacent communities, some of which were densely populated. Exposure to toluene results in serious adverse effects as described in (see Module II). Efforts to guard against toxic spills were undocumented as related to this particular crisis.

An outcome from the event was increased fear and anxiety about exposure to toxic substances. Residents stated that they felt helpless to control hazardous exposures. Several residents helped set up support groups to calm anxieties; after several weeks these groups came together and decided to take action for more complete protection from hazardous substances. Their first step was to engage local health professionals in an analysis of the problem.

Appendix G: Community Education Assessment & Planning Check Sheet

Checked during assessment	Assessment Elements and Community Descriptions
	Community Concerns:
	Community Educational Backgrounds \ Literacy Levels:
	Community Knowledge, Attitudes, and Beliefs regarding concerns:
	Community Languages and Ethnic Backgrounds:
	Community Information Channels (Television, Radio, Newspaper, Newsletters,...):
	Community Cultural Practices:
	Community Education Partners (Outreach Programs, Universities, Literacy Centers, Public Health Educators):

*Also see NACCHO Needs Assessment Tool in Module IV

