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Students and Service-Learning: Planning Programs with Communities

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STUDENTS AND SERVICE-LEARNING: PLANNING PROGRAMS WITH COMMUNITIES

by

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Project:
"Improving the Health of Women and Children Through a Multidiscipliary Service-Learning System"

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1995

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TABLE OF CONTENTS

Introduction.. 1

Needs Assessment.. 2

Data Analysis, Plan, Implementation, Evaluation................ 5

Simulation Exercise: Hometown USA............................. 7

Directions for Exercise.................................. 8

Hometown Data.. 10

Prioritizing Community/Population Needs....................... 16

Community Partnerships.. 18

Professional Self-Perception Exercise......................... 21

INTRODUCTION

You are about to embark on an exciting journey--working with a population of homeless women and children, the agencies that serve them and the community in which they live. You, in partnership with these individuals and groups, will be assessing, planning, implementing and evaluating a service-learning program aimed at addressing mutually identified needs. This handbook is intended to assist you in that process. Although the handbook provides an overview of the entire process-assessment through evaluation, most attention is given to the needs assessment portion of the process. More detailed information on the planning, implementation, and evaluation phases will be provided at a later time.

It is hoped that you will find the information that follows useful in helping you achieve your goals.

NEEDS ASSESSMENT

Definition

A needs assessment is a systematic approach to data gathering which results in the identification of the strengths and weaknesses of the population being assessed. It provides the assessor with a picture of the level of "health" of the population which can then lead to appropriate measures to either enhance "health" or resolve "problems".

Overview

A thorough needs assessment is an essential, though often overlooked, first step to working with populations within a community. As health care professionals, we would not consider treating a client without first determining what they perceive to be their needs. Yet, it is not uncommon for us to approach a community population with a "solution" in hand before we have an accurate picture of what the problem is. This approach can be described as a "shoot first, ask questions later" approach to health care services.

Types

There are three basic types of needs assessment.

1. Comprehensive Needs Assessment: A through, time consuming, systematic assessment which examines all aspects of a community population in order to identify or verify actual and/or potential strengths and/or weaknesses of that population.

2. Problem-Oriented Needs Assessment: A systematic assessment of a community population in relationship to an identified need.
Examples: 1. Transportation as a barrier to accessing health care or
2. Nutritional deficiencies among homeless populations-especially women and children.
This type of assessment is narrower in scope than is the comprehensive assessment. Data gathering efforts focus on accessing information which will provide as thorough an understanding of the identified need as possible.

3. Familiarization Needs Assessment: A systematic assessment of a community population which involves an analysis of already available data (Census tract data, service agency data, etc.) in order to identify populations which share characteristics and needs.
Examples: 1. Homeless women and children as a population group or
2. Pregnant teens as a population group.
It was this type of assessment which led to the identification of the underserved populations which are the focus of this particular service-learning project.

Tools

There are several "tools" which will assist you in conducting a needs assessment.

1. Yourself. By putting all of your five senses on full alert, you can learn much about a community and the people who live in it. Let your senses see, hear, smell, taste, and feel the community and it's people. What does it look like? What does it smell like? What does it sound like-what are people saying? What "feeling" do you get about this population? What taste do you come away with? By being consciously aware of what is happening around you; by using yourself as a data processor, you will be well on your way to understanding the population and their needs.

2. Existing Data: National Sources

    a. National Sources such as the National Center for Health Statistics which collects and disseminates data about the health of United States residents an conducts the National Health Survey is a good source of data.

    b. US Census Bureau data, which is collected every ten years, is a good source of demographic data: age, sex, race, socioeconomic status, marital status, educational level, housing, and selected morbidity and mortality data. These data are useful in identifying existing trends.

    c. A number of special interest groups, such as American Heart Association, American Lung Association, collect and publish data about their particular area of interest.

    d. The United States Government Manual which is available from the US Printing Office in Washington, D.C. serves as an excellent reference for information about federal programs and agencies that have health data.

3. Existing Data: State and Local Sources

    a. Local and state health departments: vital statistics

    b. City and county planning and zoning boards: currant demographics

    c. Community resource guides

    d. Health and welfare councils within the community

    e. Other useful sources of existing state and local data include:
    -Health departments
    -Telephone books
    -Agency records
    -Clergy
    -Maps
    -Newspapers
    -Community bulletin boards
    -Chamber of Commerce and
    -Service directories

4. Surveys. These can help to fill in "gaps" in information available from the "existing data" sources identified above. Surveys are also useful to get at issues of prevalence, distribution, interrelationships of health and illness, beliefs, attitudes, knowledge and health related behaviors within a population. (Polit and Hungler, 1993.) It is a wise idea to enlist the help of the population to be surveyed in the development of the tool to be used. They can help you formulate questions that specifically address the issues/needs as they are perceived by the population. Piloting the survey before use is also a wise idea.

5. Interviews. Interviewing is an excellent assessment tool. Talking to the persons in the community can provide data which will be invaluable in identifying needs. Who better knows the community than those who live and work in it? It is also important to identify the key people in this community? Who are the formal leaders? And maybe more importantly, who are the informal leaders? What insights can they provide about needs and resolution of those needs within this population?

6. Community Forums. Actively involving persons within the community in the process of need identification cannot be overemphasized. Community forums and focus groups are an excellent way to achieve this involvement. No one best knows the needs of the people in the community than do the people themselves. What we perceive to be the need(s) of a population may, in fact, not be the need(s) at all.

The more sources of data you use, the greater the chance you have of painting a picture of the community and it's people that is complete and true.

Assessment Formats

There are numerous formats available to assist in the organization of the assessment data. What they all have in common is that each addresses every aspect of community life, ie., social, political, economic, religious, legal, educational, health, environmental, communication, transportation, recreation, etc. In order to understand the needs of the population, one must understand the impact and interaction of all these systems with one another and with the population at large. We would be in error to focus our assessment only on health issues. We cannot fully understand health needs unless we understand the interrelationship between health and the numerous other systems that impact our daily functioning.

DATA ANALYSIS, PLAN, IMPLEMENTATION AND EVALUATION

Once all data have been accrued, what does one do with the information? The purpose of conducting the assessment, as mentioned earlier, is to assist in the identification of the specific needs of this particular population. When analyzing your data you will want to ask yourself several things.

1. What need(s)/issues can be identified from the assembled data?

    -Do all the "partners" (population-service agency-health provider) agree that this a need/issue?
    -Is the need/issue something that all agree they want to work on?

2. What factors/forces have contributed to the creation of this need/issue?

You will find that more often than not it is these contributing factors which must be addressed in order to impact the need/issue in any way. Is your goal to go for the quick fix or is it aimed toward a long term solution? If your answer is the latter, you will want to focus your attentions not directly on the need, but rather on those things that cause the need to be.

3. Is the need/problem an actual one-one that clearly exists already or is the need/problem a potential one. That is to say, do you already have a roaring fire or do you just have all the ingredients necessary to start the fire? If you are able to identify "signs and symptoms" that the need/problem exists, you have an actual need/problem; if you see only that the contributing factors are in place, but have no "signs and symptoms", you are dealing with a potential need/problem. Both actual and potential needs are appropriate targets for intervention. In the first case your goal is to "fix and prevent", in the second to "prevent".

4. Articulate the need identified as clearly and concisely as possible. Include in this articulation what you believe to be the factors contributing to this need.

5. What is it you hope will be accomplished?
    What are the goals-Long term?
    -Short term?

6. What are some possible solutions/interventions that might be appropriate?
    -Are they realistic?
    -Can they be accomplished with the resources available?
(people, equipment, finances, space, community systems, and so forth)

7. Exactly what resources are available?
    -Who and what is needed?

8. What are possible roadblocks that can be anticipated for each of the possible solutions proposed?

9. What can each of you involved in this partnership (people-service agency-health professional team members-sponsoring institution) contribute to insure that the proposed intervention(s) is/are successful?
    -What unique contributions does each of the partners bring to this situation?

10. What unique contributions can each member of the partnership make to help remove any roadblocks to success?

11. Exactly how are you going to operationalize your plan?
   - What are the specifics of the plan?
   - Who will be responsible to whom and for what?

12. How will you evaluate whether you achieved or failed to achieve your goal?
   - If you succeeded, what contributed to that success ; if you failed, what contributed to that failure?
   - Whether you succeed or fail, what did you learn from this process?
   - Is there anything you would do differently based on what you have learned?

<u>Summary</u>

There is much more that can be said and there is much to be read on planning programs with communities/populations. The purpose of these few pages was to provide an overview of this process from data gathering through needs assessment to evaluation. The success of any community/population focused project depends heavily on working in consort with the population being served. As health professionals, we must not allow ourselves to be tricked into believing that we alone hold the key that opens the door to meeting the needs of the communities and populations we serve. That can only be accomplished if we are willing to listen to and enter into a full partnership with the population we serve.

"COMMITMENT TO PERSONAL SERVICE REQUIRES PERFORMING THE SERVICE THROUGH DIRECT CONTACT WITH THE INDIVIDUALS RECEIVING THE SERVICE"

"EVERY STEP WE TAKE--NO MATTER HOW SMALL--TO UNDERSTAND THE NEEDS OF THE PEOPLE WE SERVE WILL INCREASE OUR BOND WITH THEM AND MOVE US IN THE DIRECTION OF A HIGHER STANDARD OF LEADERSHIP"

Keshavan Nair

SIMULATION EXERCISE

NEEDS ASSESSMENT

HOMETOWN, USA

DIRECTIONS FOR HOMETOWN SIMULATION EXERCISE

The information you have received about Hometown was arrived at by talking with the residents, interviewing key persons, reviewing existing data, and "tuning-in" to the community. This assessment is an example of a comprehensive needs assessment-although in a modified form. A true comprehensive assessment would be much more detailed and specific.

When you begin your clinical experiences in this service-learning project, the first thing you will be asked to do is to accumulate this type of assessment data for the population with whom you will be partnered.

The purpose of this particular exercise is to give you an opportunity to "practice" completing a problem-oriented needs assessment of Hometown in preparation for your work with homeless women and children.

You are asked to work in your teams.

STEPS

1. Tease out the "needs/issues" that are suggested by these data.

2. Identify all those forces/factors which you believe contributed to the creation of each of these needs.

3. Determine if the needs identified are actual (currently exist) or potential (have all the ingredients to become actual if no one intervenes)

4. Determine strategies you will use to insure full involvement of your "partners" in the process of identifying the <u>one need</u> that will be the focus of interventions.

5. State that one need as clearly and specifically as you can. Include the contributing factors in your statement.

6. Identify what further information/data is needed to fully understand the need on which you have chosen to focus.
-Where and how will the data be gathered?
-Who will gather it?
-What can each member of your team contribute to this process.

Your goal, at this point, is to know as much about that specific need as possible. The deeper your understanding, the more likely you are to select appropriate interventions, and the greater the likelihood of success.

7. Brainstorm some possible strategies to resolve the need.
   -What does the literature suggest might lead to successful resolution of the need?
   -What has been tried in the past when faced with similar needs?
   -Are the strategies realistic/achievable?

It is this assessment phase of the service-learning project which will be your

focus during this semester. Next semester the teams will be involved in the planning, implementation and evaluation phases of the project. Those three phases cannot be accomplished satisfactorily without the work you will be engaged in this semester. Planning and implementation of any community project can be only as good as the needs assessment that precedes it.

HOMETOWN, USA
NEEDS ASSESSMENT SIMULATION EXERCISE

Hometown is the county seat for a rural county, Anycounty. It is located approximately 30 miles from a large city. Hometown was once described as an active farming community, but now many residents travel out of the county to work every day. The major cash crop of those still farming is tobacco.

Geography

The county is 173 square miles of rolling hills crisscrossed by creeks. The climate is typical of Central Kentucky. The average annual temperature is 55 degrees F. and the annual precipitation is 45 inches.

Population	#	%
1. Total Population	12,780	100
2. General Characteristics		
a. Race		
White	12,332	96.5
African American	383	3.0
Hispanic	63	.5
b. Age by sex		
Males		
Total	6,901	54.0
Under 5	497	7.2
5-9	476	6.9
10-19	1,173	17.0
20-34	352	5.1
35-54	379	5.5
55-64	462	6.7
65-74	331	4.8
75 plus	55	0.8
Females		
Total	7,157	56.0
Under 5	580	8.1
5-10	501	7.0
10-19	1,274	17.8
20-34	379	5.3
35-54	429	6.0
55-64	565	7.9
65-74	215	3.0
75 plus	65	0.9

-Trends: There has been some out-migration of the young and middle aged adults

c. Marital Status	#	%
Males		
Total over 14	2,079	100

Single		58.4
Married		36.2
Separated		2.6
Widowed		9.6
Divorced		0.7
Females		
Total over 14	2,303	100
Single		40.2
Married		22.2
Separated		22.6
Widowed		9.6
Divorced		5.5

Education

-The town is served by a city school system composed of a high school, middle school and two elementary schools. There is one parochial elementary/middle school. There is a major university in the city 30 miles away. Students with special education needs are mainstreamed into the public schools. There is a alternative high school for students considered to be "at risk". The alternative high school provides child care and parenting classes in addition to the usual academic subjects. School health services are provided by the one district school health nurse. There are a total of 2927 students enrolled in the school system. All schools have school lunch programs; 40% of the students qualify for free or reduced rate lunches. There is a Family Resource and Youth Service Center located at the middle school. The high school drop out rate is 17.5%. The literacy rate is 87%.

-The local school board prohibits sex education in the schools.

Environment

-Water: The town is served by a city water company which purifies and fluoridates water from the Kentucky River.

-Sewage: The town sewage treatment plant is deemed inadequate.

-Air quality: The town is pollution free with the exception of exhaust from traffic on a major highway which cuts through the county.

-Food quality and access: There are two major grocery stores in town as well as two "corner stores" near the housing projects. Just about every fast food restaurant is represented in or on the outskirts of town.

-Housing: Other than the federal housing projects, most dwellings are older, single family, frame houses which are expensive to heat and maintain.

-Animal control: This is under the auspices of the local health department and the Humane Society. There have been no reported cases of rabies in the last year. The cat and dog population is on the increase. A pack of wild dogs has been reported roaming the outskirts of town.

Industry

-Employment level: The unemployment rate for Hometown is 12.5% compared to the state rate of 8.9%

-Manufacturing: There are two industrial parks which house light manufacturing enterprises.

-White vs Blue Collar: 93% of the employed population is classified as blue collar.

-Income level: The mean income per capita is $6,015 compared to a state mean of $9,100. About 83% of the families require two incomes to subsist.

Recreation

-There is a city-county park with playground equipment, a baseball diamond, basketball court and picnic area. A public library serves the town and county. There is one bowling alley (15 lanes) and numerous pool halls which are located either in or next to bars. Swimming in or boating on the Kentucky River is a popular activity. Swimming in the river is done at one's own risk. (There have been three drownings and four boating deaths in the last year.) There is no public swimming pool. There is an active Senior Citizen Center, but it is only open 2 days a week. Lunch is served on those days as well as delivered to home bound seniors.

Religion

-There is one Roman Catholic Church

-There are nineteen Protestant Churches including two African-American Churches. The predominant denomination is Baptist.

-There is no synagogue

-There is an active ministerial association composed of a representative from each of the churches.

Communication

-There is a weekly county paper and weekly advertiser. Many of the residents subscribe to the daily paper published in the major city. Neighborhood news is shared on bulletin boards in grocery stores and churches: "Word of Mouth" is the major source of information. There are two local radio stations--one has a county western and "call in" format, the other a gospel format. Both are on the air form 7am to 5pm five days a week. There are numerous radio stations in the major city as well as 4 TV stations. Cable service is available in Hometown but not in the county. Many people have CB radios and police scanners. Telephone service is available through GTE.

Transportation

-There is no public transportation or local taxi service. The Senior Citizen Center will provide transportation for the elderly upon request. There is an ambulance service which will transport emergencies free of charge. Eighty five (85) percent of the households own some form of vehicle.

Public Service

-There is a voluntary city fire department and a voluntary county fire

department.

-The police department and the sheriff's office are located in Hometown. The police department provides service to the city, the sheriff's office to the county.

-There is a non-enhanced 911 system. Ambulances are staffed with EMT's and paramedics.

-Electricity is supplied by a RECC.

-There is a rape crisis center in the major city.

Political Organization

-Hometowm is governed by a mayor and six council members who are elected by city residents. City government is supported by city and state revenues. Approximately 50% of the eligible voters are registered. Usual voter turnout is 66%.

-The town is also the county seat and is home to the County Courthouse and county offices. The county is government is under the jurisdiction of the Judge/Executive.

Community Development and Planning

-The City-County Planning Commission is responsible for overseeing development of the area. They recommend to the City Council for action.

-Major Issues:

1. Ballooning of subdivisions. The town has been landlocked for years because of large farms; now some of the farms are being sold and developed for residential use. The new subdivisions are being annexed to the city. The current water and sewage facilities are not equipped to handle this increased load.
2. A mall is being proposed. It will be located on the edge of the city. This would provide jobs, but also strain existing systems.

Disaster Programs

-The town has a disaster plan, but no one seems to know where it is or who i in charge. Town officials contend it is the responsibility of the county and county officials believe it falls under the purview of the town.

-There is a clothing bank located in the old civil defense headquarters next to City Hall.

-Potential sources of disaster include tornados, flooding, ice and snow storms, and earthquakes.

Social Problems

-Alcoholism and school dropout rates are higher than those for the state.

-There were three teen suicides in the last year, but they were not recorded as suicides in the mortality statistics for the year.

-Truancy is a major problem at the middle and high school levels.

-Street crime and random acts of violence and vandalism are on the increase.

-Two street gangs have formed within the last two months.

-The Hometown teenage pregnancy rate is twice that of the state.

Health Personpower

-Local health department, which serves the entire county, employs two physicians, four RN's, two social workers, a sanitation officer, a health educator, a nutritionist, and two clerks. The administrator holds a degree in business administration. There is one dentist employed on a fee for service basis. There are no PA's or ARNP's on staff. When given the opportunity to join with three other counties to form a district health department, Hometown declined.

-Services provided by the health department include:

M-W-F	Prenatal clinic, Family planning clinic, and WIC
T	Well child clinic
Th	Immunization clinic
Daily	Blood pressure monitoring
1 X month	Dental clinic, nutrition classes, vision and hearing screening

-The health department is also responsible for environmental health, epidemiology and disease control, and keeping records of births and deaths.

-Health Department hours are Monday thru Friday 8:30-4:30.

-There are eight (8) private physicians in Hometown
- -Five family practice
- -One internist
- -Two pediatricians

Three of the private practices employ PA's or ARNP's.

-There are five (5) dentists, one of whom is a pediatric dentist.

-Hometown has five (5) pharmacies which employ a total of 17 registered pharmacists.

-There is a mental health clinic located 10 miles south of Hometown.

-Home health, hospice, alcohol and drug treatment, and hospital services are available in the major city which is 30 miles north of Hometown.

-There are no urgent treatment services available in the city.

-There are three (3) nursing homes, all of which have waiting lists. One of the nursing homes was recently cited by the state licensing board for being substandard.

-There are no health professional's organizations.

Community Organizations

-Chamber of Commerce
-Lions Club
-Knights of Columbus
-Jaycees
-Little League (boys and girls)
-Shriners
-Men and women's church groups

Health Statistics: Mortality

-Five Leading Causes of Death Per 100,000

ANYCOUNTY	
Heart Disease	548.5
Cancer	278.8
CV Disease	67.3
Accidents	65.1
Cirrhosis	27.8

KENTUCKY	
Heart Disease	427.2
Cancer	219.9
CV Disease	80.4
Accidents	38.6
Pneumonia	24.2

NOTE: State rate for cirrhosis is 11.3.

PRIORITIZING COMMUNITY/POPULATION NEEDS

Goeppinger and Shuster (1992) suggest six criteria to consider when attempting to prioritize needs. They are:

1. Is the community/population aware of the need?
2. Is the community/population motivated to do something about the need?
3. Does the health professional have the ability (knowledge, skill, etc) to influence the resolution of the need?
4. Is relevant expertise readily available to resolve the need?
5. What will be the seriousness of consequences if the need is left unresolved?
6. How quickly can resolution of the need be achieved?

HOW CAN WE OPERATIONALIZE THESE SIX CRITERIA?

IS THE COMMUNITY/POPULATION AWARE OF THE NEED?

In order for a need to be addressed, a level of awareness must exist-there must be community/population awareness.' If the need is obvious to you but not to the community, what action should be taken? As health professionals, it is your responsibility to heighten awareness of the need. This may be a tender issue and should be done gently and respectfully. It is important not to give the impression that the community was remiss in not identifying/recognizing the situation as it exists.

IS THE COMMUNITY/POPULATION MOTIVATED TO DO SOMETHING ABOUT THE NEED?

Awareness alone is not enough. Motivation is essential if action is to occur. Is there the time and energy present which is necessary to tackle the situation? Is the community/population committed to working on the need? If not, what strategies might you employ to stimulate interest?

DOES THE HEALTH PROFESSIONAL HAVE THE ABILITY TO INFLUENCE THE RESOLUTION OF THE NEED?

In order to implement strategies directed toward need resolution, the health professional must have sufficient knowledge and skill. The need which the community/population has determined to be a priority may be one with which you are not sufficiently conversant--it may be beyond your scope of practice. If this is the case, it would not be wise for you to commit to working on that need. (It might be well to note that because your teams are composed of five health professional disciplines, you will be less likely to come across situations of this nature. Collectively you have five times the expertise that you would have as a single profession.)

IS RELEVANT EXPERTISE READILY AVAILABLE TO RESOLVE THE NEED?

In addition to your expertise as health care professional, you have the expertise of your community partners. What resources exist within the community/population which will aid in addressing the need? As you learned in your needs assessment, needs/problems are complex entities. You are rarely, if ever, dealing with simple cause and effect. Addressing needs requires more than your own expertise, it requires the expertise of the many systems which make up the community.

WHAT WILL BE THE SERIOUSNESS OF CONSEQUENCES IF THE NEED IS NOT RESOLVED?

Looking at consequences can assist you in prioritizing identified needs. You should look at consequences from both your own as well as the communities perspective. What may seem to be minor consequences to you, might seem to be catastrophic for the community members and visa-versa. In order to have successful resolution, it is essential that all view consequences in the same light. This may require education about the issue on everyone's part.

HOW QUICKLY CAN RESOLUTION OF THE NEED BE ACHIEVED?

Time is a factor which cannot be overlooked for several reasons. First, success breeds success. Sometimes starting off with a "small" problem and successfully resolving it will open the door for dealing with more complex issues. If both you and the community can see positive results from your efforts, a sense of trust and collegiality will be fostered. A second reason to factor in the time element is to assure that you do not leave a task unfinished--do not leave yourself and the community feeling that the endeavor was all talk and no action--that things are no different than before you came.

The above criteria should be useful to you and your community partners in identifying the need on which to focus. They are not meant to be used in isolation but rather in consort with each other. If you consider these criteria in deciding program directions you and the community/population you are working with should feel that the need chosen is the one that all of you can commit to.

Reference

Goeppinger, J. and Shuster, G.F. III. in Stanhope, M. and Lancaster, J. (1992). Community health nursing: Process and practice for promoting health. St. Louis: Mosby-Year Book, Inc. p. 262.

COMMUNITY PARTNERSHIPS

FORMING COMMUNITY PARTNERSHIPS

"WHEN YOU COMBINE YOUR PERSONAL COMMITMENT WITH RESPECT FOR THE COMMITMENT OF OTHERS, YOU WILL INITIATE A COMPOUNDING EFFECT THAT WILL CREATE A COMMITMENT TO SERVICE THROUGHOUT..."

Keshavan Nair

Overview

One cannot participate in a service-learning project without acknowledging the need to be involved in the formation and nurturing of community partnerships. Service-learning is based on the premise that activities are done <u>with</u> rather than <u>to</u> population groups within the community. In order to achieve this, it is necessary to commit to the development of community partnerships.

Partnerships: What Are They?

Webster defines partnership as "a relationship...involving close cooperation between parties having specified and joint rights and responsibilities (as in a common enterprise). Partnerships imply equality. Although each partner may bring different knowledge and skills to the issue(s) being addressed, each person's contribution is deserving of equal consideration. Partnerships also imply empowerment. Partners empower each other. They focus on each others competencies rather than their weaknesses. They explore interventions consistent with existing cultural norms, lifestyles, beliefs, and values. They involve all actively in primary decision making and they bolster a sense of pride and self esteem.

The partnership to be formed in this project is one between homeless women and children, the agencies and staff who serve them, the community in which they reside, faculty, and you--the student service-learning participants.

Partnerships: How Are They Formed And Nurtured?

By actively involving all the partners in your needs assessment, you will be well on the way to developing a partnership. It is actions not words which will convey to the community the sincerity of your commitment to partnership. "Cooperative goals, trusting relationships and commitment are the foundation for coalition building and partnerships. Increasingly, collaboration becomes a necessity as individuals and groups seek to develop individual competencies, solve problems, and respond to a rapidly changing world" (Farley, 1994.)

Farley (1994) cites several factors considered critical to the success of forming and nurturing partnerships as well as several barriers to success.

Factors which she identifies as critical to successfully forming partnerships include:

1. Respecting individual and community values
2. Focusing on issues (needs) that really matter
3. Engaging in continuous leadership development for local leaders and
4. Participating in local social events and celebrations.

Barriers she cites include:

1. Failing to trust that the people can function as equal partners and
2. Refusing to share power and decision making.

"Health professionals should enter communities with the purpose of mobilizing the capacities of people to respond to issues. However, communities are not managed, orderly environments, and disenfranchised people are sometimes the least organized and their voices the most angry or despondent." (Dewar, 1990.) Farley (1994) gives us what she refers to as "philosophical admonitions" as a foundation for partnership formation. They are:

1. Remember that community development/partnerships are not an event.
2. Avoid developing a "Messiah Complex"
3. Maintain a policy of inclusion. Use "we" rather than "I".
4. Go beyond promises.

Summary

Partnership development is a high energy, labor intensive activity, but the dividends received are well worth the effort exerted. Partnerships are built on a belief in the power of empowerment. "Empowerment has two essential aspects: responsibility with the authority to make decisions, and accountability against promised results. We now know that empowerment combined with the appropriate skills has the potential of capturing efficiency and creating success." (Nair, 1994.)

References

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PROFESSIONAL SELF-PERCEPTION EXERCISE

PROFESSIONAL SELF-PERCEPTION EXERCISE

MY PROFESSION ____________________________________

Please indicate Listed are a variety of skills used by health professionals in working with clients. your degree of comfort in performing each skill. Your choices are:

1=Not at all comfortable
2=Somewhat comfortable
3=Comfortable
4=Very comfortable
NA=Not applicable to my profession

1.	Eliciting and understanding client's chief complaint	1	2	3	4	NA
2.	Taking a complete biopsychosocial history	1	2	3	4	NA
3.	Teaching dental hygiene to school age children	1	2	3	4	NA
4.	Counseling client on drug therapy	1	2	3	4	NA
5.	Performing a physical assessment	1	2	3	4	NA
6.	Diagnosing an illness	1	2	3	4	NA
7.	Conducting a dental screening	1	2	3	4	NA
8.	Dispensing medications	1	2	3	4	NA
9.	Forming a care plan that addresses all aspects of client's needs	1	2	3	4	NA
10.	Monitoring for side effects of medications	1	2	3	4	NA
11.	Managing pain	1	2	3	4	NA
12.	Prescribing medications	1	2	3	4	NA
13.	Taking responsibility for client drug therapy outcomes	1	2	3	4	NA
14.	Providing comprehensive dental treatment	1	2	3	4	NA
15.	Performing simple procedures	1	2	3	4	NA
16.	Educating community groups on health issues	1	2	3	4	NA
17.	Teaching clients about how to take medications	1	2	3	4	NA
18.	Helping a client cope with illness or disability	1	2	3	4	NA
19.	Providing restorative dental care	1	2	3	4	NA
20.	Educating a client about healthy lifestyles and wellness behaviors	1	2	3	4	NA
21.	Enabling a client to quit smoking	1	2	3	4	NA
22.	Diagnosing human response to illness	1	2	3	4	NA
23.	Engaging in independent practice	1	2	3	4	NA
24.	Teaching children about dangers of smokeless tobacco	1	2	3	4	NA

*The author would like to gratefully acknowledge the contributions of the Faculty Planning Group whose input contributed to the development of the tool.

25. Conducting a needs assessment of a population/ community	1	2	3	4	NA
26. Conducting self-help groups	1	2	3	4	NA
27. Treating oral disease	1	2	3	4	NA
28. Monitoring the dispensation of controlled substances	1	2	3	4	NA
29. Engaging in political action as a means of health advocacy	1	2	3	4	NA
30. Addressing the issue of polypharmacy with clients	1	2	3	4	NA
31. Restoring form and function to the oral cavity	1	2	3	4	NA
32. Presenting treatment plans to clients	1	2	3	4	NA
33. Educating a group of senior citizens about drug use	1	2	3	4	NA
34. Practicing palliative care	1	2	3	4	NA
35. Engaging in holistic care	1	2	3	4	NA
36. Managing the care of a group of clients	1	2	3	4	NA
37. Monitoring client compliance and drug use	1	2	3	4	NA
38. Performing an oral examination	1	2	3	4	NA
39. Teaching the food pyramid to school age children	1	2	3	4	NA
40. Connecting clients with other health and social services	1	2	3	4	NA
41. Talking with clients about personal problems (sexual issues, substance abuse, battering, etc)	1	2	3	4	NA
42. Helping women make decisions about contraception and birth control	1	2	3	4	NA
43. Conducting drug education programs in the local high school	1	2	3	4	NA
44. Teaching pre-schoolers about home safety	1	2	3	4	NA
45. Managing a unit in a hospital	1	2	3	4	NA
46. Talking with clients and their families about death and dying	1	2	3	4	NA
47. Visiting clients in their homes	1	2	3	4	NA
48. Practicing in occupational settings	1	2	3	4	NA