

BUILDING COMMUNITY CAPACITY IN SOUTHWEST VIRGINIA

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ABSTRACT

Asset Based Community Development (ABCD), a guide for building healthier communities, was used to promote positive change in a rural southwest Virginia community. This paper illustrates how community assets were recognized and social capital increased as children painted a mural depicting the history of the community. A literature review of successful community building partnership models is provided and implications for nursing education are discussed, including suggestions for teaching collaboration skills for effective community partnering.

INTRODUCTION

Asset Based Community Development is a valuable means for strengthening communities and promoting the health of the children and families who live within the communities. Asset-Based Community Development (ABCD) is a partnership model that increases social capital by using the assets found within the community. Social capital is defined as “the power of social networks and relationships which constitute the social environment” (Pan, Littlefield, Valladolid, Tapping & West, 2005). Effective healthcare leaders should make a commitment to use their knowledge and skill in increasing social capacity and building community, because a strong community is home to healthier children and families. (Pan et al. 2005).

This paper will provide a literature review and illustrate the application of the ABCD process within a rural community in southwest Virginia. Suggestions for using partnership models in nursing education are presented.

PARTNERSHIP MODELS

Creating partnerships is the foundation for building community capacity. Successful partnerships require consideration of community diversity. Culturally competent partnerships accurately represent the needs and problems of the community. Involving community leaders and members in building community capacity promotes trust and results in effective working relationships between culturally diverse partners.

CULTURALLY DIVERSE PARTNERSHIPS

Hawkins, Cummins & Marlatt (2004) discussed three community-oriented partnership programs: The Target Community Partnership Project, the Parent, School and Community Partnership Program and PRIDE (Positive Reinforcement in Drug Education). These partnerships were created to develop intervention strategies aimed at

preventing substance abuse in Native American adolescents living on or near a reservation in the United States. A common strategy used by these three models was the formation of partnerships among tribal leaders. Tribal leaders are role models and decision makers within the Native American community. The success of community empowerment interventions is dependent upon establishing partnerships among tribal leaders as well as community members, school administration and professional services staff. These community based programs were successful in preventing substance abuse among Native American youth by identifying factors associated with increased substance use. Without the partnerships, the success of these programs would not have been possible.

COMMUNITY-ACADEMIC PARTNERSHIPS

Meyer, Armstrong-Coben and Batista (2005) described a model of community-academic partnership in New York City. The partnership included pediatric residents and Alianza Dominicana, Inc., a community based social service organization. The goal of the partnership was to promote child health and development in the community. According to the 2000 census, 72% of the community served described themselves as Dominican. The community was located in a rural area with economically disadvantaged working class residents. Meyer et al. (2005) reflectively described four principles that lead to the success of this culturally diverse partnership. First, a trusting relationship was established among university faculty, pediatric residents and community residents. The relationship took years to develop because of misconceptions between the pediatric residents and the community. The community perceived university faculty as the “Ivory Tower” and the pediatric residents as “arrogant and all-knowing”. The pediatric residents perceived the community as impoverished and lacking assets. Initially, the pediatric residents did not see the assets within the community. Therefore, the message was to abandon biases in order to have a positive working relationship. This was achieved through training sessions led by community leaders and faculty members. Community leaders gradually gained leadership roles within the medical residency program. Next, the establishment of specific defined goals was determined. The formation of the board of directors, consisting of representatives from the community, faculty and residents, was the third principle and the last principle leading to the success of the partnership was open communication using a common language. The creation of a common language was developed through “Narrative Lunches”, an activity for residents and community members to talk about cultural differences in an open dialogue (Meyer et al. 2005).

THE ABCD MODEL

The ABCD model, a partnership model, brings together community assets including community members, organizations and institutions to build a strong community which will, hopefully, assure a promising future for the families and children within the community (Pan et al. 2005).

Pan, Littlefield, Valladolid, Tapping and West (2005) described five community assets within the ABCD framework that have the potential to bring about positive changes. The five assets include:

- ***Skills and capabilities of individuals within the community.*** Everyone has something to offer; ideas are sometimes lost when individuals do not share. An effective leader encourages ideas from community members. Community members are knowledgeable about needs within the community and the required improvements.
- ***The association capacity within a community.*** Capacity includes individuals who exercise or attend church together. Associations are valuable social support systems within communities that provide networking opportunities.
- ***Institutions established within the community.*** Schools, churches, businesses and government agencies are potential partners when building a stronger community.
- ***Potential development sites are used in creative ways.*** Empty buildings found within the community can be used for meetings or recreation areas.
- ***Unused pieces of land are converted to playgrounds or parks.***

AMERICA'S PROMISE

America's Promise (2003), a partnership model founded by Colin Powell, former Secretary of State, is similar to the "ABCD" model. America's Promise is an example of a partnership model that focuses on providing a promising future for America's youth by fulfilling five promises. The five promises for every child include:

- A caring adult to take an interest in a child's well being. Teachers, coaches, neighbors or family members develop relationships with children that promote positive experiences and guidance.
- A safe place to go after school. Children should feel physically and emotionally safe from negative influences. Adult led after school activities provide opportunities for children to interact with peer groups.
- A healthy start. Every child deserves adequate nutrition and access to health and dental care.
- Effective education. Marketable skills provided by educational experiences and career development are necessary in order to become successful adults.
- Opportunities to give back to the community. Allowing young people to serve the community enhances self-esteem and provides an opportunity for growth.

Many communities, schools, and businesses have pledged to fulfill these five promises to America's youth in order to ensure a better future for America (America's Promise, 2003).

Research has shown these partnership models (Meyer et al. 2005; Pan et al. 2005; Siegrist, 2004; and Hall-Long, 2004) have been successful in bringing about positive change within communities but the most successful models of community building originate within the community by individuals wanting to make a positive change for themselves and their families as this case study will illustrate.

PAINTING THE WALL

Within a small community in southwest Virginia, one woman, Ms. G, shared a vision. She wanted to do something for children and beautify the neighborhood. However, the project she envisioned, "Painting the Wall", accomplished much more than those two objectives. The idea evolved into a community project that resulted in successful partnerships and numerous positive outcomes including enhanced self-esteem, feelings of competence, and increased activity level among the participants.

Ms. G asked children to paint a mural depicting the history of the community on a rock wall located at the community entrance. After securing permission from the landowner, Ms. G began contacting parents of children living in and around the community to determine their interest in painting the wall. The response was optimistic and planning began. Miss Amy, a rural college student, had experience with painting murals, offered enthusiasm as well as her artistic ability, and used the project for her six week internship.

This region is plagued by unemployment, substance abuse, illiteracy and geographic isolation. Travel through the community is restricted to one primary road. Abandoned ramshackle houses are unattended. The inhabitants of the area are Caucasian, African American or multiracial. The town once flourished when men worked in the coal mines with children playing everywhere, especially playing basketball on the corner. Today, children are inactive, staying inside, closer to the television and video games. Only occasionally are children seen walking down the street.

THE ABCD PROCESS

As the project evolved, relationships between parents and Ms. G. developed. A mutual commitment to the project became apparent with offers of financial support from parents to buy paint and brushes.

The goals of the project were discussed in the initial contact and everyone agreed the mural would be a valuable piece of art history for the community. A specific partnership model was not used for the collaborative efforts of the individuals within the community. However, many characteristics of the ABCD model are apparent within this collaboration.

The first step was utilizing the association capacity and institutions within the community, an asset within the ABCD framework. The fire department pressure washed the wall before painting began. Parents provided drinks and snacks. The town council donated \$300.00 to finance the project and the county board of supervisors agreed to help. Ms. G exhibited strong leadership skills in planning and organization, a reflection of the skills and capabilities asset within the ABCD model. She bought brushes, paint, sealer, cups, drinks, snacks and insect repellent but left the design and painting to Miss Amy. Zukowski and Shortell (2001) believe that partnerships progress best with a clear focus. The clear goal in this project was to allow community children to paint the wall despite cost and weather.

The children, ages four to seventeen, were told about the project during vacation bible school and asked if they wanted to participate. Ms. G also phoned the children's parents. Every child expressed a desire to paint. The parents brought the children to the

wall and left them in the care of Ms. G. Some parents stayed and painted with the children. Children and parents painted for ten non-consecutive days. The history of the community was obtained from interviewing elderly community members.

After the wall was pressure washed, it was painted white (Picture 1).



Picture 1

The taller kids offered to paint the upper wall where the smaller children could not reach (Picture 2).



Picture 2

Next, each child chose a square along the wall and the child's name was marked in the square. Then, the children had to plan what they wanted to paint in the square. After telling Ms. G they were ready to paint, she helped the child find the necessary colors for the square based on the child's vision. It was critically important for everyone to realize that each child was essential to the project.

Children were praised often for their choices of design and color. The children were passionate about painting "the wall" and their excitement was contagious. Parents became enthusiastic and many chose to paint their own square of history. Despite the summer heat, everyone kept a positive attitude (Picture 3).



Picture 3

Located directly in the center of the wall is the Handprint Tree containing the hands that contributed to the community project (Picture 4).

The children, parents and community members were invited to dip their hands in the paint and place their handprints at the edges of the painted limbs to imprint a "leaf". The individual printed their name at the bottom of the "leaf".



Picture 4

One child painted a cardinal (Picture 5). Another child painted the world surrounded by children of different races (Picture 6).



Picture 5



Picture 6

Her mother commented on the fact that this child got up at six-thirty every morning to paint the wall. “I’m going to show the wall to my grandchildren one day,” said the child to her mother.

“It has showed me that I can do hard work and that it’s very time consuming. When I get older I can show my kids what I did,” a comment from a thirteen year old.

“Painting the wall” began as a simple idea that progressed to a partnership between residents of a small, rural community, local organizations and political representatives. The wall is a depiction of the community, a coal mining town. Replicas of the company houses were painted on the wall and the train that traveled across the top of the wall fifty years ago carrying coal was also painted.

The principles of ABCD brought individuals within a rural community together for a common goal, paint a mural depicting the history of the town. The children and

community members were motivated to complete a task and with the completion of that task there was a sense of accomplishment, a job well done. The community will continue to enjoy the rewards of the completed project, an historical representation of the community.

America's Promise was recognizable throughout this project. Children formed relationships with caring, compassionate adults; adequate nutrition and hydration was provided, children interacted positively with peer groups in a safe place and children were given the opportunity to serve the community.

IMPLICATIONS FOR EDUCATION

Developing partnerships within the community is an excellent way to teach team building skills and increase clinical experiences for undergraduate nursing students. Partnership models between community health programs and Schools of Nursing currently exist at the University of Delaware, Newark; and Western Kentucky University, Bowling Green (Siegrist, 2004 and Hall-Long, 2004). These partnership models benefit communities, students and faculty.

Siegrist (2004) noted that students, as a result of the "partnering" experience, developed interdisciplinary teamwork, program planning skills and cultural competency. In the project described by Hall-Long (2004), students developed public health skills and received academic credit. Curricular competencies were met and new clinical sites were formed.

Most baccalaureate nursing programs require community health nursing content including partnership principles and community building. Experience in asset based community development can be offered by allowing students to choose a partner community and complete a community assessment. Students identify problems and assets within the community, create possible interventions to address the problems and validate both with community residents. For example, students may find a playground located directly beside a creek with water four feet deep. Obviously, the playground needs a fenced enclosure for safety reasons. The goal is to develop a partnership specific to the community that will result in acquiring a fence around the playground.

Nursing students, with guidance from faculty, may want to speak to parents, using this opportunity to teach parents and children the dangers associated with playing near creeks and streams. Empowered parents are valuable partners who can create positive change.

It is necessary for nursing students to learn collaboration skills in order to provide quality patient care (Van Ess Coeling & Cukr, 2000). Nursing faculty should take the opportunity to teach these skills out of the classroom setting using a "hands on" approach. Implementing partnership programs within the community is an effective way to teach team building and collaboration skills necessary for successful partnerships.

Effective partnerships must include all community stakeholders. Students need to look to business and government leaders, teachers, community activists and health care providers as potential partners. Time and planning are essential for building successful partnerships.

CONCLUSIONS

The residents of a rural community in southwest Virginia were successful in achieving their goal. The mural will be a constant reminder of a positive experience for the residents of the community (Picture 7).



Picture 7

Through community partnering, nursing students can merge their roles as community residents and professional nurses. Giving back to the community is the responsibility of every citizen. If all residents take this obligation seriously, communities will be healthier places for children and families.

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