

# Challenges of Extending Department-Community Partnership Successes Across the Institution

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## Abstract

*The marriage of nursing education with community issues and dynamics is, at least, an awkward task and, at best, an untested opportunity. The successes and lessons learned in creating and maintaining an urban nursing center are provided as encouragement to others to dream, to risk valuable resources, and, with time, to realize outcomes which may far surpass expectations. The challenges of translating one department's experience with a community partnership into the context of other academic departments is discussed.*

Holy Family College is a small, co-educational, Catholic, commuter college of approximately 2,500 students in Northeast Philadelphia. Since its founding in 1954, the college has served the higher education needs of residents in local neighborhoods, defining its impact through the accomplishments of its graduates and the service-learning activities of its students.

As nursing faculty, we believe that providing a variety of continuous teaching-learning opportunities in a specific neighborhood fosters greater autonomy among all participants and encourages the development of student and community leaders who are more able to speak out on behalf of the social and/or professional community they represent. This belief has been influenced by the confluence of many factors: (a) curricular changes at Holy Family College that incorporate additional community-based experiences into the planned program of study; (b) demands of a rapidly-changing health care system that has seen patient care move from hospitals to community sites; (c) an increase in the nursing faculty's dedication to service and service learning activities; and (d) an institutional commitment to expand community outreach initiatives. In response to these factors, a community-based, nurse-managed family center was proposed. The concept was presented to central college administrators and the board of trustees in 1997 and was perceived as an opportunity for refocusing institutional resources into a collaborative partnership of college and community stakeholders that could benefit everyone involved.

An urban neighborhood in the Frankford section of Philadelphia was identified as the community where the center would be established. The pastor and neighborhood residents saw the potential alliance of church and college as a model of caring that

would link faith and social action strategies to more effectively serve the daily lives of the community, church, and the college. The community is a federal empowerment zone and reports many of the same social dilemmas of other large, urban cities throughout the United States (i.e., high rates of unemployment, poverty, and crime). Issues of resident safety, elder isolation, abandoned properties, inadequate housing, and lack of youth self-esteem remain common concerns despite citizen participation in a Frankford-wide community improvement process some five years ago. Finally, the community is easily accessible by public transportation to the college's northeast campus, and a previous feasibility study by the college indicated the lack of a post-secondary presence in the area.

## **Partnership Successes**

The vision of a college-church-community partnership took shape before *Implementing Urban Missions* grant funding became available. Keys to early success included the campus and community partners' commitment to the central decision-making role of a representative advisory board, the positive reputation of the college and church partners, and the willingness of church and college leadership to invest in their vision. Further, long-term personal relationships between college and church leaders who had championed previous community grassroots efforts were instrumental in launching the project. Funding from the Council of Independent Colleges' *Implementing Urban Missions* grant propelled the project forward by providing additional finances to renovate a building, hire personnel, purchase office equipment, and secure services to maintain the physical site. Residents began to assume pride in the facility as they became actively involved in the building and grounds reclamation activities. The involvement of faculty, students, and citizens working alongside one another in "hands on, clean-up" projects cannot be overstated as a mechanism to establish rapport with neighborhood residents. In addition, the use of a lighted sign to identify the center's presence raised visibility and symbolized the commitment of the partners. However, an unexpected benefit came from a community contest to determine the center's name, the Holy Family Neighborhood Center, which helped cement college-community relationships early.

The use of resources from all partners to respond to community-identified needs as prioritized by the advisory board has been a formula for success. The interaction between partner needs and collaborative partner resource allocations has led to a true blending of talent and wealth, with wealth taking on many meanings (for example, time, money, energy, knowledge or skill expertise, and political connectedness). Each partner is valued for the assets brought to the project. The collaboration has led to successful implementation of programs and services. For example, the parish nursing initiative continues to respond to many demands and is expanding its services. It combines the efforts of church and community volunteers, faculty, and student nurses in responding to a myriad of identified community health needs (for example, consultation and referral for health concerns, home visitation of frail or homebound elderly, transportation for emergency or scheduled health visits, blood pressure screenings, and spiritual and emotional support). In addition to these services, donated equipment

(including canes, bedside commodes, and wheelchairs) is cleaned and stored, and then given or loaned to needy residents. Further, toiletries are packaged in attractive, inexpensive containers with candy or seasonal trinkets for distribution during home visits or center “drop-ins.”

The children’s summer enrichment program, another flagship program of the center, blends classroom instruction with experiential learning in the creation of useful, homemade tools (for example, cameras and telescopes) or the development of personal skills in computer literacy, mathematics, painting, and cooking. This program, along with our extremely successful after-school arts and crafts and tutoring programs, provides age-specific services and all are a direct outgrowth of one of the community’s priorities to enhance youth self-esteem. Festive, small celebrations that recognize student accomplishments are conducted at the end of the school semesters and summer sessions and are well attended and memorable events for the children, their parents and relatives, the center staff, and college faculty. Projects are proudly displayed and each child is personally recognized with a certificate of attendance. Neighborhood excitement and an occasional review in local newspapers have attracted new people to our center because of these endeavors.

Additional strategies that have promoted center viability and visibility within the college and neighborhood include introducing services or activities with a high likelihood of success, initiating projects at a small level, and expanding efforts only when center outcomes affirm the need. For example, the first Open House was held for neighborhood residents as soon as building and grounds preparations were complete. This event attracted approximately 70 visitors and served as a preliminary introduction to the center and preparation for the Grand Opening scheduled several months later. New volunteers were recruited for future events, and community leaders voiced their pleasure with the established partnership.

The curricular involvement of faculty and students in community service began with one baccalaureate course at the senior level. This first project, known affectionately as “the lead project,” is embedded in the child health or pediatric nursing course as a required learning activity for all students. Students go door-to-door to distribute information about lead poisoning prevention and offer product give-aways to decrease household lead exposure. The project has continued each semester, and as a result of early successes has received funding from the Philadelphia Health Department to extend activities to a wider geographic area and to include project evaluation strategies. Currently, faculty and students at many levels within both the baccalaureate and graduate nursing programs are involved in a variety of center activities, and faculty and students from other areas in the college and other local colleges or universities also have accessed the center for learning opportunities.

Students use their experiences at the center to identify new community needs that are appropriate for the center to address. They locate available resources and present their proposals to the advisory council for consideration. As a result of student involvement,

a local social service program to combat nutritional deficits and social isolation in the homebound elderly was incorporated into center activities. Aid for Friends now uses the center as a food drop-off site, and local residents are recruited to deliver food and provide brief periods of daily companionship to those in need. In addition to obvious benefits of student learning and role modeling, an added windfall for many students is the exposure to a neighborhood very unlike their own, where they learn to confront unfounded fears and stereotypes about race and class.

College administrators and various college offices support the center's development and maintenance. Numerous volunteer hours by members of the college community, utilization of the college's nonprofit status and purchase power with external constituents, publication of center activities in the president's annual report and the alumni newsletter, and presentation of center projects in a recent slide show for the institutional re-accreditation process are a few of the examples of ongoing institutional commitment. These contributions are important assets to the partnership. An unexpected treasure has been the recent donation of time and talent by an art student and faculty member to design and complete several murals at the newly developed park/playground site that was once a vacant lot with abandoned cars.

The inclusion of high profile events has helped immensely with center sustainability. Our ability to highlight accomplishments has contributed to community-wide name recognition and credibility. The leveraging of new and untapped resources and the infusion of energy and excitement to continue on our defined path are other examples of neighborhood and institutional commitment. Events such as the development of a safe neighborhood park and playground are a physical reminder to the community-at-large and partner members of the center's existence and purpose. Further, these activities continue to attract new volunteers to complement those few tried and true members who are always available and always participate in the more day-to-day, low-key but high-need activities such as tutoring and CPR training. While the seemingly insurmountable number of volunteer hours has cemented partner and community pride, to say nothing of the dollars saved, the involvement of new individuals in project activities is always needed.

## **Lessons Learned and Next Challenges**

The school, the college, and the community have learned much as result of the collaborative partnership and center achievements. First, patience and flexibility are necessary virtues in community development work. Processes of center establishment and program or service implementation and evaluation often take longer than anticipated or desired, and never does everything go as planned. Second, constantly focusing on our mantra "the community knows best," despite our being pulled to recognize individual partner ego needs, is mandatory. For example, adult health education programs were held on topics requested by community members or thought to be of community interest; however, widespread publication of these events and a concerted effort to diversify the time and days of presentation did not alter poor attendance. In contrast, health education information provided in center-made bulletins or professional agency

and health institute pamphlets that were distributed to local church foyers and schools quickly disappeared. Third, volunteers are the backbone of our project, but the inconsistency of volunteer participation and commitment over time has taxed center staff. The need to find acceptable alternatives and new volunteer replacements is ever-present.

Doing something new or different, regardless of its worth, forces change in the way of doing or defining things and is often met with resistance. Being different is, at times, uncomfortable. Communication skills such as careful listening and negotiating are frequently needed to help clearly express our position, provide responsive alternatives, and achieve desired goals. Several examples illustrate this lesson.

First, community-based practice is a central theme embedded in our nursing curriculum, a difference from other academic programs at Holy Family where community-based learning activities are extra-curricular events. While community service and service learning activities are integral to our curricula, the need to more clearly articulate these concepts for ourselves and for our colleagues is evident. Faculty and staff in other departments are happy with our successes at the center, yet do not fully understand what we are about. Their participation in the center is hampered by this lack of understanding. Others are confused by our involvement in what they see as social reform activities, and their stereotyping of the nursing profession conflicts with how we define our professional role. Second, college procedures designed for other purposes, such as purchasing, have occasionally delayed progress and presented obstacles we are learning to navigate. The current college infrastructure is not designed to easily accommodate a physically-distant program, and the delivery of supplies or maintenance of equipment can be problematic. Third, our center is distinct in its commitment to health promotion activities as contrasted to a primary care intervention model. This program perspective limits access to traditional insurance funding as a source of revenue. Finally, our center's primary purpose of health promotion and community empowerment is different from most nurse-managed centers in that we do not provide primary care. Although this focus is unconventional, we are valued as an integral part of the first national nursing center consortia.

Because we have focused our efforts on establishing and maintaining the center at a site external to the college campus, these efforts often competed for time and resources with the need to internally involve a cadre of volunteers from a wide range of college departments. We rarely use the label of "urban mission" to describe our community outreach project. Most college members would wholeheartedly agree that the center is a prime example of the college's urban mission, once the term is defined. However, we need to present the work of the center to the college community as a fundamental component of our college's life and of student learning. We must also use the urban mission language to conduct a more purposeful inclusion of all members of our college community in center initiatives. This effort will be enhanced by recent institutional decisions to highlight urban mission partnerships and community outreach activities in the college's strategic plan and its web page.

In the future we plan to employ new evaluation strategies and refine evaluation protocols and instruments to capture the quantitative and qualitative nature of our center. Although we are positioned to move on to new projects, we need to review our successes and failures as a guide to successful strategic planning. We have been good about collecting utilization or attendance statistics and participant responses. However, much of this information remains in files or personal memory and to date has not been systematically analyzed. The strength of the center lies in its ability to attract new resources of money and enthusiastic people over time, as well as its commitment to providing meaningful programs and services to the Frankford community.

## **Conclusion**

The current success of our center obviously occurs because of purposeful planning mixed with serendipitous opportunities. Over the past three years, the collaborative ownership of the center and the development of mutual trust among various stakeholders provided the momentum to define, refine, and expand existing programs and search for new initiatives. The utilization of known partner assets, the accessing of new resources, the responsiveness of partners to changing community needs and partner interests, the sponsorship of highly visible projects, and the alignment of center initiatives with key political agendas garners the center recognition and credibility. We believe the center will be sustained because of our respect for the community's power to articulate its needs and each partner's ability to harness resources and attend to community needs at a very personal level of involvement and understanding.

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