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Community Empowerment and Social Policy Design: A Case Study of the Creation of a School-Based Health Center

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COMMUNITY EMPOWERMENT AND SOCIAL POLICY DESIGN:
A CASE STUDY OF THE CREATION OF A
SCHOOL-BASED HEALTH CENTER

by

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COMMUNITY EMPOWERMENT AND SOCIAL POLICY DESIGN: A CASE STUDY OF THE CREATION OF A SCHOOL-BASED HEALTH CENTER

R. Ian Costello, M.A.

Western Michigan University, 1998

Studies of community empowerment have shown the benefits of involving recipient communities in the process of designing and implementing social aid programs. One of these benefits is the empowerment of previously disenfranchised individuals and communities. Through qualitative ethnographic research, this thesis shows how residents of one low-income community in South-West Michigan have become more empowered through their involvement in the design and implementation of a school-based health center.

ACKNOWLEDGMENTS

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Now that you've realized the pride's arrived,
We got to pump the stuff that makes you tough.
From the heart it's a start, a work of art
to revolutionize make a change, nothin's strange.
People, people are we all the same?
No we're not the same,
'cause we don't know the game.
What we need is awareness,
we can't get careless,
you say 'what is this?'
My beloved, let's get down to business:
mental self defensive fitness.
                - Yo! Bum rush the show!
You got to go for what ya know,
Make everybody see,
in order to fight the powers that be.
Let me hear you say...
Fight the power!
Fight the power!
You got to fight the powers that be!

Public Enemy (1990a, track 20)

Law exists when there is a probability that an order will
be upheld by a specific staff of men who will use physical
or psychical compulsion with the intention of obtaining
conformity with the order, or of inflicting sanctions for
infringment of it. The structure of every legal order
directly influences the distribution of power, economic
or otherwise, within its respective community. This is
true of all legal orders and not only of the state. In
general, we understand by 'power' the chance of a man
or of a number of men to realize their own will in a
communal action even against the resistence of others
who are participating in the action.

Weber (1958:180)

PREFACE

The opening quotes for this thesis were chosen carefully. The first is a section of lyrics from the song "Fight the Power" by popular rap group, Public Enemy. The second is from German social theorist Max Weber's essay "Class, Status, Party." Both are about social forms of power: not having any, having it wielded against people, and resisting it. Both quotes inform my approach to this thesis and my anthropological work as a whole.

Weber was a major influence in the foundation of classical social theory, he was concerned with the intricacies of the relationship between people and their society. Weber's essays on authority, domination, class, economy and society, and the urban milieu are the cornerstone for much of contemporary social and anthropological theory. By contrast, Public Enemy's music, along with that of other rap artists, expresses the rage of oppressed African Americans but also espouses a program for social change. Their songs speak to the slave experience as well as to the contemporary lives of disenfranchised black people (and other poor and oppressed people) in American inner cities. Public Enemy's music is featured prominently in many of acclaimed director Spike Lee's movies, and has become part of the 'soundtrack,' if you will, for the formation of modern urban race and class identity. Quotations from various rap songs introduce certain sections of my thesis. They also complement the academic discussion of issues by providing a critical voice. Like the lyrics

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of rap songs this thesis uses metaphors and lived experiences to show how people in a low-income community got together to fight the power and are winning an important battle.

As partial fulfillment of my degree requirements this thesis is an essay on a topic relevant to anthropology. But, it is also written for the parents, staff, and administration of Edison elementary and the Edison School-Based Health Center. I believe that anthropology should be accountable to the people we work with. With this thesis I hope to be able to give something back to the Edison community. As the health center looks for further sources of funding, I believe that this document can help to provide an anthropological perspective to funding agencies who want to know why ESBHC deserves their consideration.

INTRODUCTION

As a response to the disenfranchisement of low-income communities from the political process, models of community empowerment have been developed to "help us understand the process of gaining influence over conditions that matter to people" (Fawcett, et al. 1995:677). Current models of community empowerment share many of the same tenets and are based on the same philosophy: that involving those who will be the recipients of aid programs in the decision making process will make for more successful programs (Fawcett, et al. 1995; Braithwaite, Bianchi, and Taylor 1994; Speer and Hughey 1995; McFarlane and Fehir 1994). At the root of this idea is a criticism of the way social aid policies have been traditionally developed.

Typically, social aid policies have been developed by legislators who do not receive, and most probably have not ever been in the position of receiving, social assistance. At the top of the policy making ladder are members of the Executive, Legislative and Judiciary branches of the government, the administrative bureaucracy, and various regulatory agencies (Gerston 1997:10-13). It has been argued that in the years prior to the 1960's this group of policy makers was in greater contact with, and public assistance policies benefited from, the input of the public. But in recent decades there has been a widening gap between the people who control public assistance and those who receive it (Piven and Cloward 1993; Wilson, Wong and Sanders 1997).

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Many social aid policies have been created from the perspective of those in power rather than those who are powerless – when one defines power as the relative access to resources and authority. One of the results is poorly conceived, designed and implemented programs that are then under-utilized by the recipient community (Adelman, Barker and Nelson 1993; Cochran, et al. 1996:271-277, 367-374; Oberg 1990). In turn, these types of programs (along with other social and cultural factors to be discussed in this thesis) have helped to alienate and disempower low-income populations from the political process behind the programs (Saegert and Winkel 1996; Braithwaite, Bianchi and Taylor 1994). To counter this trend, models of community empowerment show how involving recipient communities in the process of creating and implementing social aid programs helps to: (a) create programs better designed to serve the community, (b) build trust and involvement in the political life of the community among individuals, and (c) create a stronger community infrastructure through empowered individuals (Saegert and Winkel 1996; Braithwaite, Bianchi and Taylor 1994; Rich, Edelstein, Hallman and Wandersman 1995; McFarlane and Fehir 1994; Fawcett, et al. 1995; Rousseau 1993).

This involvement is presented as an example of community empowerment through participation in social policy planning and implementation. This thesis investigates how residents of the Edison neighborhood in Kalamazoo, Michigan, have been and are involved in the Edison School-Based Health Center (ESBHC).

Located in a former manufacturing district on the east side of the city of Kalamazoo, the Edison neighbourhood is one of the poorest districts in Kalamazoo county with many of the typical characteristics of inner-city ghettos: poverty, violence, crime, slum lords, and deteriorating housing and streets. The Edison neighborhood is geographically bounded by a busy main street and a highway. Multiple railway lines cut through the neighbourhood. A mix of abandoned and currently utilized industrial property is spread throughout this former manufacturing district. The majority of residential units in the area are houses, with 94% of the homes built before 1940, and 55% of these units being rental (Kalamazoo Gazette 1996d). These two statistics are significant because they indicate that the majority of people in the neighbourhood do not own their own home, and they live in buildings that are old and dilapidated. Some parents pointed out that these two factors, along with absentee landlords, and insect and rodent infestations, has led to a high transiency rate in the neighborhood. Parents and health center staff believe that the high resident turnover in the neighborhood is one of the most severe obstacles in trying to organize the community.[1]

A community survey conducted in late 1993 found that at Edison Elementary School "a disproportionate number of Edison students experienced behavior problems, high absenteeism, psychological problems, inconsistent academic performance, and lack of parental

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[1] This is not to imply that similar demographics in other cities result in the same manifestation of disempowerment or socioeconomic status. The political and cultural uses of space vary from place to place. The characteristics of Edison are manifest differently in other cities where the same demographics may represent middle-class and upwardly-mobile professionals.

support" (Cousins, Jackson, and Till 1997:190-191). In the spring of 1994 the Edison School-Based Health Center was established in an effort to improve the health status of the children at the school and to address some of the social problems in the community that were impacting the children's health. I argue in this thesis that the manner in which the health center was formed, and its current approach to community health, has resulted in the empowerment of individuals and the community as a whole.

THEORY AND METHODOLOGY

There'll never be any good schools in the hood.
There'll never be any cops that are any good.
The hospital's a great place to go to die.
Real estate's cheap, let me tell you why.
The Man's got a sure-fire system:
An economic prison.
You gotta get out, you gotta get out,
Why?
Because the fields are where you die.

(Ice-T, 1991, track 20)

In order to understand and explain the significance of the establishment of the Edison School-Based Health Center, I begin from a theoretical base founded on a critical theory of culture in general and schools in particular, and move to theories of community empowerment. The former points to the process of the reproducion of social inequalities and the roots of disempowerment. The latter frames the ways people and organizations have sought to regain power in their lives.

A part of my theoretical orientation is also influenced by the lyrics of politically and socially conscious rap music. As explained in the preface, I use these lyrics as a complement to academic social theory. The above quote from Ice-T is an excellent example of how social inequalities are framed and explained by rap artists. In it's essence the lyric *is* critical theory, pointing to race and class as the root of social inequalities and ghettoization in the urban U.S. It is also a statement which is blunt and to the point about the deadly nature of the U.S. political-economy.

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Critical Theory and Schools

To understand how communities become disenfranchised and marginalized from the 'mainstream' of society, critical approaches to culture have provided a framework for understanding the relationships between social structures and social inequalities. The work of hooks (1984; 1990), Gregory (1992; 1994a; 1994b), Giroux (1983), Sacks (1989; 1994), Kushner (1980), Newman (1995), and W.J. Wilson (1978), among others, provide a theoretical and empirical base from which to generalize about the structural inequalities which work to actively disenfranchise entire segments of the U.S. population.

The class and racial inequalities that plague the U.S. have been the subject of much academic focus. The history of inequalities no doubt goes far back into the history of human societies. With the advent of European expansion in the 16th century (Sanjek 1994), the restructuring of the social categories during the enlightenment (Hekman 1990), and the industrial revolution (Marx and Engels 1967 [1848]), social relations around the world, and particularly in the West, became rearranged to privilege white, European men of the upper and upper middle classes. In the U.S., this structuring of social relations has produced great social and economic inequalities which have resulted in the creation of race and class based ghettos (for detailed explications of how government, banks and real estate brokers have been involved in creating poor ghettos see Kushner 1980 and Sacks 1994).

Within this broad range of critical approaches to culture, I draw upon those whose authors pay attention to schools as sites of cultural

reproduction. Schools have long been considered more than simply educational institutions imparting the three R's. Beginning around the 1950's with the work of George Spindler and others (Spindler 1955; Métraux 1963; Henry 1996 [1963]), the study of schools as locations for the reproduction of cultural values and identity was formalized in anthropology. The view of these authors is that school, through curriculum and classroom structure, is where much of 'culture' is learned:

> Whether [a society's] structure is formalized by a widely ramifying kinship system, or by rank, or by a complex political-social system, or is atomated and individuated—the who, what, when, and why of education will reflect this structure at every turn. ... something more [needs to be] known about these functional interrelationships between educative system, educative process, and social structure... (Spindler 1955:9)

A 'culture and personality' approach is taken by these authors, where the learning of a generalized cultural type of behavior (socialization) is the most significant thing imparted upon a student in school.

More recently, with the rise of Marxist and critical theory, schools have been interpreted as sites of reproduction of the dominant cultural ideologies, values, and class, gender and racial/ethnic stereotypes (Althusser 1971; Giroux 1983; Foley 1990; Gibson and Ogbu 1991; Fordham 1996). This later group of critical theorists places emphasis on schools as sites of reproduction of the dominant culture's ideology and social inequalities in Western capitalist societies:

> The imprint of the dominant society and culture is inscribed in a whole range of school practices, i.e., the official language, school rules, classroom social relations, the selection and presentation of school knowledge, the exclusion of specific cultural capital, etc. ...What is crucial to recognize is that

> schools represent contested terrains in the formation of
> subjectivities, but that the terrain is heavily weighed in favor
> of the dominant culture. (Giroux 1983:66)

As part of an overt critical theoretical approach to schools, Giroux, and others, understand schools as working with a "hidden curriculum" (Giroux 1983:42-71). It is this hidden curriculum, the "whole range of school practices," which transmits the values of the dominant culture to students and reproduces social inequalities. In a nut-shell, the theory is that working class schools reproduce working class ideologies, upper class schools reproduce upper class ideologies (see Willis 1977, and Foley 1990).

Through the course of my fieldwork, I have learned that schools are again more than sites of cultural reproduction and resistance as Giroux posits (see above quote). Schools are also key sites for community mobilization around children's issues. As children become the dominant population segment of urban centers (Oberg 1990), school's become the most significant institution for the population of a community. Not only do children spend most of their weekdays in school, but increasingly schools have become community centers offering after-school programs for children as well as adults. Along with the health center, Edison Elementary School offers General Education Diploma classes to parents, houses the local Boys and Girls Club, maintains a mentoring program pairing high school students and Edison students, and hosts other after-school events for the community. In this respect, schools have grown beyond teaching curriculum to become "full service schools," focusing on the needs of the community as well as the children enrolled in classes (Dryfoos 1994a). Through attending to the needs of the whole

neighborhood, full service schools like Edison form partnerships with neighborhood residents. I argue in this thesis that at Edison, this partnership fosters respect and trust between the school and the neighborhood, and results in a process of empowerment and the establishment of 'community.' The following section details what the process of empowerment is and how it is beneficial to creating communal relationships between individuals and organizations.

Empowerment Theory

One result from the above discussion of the reproduction of dominant ideologies (and my discussion of the media beginning on page 31), is that mainstream perceptions of low-income communities are fraught with distorted images and ideologies of the poor and of minorities. These distorted images are partly perpetuated by the media and influence the ways that some social policy planners conceptualize the recipients of social aid programs. (Linsky, Moore, O'Donnel and Whitman 1986; Jarmon 1997; Norris 1997). Minority and low-income populations are often desrcibed by the media, and reified by politicians, as personally and individually responsible for their socioeconomic situation – there is little discussion of the larger historical accounts of national and global economic factors influencing the contemporary situation of low-income communities (Lott 1992:78; hooks 1994; Lyon-Callo 1998). Such ideological and perceptional disparities between policy makers and policy recipients has been well documented and is partly responsible for the

disempowerment of poor communities (Gerston 1997: Ch. 4; Imig 1996; Piven and Cloward 1993; Wilson 1997).

In recent decades, following the various civil-rights movements of the 1960's, there has been a shift in policy-making to include citizen participation: "...federal, state, and local governments began to require citizen participation in a wide range of programs in order to improve governance and governmental effectiveness" (Wilson 1997: 1). As hoped, community involvement has resulted in improving some programs and has also had the reciprocal effect of empowering people both at the individual and community level (Trickett 1994; Saegert and Winkel 1996; Zimmerman 1990; Speer and Hughey 1995; McMillan, et al. 1995). Studies have shown the effectiveness of the community approach in policy making and implementation in areas such as low-income housing (Saegert and Winkel 1996), environmental hazards (Rich, Edelstein, Hallman, and Wandersman 1995), mental health resources (Rousseau 1993), and health care (McFarlane and Fehir 1994; Glick, Hale, Kulbok, and Shettig 1996; Fawcett, et al. 1995; Braithwaite, Bianchi, and Taylor 1994).

One means of engaging in the inequalities exposed by race and class based structurations is through 'community empowerment.' Two recent studies present empowerment models which stress the need to include community members in the process of developing and implementing community-based health care programs (Fawcett, et al. 1995; Braithwaite, Bianchi, and Taylor 1994). Instead of communities being passive recipients of health care from outside organizations, with no community consultation, collaborative partnerships involve community members

and make them active agents in their own affairs. It is these two studies which I use to define empowerment and the importance of community involvement in policy and program making.

In community psychology studies (where the bulk of community empowerment research is being conducted), empowerment is a much debated term: "Empowerment theory is an enigma. Rappaport (1984) suggested that it is easy to define in its absence – alienation, powerless, helplessness – but difficult to define positively because it "takes on a different form in different people and contexts"..." (Zimmerman 1990:169). There is individual empowerment, organizational empowerment, and community empowerment. These three levels can be seen, respectively, as micro, median, and macro levels of empowerment. Individuals comprise organizations, and communities are comprised of organizations. Zimmerman (1990) has defined these levels of empowerment as follows:

> At the individual level, empowerment includes participatory behavior, motivations to exert control, and feelings of efficacy and control. Organizational empowerment includes shared leadership, opportunities to develop skills, expansion, and effective community influence. Empowered communities comprise empowered organizations, include opportunities for citizen participation in community decision making, and allow for fair consideration of multiple perspectives during times of conflict. (169-170)

This is a good beginning for the study of community empowerment, but it conceptualizes empowerment as the end result of a process. This is not to say that empowerment as an end result in itself is not important; it is. What I am interested in is the *process* by which people and communities gain access to power and begin to change their lives. A slightly different definition from the literature points to this:

> Empowerment refers to the process of gaining influence over
> events and outcomes of importance... This process may
> unfold at multiple and interconnected levels...including the
> individual...group or organization...and community...
> Community empowerment is defined broadly: the process of
> gaining influence over conditions that matter to people who
> share neighborhoods, workplaces, experiences, or concerns.
> (Fawcett, et al. 1995:678-679).

The models presented in Braithwaite, Bianchi, and Taylor (1994), and

Fawcett, et al. (1995), detail the process by which communities can be

involved in collaborative policy and program making ventures.

Both of these models have at their center the idea of involving the

recipient community in the decision-making process. This includes

identifying and utilizing well known and trusted community

members/leaders to act as liaisons between outside organizations and the

community. Part of the role of the liaison is to bring the concerns of the

community members to the organizations that will be providing services.

Instead of simply relying on statistical information about a community

(high crime rate, low health status... etc.), these community empowerment

models rely on ethnographic research to identify the needs and wants of

people and therefore helps to ensure that the proper services and

programs are delivered:

> Of special importance are values, perspectives, community
> infrastructure, and patterns of social interaction. An
> ethnographic approach, with deployed community
> organizers serving as data collectors and community
> mobilizers, reinforces the combination of other qualitative
> methods useful for effective action research. ... Rapid
> ethnographic assessment procedures can be utilized to
> provide locally relevant cultural information for use in
> improving health care programs, to provide baseline data
> from which to measure change and effectiveness in such

programs, and to identify locally relevant cultural
taxonomies and explanatory models. (Braithwaite, Bianchi,
and Taylor 1994:409)

Forming this relationship between communities and organizations
helps to foster a collaborative partnership instead of a hierarchical
relationship of giving and receiving aid. It is argued that forming a
collaborative effort is beneficial for all involved: "...collaborative
partnerships change *relationships* among parties. ... Collaborations may be
more effective since partners share responsibilities, risks, and resources."
(Fawcett, et al. 1995:678). In the case of the Edison School-Based Health
Center, the collaboration between outside agencies and the Edison
residents has resulted in a health care program that has both been effective
in addressing the healh needs of students and has had an empowering
effect on the community as a whole. In the ethnographic section of this
thesis I demonstrate how at Edison the community empowerment model
is effective in utilizing schools as sites from which to counter the
reproduction of dominant cultural values and ideologies. But first, I
outline the methodology that guided the research for this thesis.

Methodology

I employed a multi-faceted methodology for this project. The
ethnographic fieldwork consisted of participant observation and one-on-
one interviews over the course of six months. The participants in this
project consisedt of (a) the administrators and teachers of Edison
Elementary School, (b) the health care practitioners and support staff of
ESBHC, and (c) the parents/guardians of the students who use the health

center and other concerned members of the community. I approached prospective participants among school administrators and teachers either in writing or in person on the school grounds during the school day. This was facilitated by my having been introduced to many of the school staff during my fieldwork in the health center. I approached ESBHC staff at the health center at times deemed appropriate by the ESBHC director and convenient to the staff members. I contacted the parents, guardians, and community members with the assistance of ESBHC's community outreach worker. The outreach worker introduced me to individuals and briefly explained that I was working on a paper for a class and would appreciate talking to people who use the health center's services. I was careful to indicate that I was not working for ESBHC but was an independent student affiliated with Western Michigan University. All individuals who were asked agreed to participate in a short interview.

My sample included fifteen parents, five members of the school staff, and seven ESBHC staff. The parents were interviewed in one-on-one sessions using a loosely structured, open-ended questionnaire. Most of these interviews were conducted on the school grounds, either in a spare room in the health center, in classrooms, or in an outdoor lounge/reading area. Two were conducted at alternate locations more convenient to the respondant. Edison School staff were interviewed on school grounds either in their respective offices or in other convenient locations on the school grounds.

Of the seven ESBHC staff that I interviewed, only two, the nurse practitioner and the dentist, were interviewed formally in sit-down

sessions with questionnaires. The other five ESBHC staff members were not interviewed formally. Part of the reason for this is that they each had more hectic schedules than the other staff, and it was difficult to set aside a significant period of time with no distractions. Instead, I would observe them during my visits to the health center and ask them questions when opportunities presented themselves. This allowed me the leeway to ask questions of them in specific contexts at the health center.

Apart from the sample described above, I was also able to observe and converse casually with parents, school staff, and other visitors to the health center. Some of the visitors to ESBHC included family of staff members, representatives from funding agencies, and, on one occasion, staff members and directors of other school-based clinics and the director of the National Assembly on School-Based Health Care (the Washington, D.C. based national organization for SBC's). Formal interviews were not possible with these individuals but I was able to engage in many informative discussions about health care, community, bureaucracy, life on federal assistance, and the status of other school-based clinics.

As background to the ethnographic data, I conducted an archival survey of the Kalamazoo Gazette's stories covering the Edison community and ESBHC going back five years. The last methodological component consists of a broad literature search of academic and medical journals and books, and government documents. I say that the search is broad because outside of my sections on cultural theory, most of my sources on school-based health care and community empowerment come from books and journals of nursing and medicine, psychology, political science,

communications, and public health. The anthropological literature on school-based health centers is largely non-existent. For research related to this thesis I have had to draw from disciplines outside of, but not unfamiliar to, anthropology. This multidisciplinary approach is brought together through the analytical lens of anthropology and, I believe, helps to provide a more full understanding of this complex issue.

FIELDWORK RESULTS

The Beginning

My contact with Edison Elementary School and the Edison community began about six months before the research for this thesis started. As part of a graduate class on anthropology and education I volunteered at an after-school mentoring program at Edison Elementary. This program brought in high school students, twice a week, to help second and third graders with their reading and writing skills. It was during this experience that I became interested in pursuing a thesis at the school. After reading such authors as Spindler (1955; 1974), and Giroux (1983), I was awakened to the importance of schools as both institutions of learning and cultural reproduction and as focal points for community action.

This academic insight was further heightened by my experience as a mentor at Edison Elementary. Twice a week, for five weeks, I would arrive at the school just before the end of the school day. There was the familiar sight of yellow buses, the sound of kids running, yelling, and laughing, and teachers trying to keep some sense of order at the end of the day. But what I really noticed at Edison were the parents. Not only were parents there to take their children home, but many parents worked and volunteered at the school (as teacher's aids, lunchroom monitors, office help...). It was then that I began to think of the school, and schools in general, as key sites for members of a community to come together socially

and professionally for the betterment of their children's lives. I soon found out about the health center and how the parents had been involved in getting it established.

In the fall of 1997 I began to visit the Edison School-Based Health Center about once a week to observe daily activities and to help with some minor clerical duties and data compilation. Sitting in ESBHC's reception room I was able to watch the children steadily stream in for everything from daily medications (mostly for asthma medication and Ritalin), to minor cuts, bruises and other assorted ailments. With the children, a regular flow of parents and teachers would come through the reception room to pick up or drop off a child. This constant association between the health center, school staff, and the parents stood out as an excellent example of the theoretical research I had read about full service schools and schools as focal points for communities: a place where parents, children, and representatives of social 'institutions' can come together and work towards building community and self-improvement (Cousins, Jackson and Till 1997; Dryfoos 1994a).

In the following pages I look at the concepts of community and empowerment from the perspective of the Edison neighborhood. I begin by defining what I understand as the Edison community. I then move on to a brief history of the Edison School-Based Health Center and discuss how its structure facilitates community empowerment. I conclude with case studies of the empowerment process in individuals and how they see the health center helping the community as a whole.

The Edison Neighbourhood: What is a Community?

At the beginning of the research for this thesis I sought to differentiate between 'community' and 'neighborhood,' as they are used in the social sciences and by the people I interviewed. When I asked the participants in this study for their ideas on what community means to them, their answers were always simple and straightforward. For them, being part of a community means: "getting involved," "helping your neighbor," and "helping yourself." Their community ethos involves everything from watching out for each other's children, lending a helping hand when needed, keeping the front yard tidy, and being involved with the political life of the neighborhood. As I discovered in my interviewes and observations, this view of community is not very different from the academic description.

For Weber, the neighborhood can be reduced to "the simple fact that people happen to reside close to one another" (1978:361). But he characterizes community as more than just this physical proximity; community is related to *communal action* based on common interests (1958:184-185). This approach to studying community has since been applied by subsequent generations of community researchers (see Arensberg 1954, 1961; Redfield 1955; Hannerz 1969; Cohen 1985, and Gregory 1992, among others). *Community* is thus understood as the collective actions of people who do not necessarily reside in proximity to each other: "Community... is tied to the unfolding of discursive and social practices through intricate networks that attempt to reconcile public-

spiritedness with moral and ethical concerns... [and community] always connotes striving for something *in common*" (Lustiger-Thaler 1994:21). This common something can transcend issues of race, class, and gender, and bring people of differing backgrounds together, to form a community based on common interests and action.

In this thesis, the Edison *neighborhood* is the bounded geographic entity described in the Introduction (pp. 4-5). The ethnographic *community* is one that exists in the Edison neighborhood, but whose members are geographically dispersed. Within this neighborhood there are a number of 'communities' that can be defined using a number of different criteria; but here community is defined by a combination of place, socioeconomic status, and common interest. Members of the Edison community (the ethnographic community of this thesis), do not share equally in each of these three criteria. And, in terms of 'community empowerment,' some members of the community (Edison residents), are becoming empowered while others (school and health center staff), are facilitating the empowerment process.

The spatial location of the community is Edison Elementary School, specifically the Edison School-Based Health Center. This is where the school and health center staff, and neighborhood parents connect and work with their common interest: the children who attend the school. The socioeconomic status criteria applies mainly to the parents and residents of the Edison neighborhood, many of whom have been disempowered. The majority of school staff and health center workers do not live in the Edison neighborhood.

Although this is a school-based community, not all of the members live in the Edison neighborhood. And although most of the school and health center staff, and some of the parents, are not residents of the Edison neighborhood, they are linked by the relationship formed between the school and the health center, and the parents. The common interest that is the impetus for this link is, again, the health and welfare of the children of the Edison neighborhood. With this definition of the Edison community in place I continue my discussion with a description of some of the problems facing families in the Edsion neighborhood.

The Problems

In my discussions with the parents of Edison the following four factors were indicated as the key elements of their disempowerment: (1) lack of access to proper health care, (2) poor and discriminatory service at government offices and health care providers, (3) problems of transportation and the time needed to get to and from doctors appointments, and (4) negative media portrayals of the Edison neighborhood and its residents. The health center specifically addresses the first three issues and works toward alleviating the problems caused by them. The last of the issues listed is dealt with indirectly by the health center: the media is used by ESBHC to publicize the positive work being done in the community.

Each of these factors work at different levels among individual residents of Edison. The overall impact of the disempowering factors on Edison as a whole is a result of a relatively high concentration of affected

individuals there. These issues will be outlined and discussed briefly here, and the way in which the health center addresses these issues will be shown in the two subsequent sections. The first three problems are dealt with as a whole as they are each related to parents attempts to ensure health care for their children. The media is presented as a discrete influence through its role in reproducing negative images of Edison residents throughout the greater Kalamazoo area.

Health Care Access and Service

> *Now I dialed 9-1-1 a long time ago*
> *Don't you see how late they're reactin'?*
> *They only come and they come when they wanna,*
> *So get the morgue truck an' embalm the goner.*
> *They don't care 'cause they stay paid anyway,*
> *They treat ya like an ace, they can't be betrayed.*
> *I know you stumble with   no use people,*
> *If your life is on the line then you're dead today.*
> ...
> *I call a cab 'cause the cab'll come quicker*
> *The doctors huddle up and call a flea flicker.*
> *The reason that I say that s'cause they flick you off like fleas*
> *They be laughin' at ya while you're crawlin on your knees.*
> ...
> *You better wake up and smell the real flavor*
> *'Cause 9-1-1 is a fake life saver.*

> (Public Enemy, 1990b, track 3)

In 1965, Title XIX of the Social Security Act (Medicaid), act radically altered the health care landscape on the one hand by providing the low-income people with access to health care, and on the other hand created a labyrinth of bureaucracy, red tape, paperwork, and insurance options which presently account for 15% of the entire federal budget (Cochran, et

al. 1996: 249-292; Ropes 1991: 1-18). But, over the past three decades, increased state and federal aid and changes in eligibility for aid, has not entirely translated into increased access to and use of medical services by minority and low-income populations, particularly for their children (Oberg 1990; Moran 1994; Lovick 1988; Harris, et al. 1996; Holosko and Feit 1997; Ropes 1991; Levitin 1994; U.S. Department of Health and Human Services 1991a, 1991b; U.S. Senate. Committee on Governmental Affairs 1991).

Many of the parents that I interviewed stated that both the Medicaid bureaucracy and/or the discriminatory treatment they recieved at various health care providers (clinics, hospitals) was partly responsible for their underuse of the services. I was told that having to deal with confusing forms, endless lines, and civil servants who "looked down on you and treated you like something less than they are," creates a sense of hostility and distrust of the whole system. It is these feelings and their responses which have helped to make some parents in Edison see themselves as less than able to care for their children. As one parent told me: "I got so mad and frustrated with tryin' to deal with some of them folks [at the Medicaid and Welfare offices] that I just stopped goin', or I would only go some of the time." As a result of not going to the proper offices at the proper time this parent lost her benefits. She blames the system for this and explained that she became depressed when her son would get sick and she could not deal with it properly. When I asked her how this experience made her feel she tapped a pencil on the table for a few seconds. I asked if she felt powerless and she quickly responded: "Yes! That's exactly it, like I couldn't

do anything, like I was stuck in mud. ... And the worst thing about it is that I started to see that I wasn't doing right by my son. That was terrible..."

These criticisms and feelings are not unique to the residents of Edison, they appear nationwide and have been the focus of academic and governmental inquiry (Andrews, et al. 1995; Harris, et al. 1996; Levitin 1994; Li, Williams and Scammon 1986; Ropes 1991; Slaughter 1993). The above quote from Public Enemy also points to how this view of health care has become part of the discourse of popular culture.

Other problems facing parents in Edison (and parents around the country) are the multiple issues surrounding health insurance: getting insurance through employment, purchasing private insurance, obtaining Medicaid, and ultimately dealing with a Health Maintenance Organization (HMO). According to ESBHC client statistics 60% of the students are covered through Medicaid, 30% have some form of insurance with varying coverage, and 10% have no health insurance coverage at all. One frustrating situation was told to me by a parent:

> Even I am a working parent. But when you work part-time because you can't get a full-time job, there's not a lot of insurance available to part-time employees. The company isurance I have doesn't cover preventative health care, like Well Child visits. My husband and I can afford the hundred dollars or so that Well Child costs. But a lot of other parents can't, and they have no other insurance. ... ... You make too much to get Medicaid [which covers Well Child and Well Infant visits], but your job isn't good enough to give good benefits, so your kids are the ones that lose out. And I've talked to parents here at the health center who are in the same boat... they're hurtin' because of it.

As this parent pointed out, there are others at Edison who do not have the financial resources to obtain basic preventative or emergency health care services for their children. Many of the parents I talked to expressed their personal feelings of inadequacy and powerlessness at this situation. One father told me:

> When they are born you change, there's nothing you wouldn't do for them. Then you hit hard times, lose your job, or whatever, and you can't provide for them. That hurts. What you said before about feeling powerless – that's exactly it. There is so much you want to do for your kid and it feels like everything is working against you. ... I graduated high school, I've got a good job now and I've even got o.k. health coverage for my family. But have you ever had to deal with these suckers? Dealing with the insurance company and the HMO... it's like we have to get permission to get hurt or we're not covered.

Trying to figure out what their particular insurance plan covers is a complaint for many of the parents who have insurance. I was told by the parent above that this is sometimes a deterrant to actually going to get treatment for what he would consider a "minor" injury or illness. This was done out of fear that if he sought the services and they were not covered, that a month later he would receive a bill from the hospital that he could not cover.

The last areas related to health care concern transportation and the amout of time needed to take a child to a doctor's appointment. Many of the parents I talked to do not own cars and rely on public transportation to get around town. Round trip bus rides from the Edison neighborhood to a frequently used medical clinic on the west side of town (one that accepts Medicaid patients), can take upwards of two hours. This time includes waiting for busses at transfer points: there are no busses that a person

could take directly to the clinic from Edison. On top of transportation, another time factor is the time taken out of children's schooling and parent's work to make doctor's appointments. Taking time off of work is not an option for all working parents, some jobs do not allow for this. But it is the time taken out of the child's school day that is of concern to the parents, school and health center staff that I talked to: "Kids can't learn if they are not here" was a common remark during my interviews. Before the health center was in place at Edison, taking kids out of school for half a day, or not getting them to their appointments, was common. As this parent noted:

> Kids can be seen right at the school without wasting time, money, and transportation problems that some parents might have to get them to the doctor's. I don't feel that they [ESBHC] are taking over our regular doctor's office, I feel that they are just here for the children if they get sick during school - it's like having a school nurse, but its more advanced.

Access to health care means more than having the financial ability to cover costs. It also means being able to get to doctor's appointments with relative ease, receiving curteous treatment from staff at all levels – from the staff at the Medicaid office to the doctors themselves, and being able to negotiate the insurance bureaucracy surrounding medical care. The above outline covers only some of the many accounts that were told to me by parents and health center staff. Some parents are able to more effectively deal with these problematic situations, while others become weighed down and have problems coping without the help of the health center. In the next few pages I depart from the realm of health care to that

of the media and the reproduction of negative stereotypes of low-income communities.

Edison and the Local Media

> *The meaning of all that,*
> *Some media is the whack.*
> *As you believe it's true, it blows me through the roof.*
> *Suckers, liars get me a shovel,*
> *Some writers I know are damn devils.*
> *For them I say don't believe the hype*
> *   - Yo Chuck, they must be on a pipe, right?*
> *Their pens and pads I'll snatch 'cause I've had it,*
> *I'm not an addict fiendin' for static.*
> *I see their taperecorder and I grab it,*
> *No, you can't have it back silly rabbit*
> *...*
> *Don't believe the hype*

<div align="right">(Public Enemy, 1988, track 3)</div>

The media and popular culture are an ever present feature of American culture. Movies, music, television, and the print media have a powerful role in the production and reproduction of ideology and identity. As Althusser (1971: 143, 154) has argued, the media is one of the Ideological State Aparatuses which helps to maintain class inequalities in capitalist societies through the reproduction of the dominant ideology. This reproduction serves to maintain inequalities by keeping subordinate groups in a false consciousness which makes inequalities seem natural, and sometimes even pathological (Bullock 1995: 127-129, 150; hooks 1994b; Lott 1992: 78-82). This is an important factor to understand when reading the media's portrayal of specific groups or communities.

During my fieldwork a number of participants commented on how the Kalamazoo Gazette, the local daily newspaper, in their coverage of the edison neighborhood, had "betrayed the community" or focused too much on Edison's "negative stories." As part of my research for this thesis I undertook a search of the Gazette for articles pertaining to the Edison neighborhood, Edison School, and the ESBHC. This aspect of my research was an important part of understanding how Edison residents might develop feelings of self-deprecation, distrust of larger social institutions, and dismay at how Edison residents are portrayed to the larger Kalamazoo community.

As a non-community member I read the articles with a slightly different eye than those who the articles were about. Individually I did not perceive the articles on Edison to be particularly negative. They presented some of the realities that people in the neighbourhood face: poverty, crime, gangs... What expanded my view of the articles was the anger of parents and school staff at the repetitive message delivered by the media. The cornerstone of the anger towards the Gazette was a nine month series of articles which centered on Edison Elementary School failing the Michigan Educational Assessment Program (MEAP) tests and potentially losing state accreditation.

On the last Sunday of every month between September 1995 and May 1996, the front page of the Kalamazoo Gazette contained an article on some aspect of Edison school and its problems. This series, entitled "Edison Elementary: Pass of Fail," was aimed at tracking Edison School's

progress as the school tried to address the needs of the students to improve test scores.

All nine articles in the series were headed with the following Editor's Note:

> The state of Michigan, pointing to low test scores, says Kalamazoo's Edison Elementary School is failing its academic mission and must improve within two years. If it doesn't, it could lose state funding. Kalamazoo Gazette staff writer Barbara Walters and staff photographer Jim Merithew will track Edison's progress this school year. Their monthly report follows.

Buried in the text of some of the articles is the acknowledgment that over *ninety* other schools in Michgan did poorly enough on the MEAP's to lose accreditation (Kalamazoo Gazette 1995b: A1). This fact is not evident in the rhetoric of the editor's note which presents Edison School as a special case in Michigan. The message repeated at the beginning of every article is that Edison School has been singled out by the state legislature as the worst elementary school in the state. This message both informed all of Kalamazoo of the 'disastrous' situation in the Edison neighbourhood, and angered the Edison residents who felt that they were being misrepresented by the media. Headlines in the Kalamazoo Gazette series included: "Low test Scores Reflect School's Larger Problems" (1995b), "Everything Depends on this Day" (1995c), "On the Front Lines" (1995d), and the most incendiary headline "Where are the Parents?" (1996b). This last article I will use as an illustration of how the Gazette 'betrayed' the school, the children, the parents, and the community as a whole.

The sixth installment of "Edison Elementary: Pass or Fail," glares out with the headline "Where are the Parents" and a hand-drawn picture

of a sad, teary, crying child's face. The caption beside the picture states: "A student at Edison Elementary School drew how he felt about moving from his old apartment. Almost two-thirds of Edison students have enrolled or left the school since the beginning of the school year." While the child's picture did accurately portray his feelings of insecurity and loss, what the article fails to point out is that this picture was drawn by a child during a counseling session and was removed from the office of the counselor without his permission or the permission of the child or his parents. This action showed a blatent disregard for both the confidentiality of the children in councelling at Edison and the school and health center staff. The director of the health center told me that as a result of the publication of the drawing, some parents felt betrayed by both the media and by the health center. She said it took a lot of hard work and explanations to regain the parent's trust in the health center as a community partner.

Another betrayal and failing of this article is the incongruity between the headline, "Where are the Parents?" and the text. The headline is quick to blame the parents, and they are assumed to be absent and not involved with their children's schooling for unknown reasons. The incongruity lies in the first few paragraphs of the article:

> Income, educational level of a parent and the amount a child is read to at home are key factors in helping a child learn, *but it is a simplification to blame parents*, says Joseph Kretovics, chairman of the Department of Education and Professional Development at Western Michigan University. "If a parent has to work all kinds of crazy shifts" he may not find the time or energy to expose children to books and other learning experiences, Kretovics says. [italics mine]

This is typical of the series: hyping the negative and downplaying the positive.   In the article there was no coverage of the parents who did show up at the meeting.

These repetitive negative discussions of the Edison School and neighborhood have weighed heavily on some of Edison's residents. A parent confided to me the way she feels about the Kalamazoo Gazette's stories on Edison:

> They only come down here when there's an exciting story to tell – when there's a shooting, or a drug bust, or when the school failed the MEAP's. So all the rest of Kalamazoo gets to hear about how bad it is over here. ... I got friends in other parts of town who call me up and try to get me to move 'cause they're scared for me 'cause of what they read. ... Me, I try to convince people that things is o.k. in Edison: we love our kids, we try to take care of our homes – some of us anyway. But some of the people here, they believe that the neighborhood is bad. And so they act bad. Some of kids are proud when they see their friends name in the police section of the paper – they want to live up to that. ... It hurts me to see kids getting those kinds of ideas from the paper and t.v. ...

I believe that these few examples of the local newspaper's coverage of Edison Elementary School and the neighborhood show some of the ways in which distorted images of low-income communities are reproduced. On this issue, one parent lamented: "They've downed this community for so long, but they never talk about the positive things in this community. There's never one thing talked about the positive people in this community, the people who are actually trying to change the community."

In the next section I will demonstrate the various ways that the Edison School-Based Health Center has addressed the particular issues

described above. I will show how from its very inception to its current approach to children's health care, the health center has formed a partnership with the neighborhood. This partnership has resulted in fostering a sense of community and has helped individual parents in their struggle to regain control of their lives.

The Edison School-Based Health Center: Facilitating Community Empowerment

Amongst all the themes controlled by the screen
What does it all mean, all this shit I'm seein',
Human beings screaming vocal javelins:
Sign of the local nigga unravelin'.
My wandering got my ass wondering
Where Christ is in all this crisis,
Hatin' Satan never knew what nice is.
Check the papers while I bet on ices.
More than your eyes can see and ears can hear
Year by year all the sense disappears.
Nonesense perseveres, prayers laced with fear:
Beware, the two triple 0 is near.
It might feel good, it might sound a little sompin'
But damn the game if it don't mean nothin',
What is game, who got game, where's the game
in life, behind the game behind the game.
I got game, she's got game, we got game,
they got game, he got game.
It might feel good, it might sound a little sompin',
But fuck the game if it ain't sayin' nothin'.

(Public Enemy, 1998, track 2)

Facilitating community empowerment through involvement in the design and implementation of health care programs has been documented (Braithwaite, Bianchi and Taylor 1995; Fawcett, et al. 1995; Flick 1994; Flynn, Ray and Rider 1994; McFarlane and Fehir 1994; Rousseau

1993). One of the many approaches to providing health care to underserved populations is through the establishment of school-based clinics (SBC's). There are currently over one thousand SBC's in the U.S. Their purpose is to provide basic health care and education to medically underserved children and adolescents in locations where they are most likely to take advantage of the services offered. For many children and adolescents of medically underserved populations, SBC's are the only place where they receive health care of any kind (Wenzel 1996; Adelman, Baker and Nelson 1993; Council on Scientific Affairs, A.M.A. 1990; Peck 1989; Miller 1987).

The Edison School-Based Health Center is an on-site medical facility located on the school grounds of Edison Elementary School. ESBHC opened its doors in the spring of 1994 and has offered health care and education, mental health services, dental services, and community outreach services to over 500 students and their families year round. Only students at Edison Elementary who register at ESBHC are eligible for the medical and dental services. The center offers family counseling, outreach services, and health education to the students and their families.

In early 1993, community leaders, parents, and school officials began meeting to discuss problems facing students and their families in low-income areas of Kalamazoo, and to propose solutions. This partnership, supported by the Kalamazoo Integrated Services Alliance (KISA), consisted of over one hundred people who examined children's issues across the city of Kalamazoo. The identification of the low health status of children

in Kalamazoo's poorest neighbourhoods, the North Side and Edison, was the impetus for the drafting of a blueprint for a student health center:

> A 1994 survey sponsored by... KISA found that a disproportionate number of Edison students experienced behavior problems, high absenteeism, psychological problems, inconsistent academic performance, and a lack of parental support. Parent's responses in the survey indicated that they lacked access to community resources and transportation and, very interestingly, that they perceived a lack of support services for teachers. KISA comprised focus and problem-solving groups consisting of invited and self-selected human services providers and consumers in the local community, all of whom shared a concern about the multifaceted welfare of children. (Cousins, Jackson and Till 1997:190-191).

One of the fruits of these meetings was the idea of establishing a student focused health center. Initially, the idea was to have a health center located near, but not necessarily in, a Kalamazoo school. For almost a year and a half, KISA met and discussed what a health center for students should be and do. As this collective of agencies, school officials and parents had only been organized for a short period of time, there was no realistic perception that a health center would be established in the coming years (Kalamazoo Gazette 1994a). The collective's big break came in the summer of 1994.

Around July of 1994, KISA was made aware of a federal grant program aimed at supporting health services in schools: the "Healthy Schools, Healthy Communities" initiative funded by the U.S. Department of Health and Human Services. With some of the needed data already collected in the previous months, KISA, Edison parents, and representatives from concerned area agencies wrote a grant application in

two weeks and waited three months for the reply. The grant request was approved and the health center opened its doors in April of 1995.

The community involvement in this whole process is key to the health center's success. The director of ESBHC explained to me that since the beginning of the meetings, it was known that if the parents of children at the school, and community members as a whole, were not consulted and involved, then the project would not work. Due to some of the afore mentioned problems Edison residents have faced with federal services, there existed a certain level of distrust on the part of the community towards bureaucratic organizations who said they were there to "help."

Working from a model of community empowerment, "Together We Can," the administrative organizers (health and education officials) knew that any attempt to create a community health center would need the cooperation of the community if it were to be a success. The distrust among the residents needed to be overcome through their involvement in the decision-making process. In order to design a health center that would have the support of the community and offer relevant services to its clientele, the coalition drafted a survey questionnaire to be administered to as many Edison residents as possible.

Administrative members of the coalition sought out prominent members of the community to act as liaisons between the coalition and the Edison neighborhood residents. The particular individuals were chosen because of their positive profile in the neighborhood. I spoke with one of the community liaisons, Jane, who was involved with the coalition from the beginning.

Jane began working as a volunteer at Edison Elementary School, and in the Edison neighborhood, over twenty-five years ago after she moved into the Edison neighborhood and her first child began attending the school. She told me that she got involved in trying to change the "old-fashioned ways" at the school since she first walked in. School and health center staff, and other parents of the neighborhood have pointed Jane out to me as a positive influence for change at the school. Even with this praise, Jane herself admitted to me that she is sometimes a little "pushy" when it comes to the health and education of the children in the neighborhood. Her concern for the children has also led her to become a prominent community activist and organizer at the local church. During our interview Jane said it was no surprise to her when she was asked by the organizers to coordinate the door-to-door community surveys that the coalition wanted to conduct.

The current director of the health center, an original member of the coalition, told me that the coalition was founded on the principle of community involvement in the project. She also noted that there were issues of trust on the part of Edison residents towards bureaucrats from outside the neighborhood – too many failed promises. The coalition initially had concerned residents working with them, but they needed to raise awareness throughout the neighborhood about what it was that they were aiming to do. Getting more of the residents aware of what was being planned, and getting their input on what they thought were important issues for the neighborhood, was thought to be an important step if a community-based health care program was going to be effective.

Jane's door to door visits helped raise awareness among neighborhood residents about the low health status of their children. She said that even when it was explained to them by "one of their own," it still took a litle while for many parents to "come around." But many parents did come around and learned about what could be done to help their children. Jane said that some people were still suspicious of the coalition, but once they realized thet they were being treated as equals in the procees of helping the neighborhood, most of them put their full support behind the project. Jane's role as a community liaison for ESBHC was included as part of a Kalamazoo Gazette (1998:C2), story on the health center:

> [Jane] said support for the center grows when parents in the community learn what it offers for their children. She routinely answers questions about the center's value by asking questions of her own. "I ask (parents), 'Do you have the time to take off work and take your child to the doctor?' ... 'Would you prefer to wait three or four days for a child to see a doctor?'" ... Many Medicaid users turn to hospital emergency rooms for treating illnesses that might be better handled at the school-based health center, said [Jane]. And most don't realize Medicaid covers fewer doctor visits when emergency rooms are used because of the expense, she said. "A lot of mothers don't know how to use their Medicaid cards," said [Jane]. "They learn by coming to the clinic."

As more parents learned how to manage the Medicaid bureucracy, and as the health center became established, other parents have joined Jane in the effort to educate the neighborhood residents, and especially parents of Edison school-kids, about the benefits available through the health center and the importance of their input

By placing the *health* of the children and their families before their *ability* to pay for services, ESBHC is able to provide health care on a

number of levels to people who would otherwise not have access. The following was told to me by one of the parents who also volunteers at the school and health center:

> There was a family – a dad that was working here, mom was in Mexico with three or four kids. Mom died. They called dad up and said 'come get your kids.' Dad brings them over here and he's totally lost. So I come to [the director] and say 'first of all, they probably don't have health insurance,' – and I hate to see these kids sick. [The director] said 'don't worry, and if they need concelling, to deal with the death of their mom, just let them know that we're here.'

For this particular family, the health center was able to step in and help the father and his children through a very difficult time in their lives. Another parent told me of her experience at the health center when she also had no insurance coverage:

> The clinic found that my daughter needed glasses last year. Her teacher got concerned when my daughter had headaches and got tired while reding, and brought her down to the clinic. ... I didn't have insurance yet through my job, I didn't have medicaid, I had no source of insurance whatsoever for my children. The clinic picked up the dues for her getting her glasses and her exam – which is something I never expected. ... Now, she needs a new prescription in her glasses. She knows that if her eyes are hurting that they have permission to give her a children's Tylenol to help her. She needs that and I can't afford to get the glasses right now – so they're here while you can't send medications to school with your kids. She's able to come down and get that to help her so she can stay in school and finish and do her best.

By helping parents with inadequate, or no insurance coverage, ESBHC not only provides services to children, it also gives what many parents expressed to me as "peace of mind." One parent said to me: "I thank God that the clinic is there because now whenever my child is feeling ill at home, all I do is call the school, talk to [the nurse practitioner] and ask her

to check him out the next day at school sometime during the day. It saves a lot of time for everybody." Another parent expressed similar feelings: "I don't worry about my kids' health as much as I used to. I mean, I worry that they might get hurt or sick, but I don't worry about how I'll mange to care for them. ... The health center has really made a difference in our lives."

It is this approach to health care that has helped build trust between neighbourhood residents and the health center. From this trust has come a sense of community that is helping residents of Edison overcome some of the obstacles that they encounter in trying to secure proper medical care for their children. More details of how the health center has helped individuals are included in the following section on community outreach and empowerment through the use of three case studies. But first, I will briefly show how the heath center works to counter the negative impact of the media on the Edison neighborhood.

Although it is a health center, ESBHC has been successful in trying to counter the negative media portrayal of the Edsion neighborhood and the school. Health center staff are very aware of the way the people of Edison have been portrayed in the Kalamazoo Gazette and they are aware of how to alter this portrayal. The health center has established contacts with reporters at the Kalamazoo Gazette and local television and radio stations. When the health center holds an event, such as a community health fair, phone calls are made and press releases are sent to these contacts in the local media.

On one occasion recently, ESBHC was hosting an on-site visit by representatives from the National Assembly on School-Based Health Care. The Kalamazoo Gazette sent a reporter and photographer to cover the visit. The result was an article which focused on the relationship between the health center, kids academic acheivement and community education (Kalamazoo Gazette 1998). This is not the first time that the health center had received coverage in the local newspaper. Since ESBHC first received news of the grant award, it has received only positive coverage in the Gazette on at least eight occasions (1994a; 1994b; 1994c; 1995a; 1996c; 1996e; 1997; 1998). This positive coverage of the health center is part of a conscious effort by the health center staff to boost Kalamazoo's perception of what the Edison neighborhood and school are like. Parents of children at the school, and their children, are featured prominently in many of these articles (1994b; 1997; 1998). Parents are presented as co-workers with the health center and school staff. This effort on the part of the health center has helped interrupt the reproduction of negative stereotyes of the Edison neighborhood.

Community Oureach and Empowerment: Case Studies

Empowerment is, at its most fundamental level, about people overcoming obstacles and gaining some control over the social institutions which hold them back (Fawcett, et al. 1995; Braithwaite, Bianchi and Taylor 1994; Saegert and Winkel 1996). In some cases this can simply mean getting a ride to a bureaucratic center to fill out forms, or being helped to understand exactly what is being asked in the multitude of

forms that need to be filled out in order to get public assistance. In other cases it involves helping people to take responsibility for their lives and the lives of their children.

The approach to student's health that ESBHC takes involves understanding that health depends on more than just having regular medical check-ups and having a medical practitioner on-site at the school. For many students at Edison Elementary, their health is linked directly to their parents level of involvement in their lives and their parent's ability to negotiate through social aid programs. To this end ESBHC employs a nurse practitioner, a dentist, a social worker, and a community outreach worker.

Many of the illnesses that students at Edison experience are social in origin. The daily stress that students at Edison face often become embodied and manifest themselves as physical ailments:

> During the 1995-96 school year, half of the 548 mental health encounters resulted from interoffice referrals that originated in the medical-dental department... Many children came to the health center complaining of headaches and upset stomachs. Biopsychosocial assessments indicated that these children were experiencing high amounts of stress related to family lifestyles and community life and issues related to separation from parents; transient lifestyles; school performance anxiety; and parent-child, teacher-child, and parent-teacher conflicts. (Cousins, Jackson and Till 1997:194-195)

Students experiencing these stresses also tend to act out aggressively at school or break down and cry with little immediate provocation. This is an area where the health center exemplifies the holistic approach to the health and welfare of the child. The health center staff works together to identify the potential multiple and complex causes of a child's illness.

While the nurse practitioner treats illness and injury (or refers more serious cases to a doctor), it is the job of the social worker and the community outreach worker to attend to the psycho-social influences on the child's health. The social worker at ESBHC is the director of the mental health services component of the health center. He is responsible for assessing children's psychosocial status, arranging referrals to outside agencies, and providing counseling both on-site and at children's homes. The role of the ESBHC social worker has been documented in Cousins, Jackson and Till (1997). For this thesis, with the focus on community empowerment, it is the community outreach worker who I present as a key factor in working with the Edison parents.

During the course of my research I observed the daily activities of the outreach worker. Cousins, Jackson and Till (1997) offer a brief definition of the outreach worker's job as: "[working] in tandem with the social worker, nurse practitioner, program manager, parents, and school staff to provide a range of support services that complement intervention efforts and goals for a child and his or her family" (197). This article, published in the journal *Social Work in Education*, provides a detailed case study of social work at ESBHC. What I present in the following pages is a case study of the community outreach work done through ESBHC to complement the above mentioned study.

The above description of the outreach worker's tasks touches briefly on many of the ways in which ESBHC maintains contact with the parents of the school's students. In greater detail, the services the outreach worker provides for parents include: (a) transportation to and from school, home

and medical appointments, (b) assistance in dealing with creditors and landlords, and (c) assistance with accessing social aid programs and understanding their bureaucracy. During the months of my research I was able to observe two outreach workers as they worked with parents. Three brief case studies will illustrate the above three services that the outreach worker performs every day. They are meant to illustrate how the health center is working towards helping parents to become empowered by assisting them in gaining control and understanding of the bureaucracy surrounding their socioeconomic situation. This is the first step in building an empowered community: getting disenfranchised people on their feet by helping them gain access to and understanding of the structural obstacles they must deal with on a daily basis.

On one of my first days at ESBHC the outreach worker, Bill, asked me if I would like to go on a short road trip with him. I agreed and he explained that we needed to take a mother and her child to a doctor's appointment at a community clinic. I knew that the health center paid for taxis to transport parents and children to and from ESBHC. What surprised me was that Bill also drove parents and children to other medical clinics for appointments. I was also surprised to find that he did this using his own car. He just smiled and said 'it's all part of the job.'

Sue

We met the mother, Sue, and her son in the health center's waiting room, walked out to Bill's car, and drove the five minutes to the community clinic. When we stepped out of the car Bill casually remarked

that this five minute car ride would have taken over forty-five minutes by bus and walking (without counting time spent waiting for the bus). When we stepped into the clinic Bill checked the child in at the desk. We were on time for his appointment and he was seen right away. Bill left me with Sue as he went off to talk with some administrators and fill out some paperwork.

I began the conversation by asking Sue what she thought about the health center. She explained that she has recently moved to Kalamazoo from Benton Harbor, is unfamiliar with the city and the public transportation system, and currently receives public assistance and cannot afford a car. Sue said she could not express enough her astonishment that Edison Elementary had its own health center and that its staff would actually drive her and her child to the doctor free of charge. The last school her son attended did not have this service and she said he did not get to the doctor as much as he needed to. Also, having moved from Benton Harbor, Sue needed to change her HMO and find a new primary physician for her son. She said that within a week of registering her son at ESBHC, the outreach worker had helped her through the paperwork and phone calls needed in order get her son registered with a local HMO and a physician who accepts Medicaid patients. Without this kind of support in Benton Harbor, Sue said she felt powerless when it came to getting her son the medical attention he needs (he suffers from chronic asthma).

Without the help of someone who understands the ins and out's of the Medicaid and welfare bureaucracies, Sue said she would get frustrated at the formal procedures and the amount of paperwork that she had to fill

out. She did not understand why she had to answer the same questions repeatedly and was frustrated at the delays in processing her forms when she unknowingly answered questions improperly or filled out the wrong form accidentally:

> You know how it is, they make you wait in line half an hour to get one form and when you get to the counter you find that you're in the wrong line. Then you get the right paper and it's filled with questions that you've answered twenty times already. And there's always more papers to fill out – and all in the proper order with the "i's" dotted and the "t's" crossed. And a lot of the time you can't even understand what the question is – it's the same people that write those damn tax forms! ... It's a fight... you know, and they keep pushing paper at you to keep you down. Sometimes I think they do it on purpose so poor people can't get the services we need.

Donna

On a separate occasion I spent a morning driving around with another of the health center's outreach workers, John. This time the routine was a little more complicated. First, we got a student (Tyrone) from class and drove him to his house to pick up his mother, Donna, so that they could get to a doctor's appointment on the other side of town. After dropping them off at a clinic, John and I drove to the local Work Fare office to pick up another parent, Terry, and bring her to Edison so that she could meet with her son. John and Terry needed to discuss her son's legal problems as well as help her clear up some problems she was having with her landlord and the power company. When their business was completed, John and I drove back to the clinic to pick up Donna and her son and return them to the school. John offered these two cases as an

example of how much time and trouble can be saved by providing the parents with reliable transportation.

Our total time on the road, in a car, was about twenty minutes. Without a car, Donna's total trip would have taken over three hours, not including the time spent at the doctor's office. She would have had to come from home to the school, from school to the doctor's and back again. The other option would have been to keep her son out of school all morning. I talked with Donna about this. I asked her how the clinic is helping her besides the primary health care her son receives at the health center:

> When I first came here three years ago, before the health center was here, I didn't take much responsibility for my son's health. They made me see that he has ADHD and how that affects his school work and makes him sometimes have a bad attitude... He was diagnosed here at Edison and the staff here opened my eyes to his condition. They told me that he can get help and that it wouldn't be that hard. ... They helped me understand what his condition means to him and to me. ... They made me take responsibility, which I hadn't been, and they helped me get him the proper help. They helped my son, but they also really helped me. I saw that they cared about both of us, you know, how we were doing and all, and so I decided to start helping out at the health center. ... I've been involved in helping to write a new grant application - I never did anything like that before! And I'm helping organize activities for the health center.

As Donna talked to me I could see her joy at the change in her life. Just three years ago she felt burdened as a single mother with three young children, and receiving public assistance. She had moved frequently, often avoiding delinquent rent payments, and had a substance abuse problem. She told me that she had lost any motivation to change her life. After coming into contact with ESBHC, Donna said she was quick to

change. All it took was having someone there who cared enough to reach out to her and let her know that she had responsibilities and that they could help her with them. Today she is far more active in her children's education and community life than she ever imagined she could be.

Terry

Terry's case is similar to Donna's. Terry is a single mother of two, both of whom attend Edison Elementary. She is receiving public assistance and is currently going through the Work-Fare program. On the day that we met, Terry was having a bad day that John was trying to make better. Her eldest son was having legal problems involving an act of vandalism with another student, and she needed help in dealing with welfare and her landlord. John read through the letter she received from the county juvenile court concerning her son. There was some confusion over the charges and the punishment. Terry was also concerned that the other boy involved was out to get her son for implicating the both of them. John spent some time on the phone and after a little while that problem seemed to be as resolved as it was going to get. Terry's financial problems with her landlord and the power company were being exacerbated by a delay in processing her welfare paperwork. John had been working for the past few days to clear up the welfare confusion and to find temporary private funding to help Terry pay at least a portion of her rent and utilities. They were both relieved when he was able to get some money from the Salvation Army and a local church. John then worked

out an agreement with both creditors and at the end of the day Terry had a place to stay with power; welfare would take a little longer.

When I asked Terry what she thought of the health center her first response was that "it makes an impossible situation easier." We talked about the above problems that she was being helped with but she added:

> There's more to a kid's health than going to the doctor... they need a place to stay and food on the table and parents that care. When a parent can't give a home and food to their kids... well, it wears you down. I've seen some parents not give a damn what their kids are living like because they don't care about themself. I ain't never been that bad, but I been close. ... I'd take my kid to the doctor and... you ever see how some people treat you when they know you're on welfare, they treat you like trash. They think you're dirty and stupid, they make you wait longer than other folks – it's a shame is what it is. It gets so bad that you don't want to even deal with them ever... But the health center here, and especially John, and Bill when he worked here, they don't prejudice you, they treat you like a person. Like you're supposed to! ... So now I come here when I need help dealing with those other people. ... The clinic here and the Family Health Center [ESBHC's fiduciary agency] are good places, they know what it's like to need help and they give it.

Terry, like Donna, felt alienated from, and disrespected by, the staff of the bureaucratic system that she relies on. A significant part of the problem, as she admitted to me, was that she "doesn't read too well." Prejudicial treatment from public assistance and medical staff, along with low literacy skills resulted in feelings of anger towards the system for putting her in uncomfortable situations. She described to me feelings of helplessness when she needed to deal with governmental offices: it had become an "impossible situation." Terry is still trying to get on top of things in her life, but now she feels that she is not alone. The community outreach

workers at ESBHC stand by and offer a helping hand, or a phone call, or a drive,... whatever will help her take control. In her words: "If it wasn't for the health center I wouldn't be here talking to you today."

Summary

The three women presented in these case studies each provide a slightly different look at how the health center empowers people and helps them gain understanding and control of difficult life situations. For Sue, Donna, and Terry, transportation is an obstacle which either takes too much time out of their day, or their children's education. Getting a ten minute ride from the outreach worker may not seem, at first glance, to be an extremely empowering service. But when the three hour alternative is enough to deter people from going to medical appointments, this small service can become invaluable.

Understanding and negotiating through the complex bureaucracy surrounding social aid is one of the biggest influences on disempowerment for Sue and Terry. In their lives they both got to points where they distrusted the system that is supposedly designed to help them. As they see it, the bureaucratic procedures for accessing Welfare and Medicaid are constructed in such a way as to discourage people from actually getting the assistance and services that they are entitled to. Max Weber characterized bureaucracies as dehumanizing to their employees through the extreme rationalization of procedure (1978:956-1005, 1989:182). But for many people like Sue and Terry, the bureaucratic enterprise surrounding public assistance is also discouraging to those who are served

by the various offices. This discouragement eventually leads to people distrusting the system, the people who work for it, and becomes a major factor in the disenfranchisement of individuals and communities (Piven and Cloward 1993; Braithwaite, Bianchi and Taylor 1994). With the help of the outreach worker at the health center, the intimidating bureaucracies are becomming less frustrating and more understandable.

A last point to make about the health center, community outreach, and empowerment is about children's health. As many of the parents included in this thesis expressed, not being able to get their children to doctors' appointments (for a variety of reasons), had a negative effect on their personal sense of self-worth. This is just one of a number of factors in their overall disempowerment, but it is one that parents feel personaly responsible for. With the assistance of the health center staff, and the community outreacher in particular, parents are able to provide health care for their children. There is security in knowing that there is a health center at the school, that lack of insurance is not a problem, that help with bureaucracies is available, and that if needed, a ride to a doctor's appointment is gladly provided. This security has led to an improvement in children's health, and subsequently an improvement in the self-esteem of individual parents. The case of Donna, who took responsibility for her son's medical condition, is the most striking in this respect. In her words, she has gone from being irresponsible about her life and her children's health, to being a community organizer and getting her son to his appointments on time and regularly. It is through the life changes of

individuals like Donna, and the others presnted above, that the whole Edison community has begun to be empowered.

These three case studies are not the only examples of disenfranchised individuals in the Edison neighborhood. Nor are they examples of the extent to which some people in Edison have become disempowered. The outreach worker explained to me that there are many homeless families with children who attend the school.[2] John explained that of these families, some of the parents who suffer from substance abuse problems, or mental problems, do not attempt to deal with their life situations; they remain homeless, living in shelters, refuse to do what is necessary to remain on Welfare and Medicaid, and exist on the very fringes of Kalamazoo's social structure. With a quiet tone of frustration, John explained to me that there is only so much time and money to expend on reaching out to people. There is barely enough of either to help those people who want to be helped, let alone those who refuse assistance. This anecdote has no happy ending as of yet. I include it here as a reminder to myself, and to others, that there is still very much to be accomplished in Edison before the community becomes fully empowered.

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[2] According to health center statistics, up to 20% of the students at Edison Elementary School are homeless at any given time. This is due to the fact that the school is the designated educational institution for the local family homeless shelter (Cousins, Jackson, and Till 1997).

CONCLUSION

At the center of this thesis is the basic idea that involving the recipients of social aid in the design and implementation of social aid policies and programs has a number of benefits. These benefits include policies and programs better suited to the needs of particular recipient communities, programs which are more utilized, and the growth of community empowerment.

The main benefit discussed in this thesis is that of individual and community empowerment. Through the formation of a partnership with the neighborhood residents, the Edison School-Based Health Center provides an excellent case study to support the claims of the communtiy empowerment models presented at the ouset of this thesis. Individual residents of Edison, like Jane, Sue, Donna, and Terry, have shown how their particular situations have improved because of the health center. Community empowerment is happening through the noted changes in indviduals lives, and in the health center and school's efforts to form a partnership with with Edison residents. Through this partnership the health center has been instrumental in breaking the cycle of reproduction of dominant ideologies by educating parents to learn to navigate the bureaucracy and not be pushed down by it, and by presenting positive community activities to the local media.

I mentioned at the end of my Preface that I would like this thesis to be useful to the Edsion School-Based Health Center. As the parents and

staff continue to write grant proposals to secure further federal and private funds, I hope that this document can be used by them to attest to some of the real benefits that have been reaped in the first three years of ESBHC's functioning. It has been noted that:

> Disenfranchised communities are often brushed off as unimportant in their struggle to achieve a common goal of systems change because agencies holding the power typically advance that the community organization does not have hard data or a research data base from which their claims of poor service, discriminatory service, or lack of service are based. (Braithwaite, Bianchi, and Taylor 1994: 407).

The ethnographic sections of this thesis do not contain 'hard data,' or statistics, to quantify the level of disempowerment in the Edison neighborhood or the level of empowerment that has resulted from the health center. What I do show are some real emotions and lived experiences of some representative individuals living and/or working in the Edison neighborhood.

The examples of what the health center has accomplished, in the short period of time it has been open, are significant even though a caveat from the community empowerment research has warned that: "...the ultimate outcomes of the empowerment process may be quite delayed, minimizing prospects for accountability to grant makers and the community." (Fawcett, et al. 1995:692). The words of Jane, Sue, Donna, and Terry, as well as the other parents included above, attest to the rapid success of the health center. The involvement of the community in the health center since its inception has been cited by parents, school, health center staff, and now even the local media as the main reason for its success.

Appendix A

Protocol Clearance From the Human Subjects
Institutional Review Board

Human Subjects Institutional Review Board   Kalamazoo. Michigan 49008-389?

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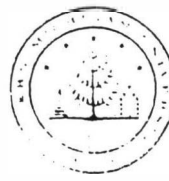
WESTERN MICHIGAN UNIVERSITY

Date: 3 February 1998

To: Linwood, Cousins, Principal Investigator
        Ian Costello, Student Investigator

From: Richard Wright, Chair

Re: HSIRB Project Number 97-12-15

This letter will serve as confirmation that your research project entitled "Community Empowerment and Public Policy Design: A Case Study in the Politics of Providing Services to the Medically Underserved" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may **only** conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 3 February 1999

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--- (1995e). Standard Dilemma. (December 24:A1).

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