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ABSTRACT

Because it is based on the premise that learning is a lifelong process and that citizen involvement is essential to neighborhood problem solving, community education is particularly attuned to the current needs of cities and can be a major vehicle for cities attempting to provide convenient, comprehensive health services in an efficient, cost-effective manner. Community education health programs can include a variety of preventive health care services, including health screenings, immunizations, and health education. School-housed clinics can provide accessible prenatal and infant care, dental services, and health programs for the elderly. Among those cities which are currently offering such health services are Elizabeth, New Jersey; Washington, D.C.; Boston, Massachusetts; Anchorage, Alaska; Austin, Texas; Bolingbrook, Illinois; Colorado Springs, Colorado; and Newton, Massachusetts. Key features of some of these programs include bilingual and immigrant health services and prenatal care awareness campaigns. (This issue paper contains descriptions of the community education programs in each of the above-mentioned cities, as well as implementation strategies and resources for use in initiating the community education process.)

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The U.S. Conference of Mayors, with the support of the Department of Education, has explored over the past three years the relationship of community education to city government. Information on the multipurpose nature of the community education process and the way in which this process can address mayoral concerns has been gathered in site visits to more than twenty cities throughout the country. The purpose of this publication is to demonstrate to Mayors how the community education process can be used to address social concerns which many Mayors are facing today.

First Phase

The information dissemination activities undertaken during the first phase of the Conference's Community Education Program resulted in the publication *Community Education and City Goals and Services: A Report to the Mayors*, sent to all Mayors of cities over 30,000 in population. This report presented a broad overview of how Mayors can use the community education process to develop urban programs and respond to the needs of their cities. Three issue papers were also published and focused

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on how community education can address specific urban issues of concern to Mayors. These were:

- *Community Education and Human Services,*
- *Community Education and Services to the Elderly,*
- *Community Education and Substance Abuse Prevention.*

Current Program

In the current phase of the Conference of Mayors' Community Education Program, three new issue papers have been published to continue the series of publications relating community education to specific issues of concern to Mayors. These are:

- *Community Education and Housing Needs,*
- *Community Education and Health Services,*
- *Community Education and Multiculturalism: Immigrant/Refugee Needs and Cultural Awareness.*

The separate papers have been designed to give Mayors an overview of the community education process before they send each publication on to the appropriate staff person for program follow-up.

As can be seen from the disparate issues addressed in the series of six papers, community education is a process which Mayors can use to take the initiative in a wide range of program areas. Each paper presents an overview of the relationship of community education to urban concerns, and focuses on how a specific issue can be addressed by the community education process. This focus includes a discussion of the issue's trends and problems, the ways in which community education processes can relate specifically to those problems, and case studies of specific cities using community education to develop and implement innovative programs to respond to the issue under consideration.

Special Acknowledgement

The Conference wishes to express its appreciation to the Mayors of the cities highlighted in this paper, their staff members, and the local community educators who provided invaluable insights and information on the community education programs in their cities.

Special thanks is given to the Department of Education for its ongoing support of the Conference's community education efforts and to Mary Boo, Larry Decker, and Suzanne Fletcher, who provided the community educators' perspective for this publication.

Definition of Community Education

Community education is people of all ages in a community coming together to identify their needs and develop programs to meet those needs through the use of locally available resources and coordination of services.

Minimum Elements of Community Education

Although community education programs are so diverse that there is no uniform model, the federal government has defined the following minimum elements of a community education program:

- **Role of the School:** A public elementary or secondary school should be directly (but not exclusively) involved in administering and operating this program.
- **Community Served:** It should be an identified community, which at least includes the regular attendance area of the school.
- **Community Center:** It should be a public facility, whether an elementary or secondary school, a college, or a park center. The facility should offer a broad scope of

services—educational, recreational, health care, cultural, complement the school's regular program, and extend the services normally offered by the public facility.

- **Community Needs:** These should be identified and documented on a continuing basis in order to respond to community interests and concerns.
- **Community Resources and Interagency Cooperation:** The program should use as much as possible educational, cultural, recreational, and other resources located outside the school, and combine forces with other public and private agencies in the community.
- **People Served:** They should include all age groups as well as groups with special needs, such as people with limited English-speaking ability, and the mentally and physically handicapped.
- **Community Involvement in Governance:** Various institutions, groups, and individuals in the community should participate in assessing the community's needs, and in operating and evaluating the programs.

From these elements it can be seen that community education is both a program and a process. The programs are community determined and broad in scope, and are offered to residents at community schools (or other public facilities) which serve as the base of operation. But community education is also a process that actively involves citizens in decision making, makes maximum use of a community's human and physical resources, and facilitates the coordination of services.

Community education is of benefit to cities because it reduces duplication in services through better communication between agencies. It draws together a community's resources into a cooperative relationship helping to reduce fragmentation. And community education increases local involvement and participation in the community, leading to more relevant and responsive services.

A Mayor's View

Mayor Carole Keeton McClellan of Austin, Texas, is a strong supporter of community education. She took the lead in initiating community education in her city during her tenure as school board

president. Mayor McClellan has given the following definition* of this dynamic process which provides responsive neighborhood services.

Community schools and community education represent a philosophy which embraces in concept both program and process. The community education program, the classes and the activity, is a magnet which draws people into the process. The process is the total involvement of community resources in identifying and meeting the needs and wants of the people.

Community education brings together and coordinates the resources of individuals, schools, organizations, and various social and health agencies, to avoid costly duplication of effort. It facilitates the communication between communities, the school, and city government and enables them to work more cooperatively.

The school in effect becomes the center of the community's academic, social, cultural, recreational, and educational life. In essence, community education serves to recycle schools back into the town hall idea.

*From "A Speech on Community Education" by Mayor Carole Keeton McClellan, presented at the Mayors Leadership Institute, May, 1978, Austin, Texas.

I. Introduction: The Benefits of Community Education

Although most Mayors do not have legal jurisdiction over school districts, they are increasingly called upon by their constituents to address school problems such as finances, teacher strikes, busing, and school closings. Mayors are also concerned about the quality of their public school systems. Inadequately educated youngsters find it difficult to be self-sufficient and often require special support services. Additionally, public education impacts upon a city's economic development because a good school system helps to maintain a stable tax base and to attract new industry. Community education is being looked upon by many Mayors as a way to strengthen the public schools and to make better use of local resources.

Community Education Philosophy

The community education philosophy is based on the premise that learning is a life-long process and that citizen involvement is essential to neighborhood problem solving. The concept, which can be adapted to a specific community's needs and resources, holds that local institutions, agencies, and businesses can be used and coordinated in the community education process. This philosophy is particularly attuned to the current needs of cities.

Citizens have come to consider participatory democracy as the norm rather than the exception and need a process for regular input. In these times of diminishing public funds, cities must maximize their local resources. And people today place high priority upon continuing their education for vocational advancement, as well as for personal achievement.

The community education process helps community members to (a) assess community needs at neighborhood and city-wide levels, (b) organize programs, (c) monitor and evaluate services, and (d) advocate for community determined priorities.² This process brings the people of a given community together in a public facility, generally a school, to discuss their needs, interests, and problems. They devise solutions to fit these needs, using locally available resources and skills. It is people working together in a group small enough for the members to identify with—the community. As a group they accomplish what they cannot do as individuals.³

This process of maximizing community involvement and resources can respond to urban priorities. For cities faced with a need for accessible health services, community education provides an excellent system for delivery of these services through com-

munity schools. By increasing neighborhood as well as interagency cooperation, community education allows for an increased awareness of available health services, personnel, and financial resources. Through community needs assessments, a city is able to identify the priority health concerns of its citizens. In this way, community education assists cities in drawing together local resources for the provision of health services, a critical problem in many cities.

Community Education as a Process for City/School Cooperation

As Mayors have been seeking ways to support and improve public school systems, educators have been perceiving a broader scope for schools. Community education is increasingly the process both Mayors and educators are using to strengthen public support for school systems and to better serve their constituents. This process, which stresses citizen participation, attracts both Mayors and educators because it provides a vehicle for the coordination of existing human, physical, and financial resources. Neighborhood schools and other public facilities become the focal point of activity, serving as multipurpose community education centers offering services and programs in response to community need.

Cities and school districts serve and tax similar or identical constituencies. Community education allows Mayors and educators to maximize tax dollars and services, often without starting new programs or allocating additional funds. This benefit is important because in these times of shrinking resources, Mayors are reluctant to initiate programs that could become popular with constituents but be subject to discontinuation due to necessary budget cuts.

Why Mayors Like Community Education

Community education has many advantages for cities. Mayors have cited the following benefits to the Conference during site visits and communication with 74 cities involved in community education.

- **Budgetary Savings**

Well planned community education programs allow cities to save dollars while providing the same or more services. These savings are based on the coordination of services and activities

delivered to the community. One example is the Colorado Springs program. Before community education started in Colorado Springs the school district charged the recreation department up to \$150,000 annually for services. Now the city contributes \$40,000 to the community education program in return for the same services and new benefits.

- **Political Support for Public Programs**

In these days of tight funds for government and citizens, all segments of society look for public dollars to serve their interests. Community education is available to all and can become a vested interest of all. Its cost effectiveness is particularly appealing to taxpayers. As Mayor Thomas Duni of Elizabeth, New Jersey, states, "This [community education] concept of combining resources is good economics, and believe you me, it's good politics. People respond to leaders who understand and try to meet their needs."

- **Neighborhood Stabilization**

Stable neighborhoods create stable tax bases and minimize social disruption, which can lead to high crime rates. Community education stabilizes neighborhoods on an affirmative basis rather than on a reactive, exclusionary one. The citizen participation component gives people a sense of pride and ownership in their community. In Austin, Texas, the community education program, which is jointly funded and administered by the city and the school district, has significantly reduced vandalism in schools and adjacent neighborhoods.

- **Public Support for Schools**

Community education provides a direct means for citizens to become involved with their schools and community colleges. The more involved the public becomes in their education system, the greater the interest in strengthening it. Many cities attribute favorable votes on school bonds to their community education programs. Mayor McClellan of Austin, Texas, speaks of the strong public support for school bonds now that the community has become more involved in the schools through the extensive community education program in that city.

A Positive Approach

The community education concept offers Mayors a means to improve the quality of life in their cities. This concept brings families together to par-

ticipate in recreational and educational programs and can focus social services on the needs of families and neighborhoods. Communities benefit because the city is able to provide more efficient and responsive services through coordination of programs. And finally, citizen participation in the identification and solution of problems leads to a greater sense of community identity and neighborhood pride.

Addressing Urban Priorities

Mayors are using community education to address significant urban issues. This paper describes how community education can respond to health needs, a priority concern in many cities. Community education can provide a system for coordination and delivery of services. In regard to health, these services can range from the establishment of easily accessible health clinics in community schools to health education programs or health screenings on an "as needed" basis. Moreover, the community education process facilitates city/school cooperation

and coordination with local health agencies, resulting in a more efficient use of community resources.

This paper presents the problems and trends in the issue of health services and the ways in which the community education process can respond specifically to those issues. Elizabeth, New Jersey, is presented as a case study of a city which is providing inner city residents with accessible health services through the establishment of a clinic in a community school. Washington, D. C., is highlighted for its use of the community education process to address a city priority—the reduction in the city's infant mortality rate. Boston's provision of bilingual health services in a community school-housed clinic is also described. A subsequent chapter outlines the ways in which the community education programs in various cities have responded to health care needs. While the cities mentioned in this issue paper represent a cross section of activities based on our contact with local government and school officials, this publication has not been designed as a comprehensive listing of community education programs in cities.

II. Health Care Problems and Trends

Preventive Health Care

Preventive health care can be an extremely effective tool in reducing health problems. However, the rapidly increasing expenditures in health care in recent years have been directed to treatment of disease and disability rather than prevention. Currently, only four percent of the federal health dollar is specifically targeted for prevention related activities.⁴ Yet, the Surgeon General of the United States asserts that, "improvement in the health status of citizens will not be made predominately through the treatment of disease but rather through its prevention."⁵ Preventive programs can include screening, detection, diagnostic, and treatment services for health problems such as high blood pressure. This form of health prevention can save lives, improve the quality of life, and can save dollars in the long run.

Health Care for Minorities and the Poor

Data show that although the United States has made impressive gains in health care in the past few years, the poor and racial minorities have benefitted least from this progress. As late as 1977, the black infant mortality rate was still twice as high as the

rate for white infants.⁶ Higher mortality rates among the poor and racial minorities are correlated with the use of health care services among these groups. Statistics reveal that, relative to need, racial minorities and the poor make much less use of health care services than do whites and higher income groups, respectively.⁷ The poor are still less likely to have a family doctor and more likely to go to a hospital emergency room or outpatient department for care.

Accessibility to Health Care

One reason for this lack of use is the problem of accessibility to health care services in the inner city where the poor, the elderly, and minorities are heavily concentrated. Access is distinguished from availability which is the mere presence of health care resources in an area. Even though there may be a large number of physicians in an area, they may not be "accessible" in terms of the citizen's ability to pay the prices charged, the lack of transportation, or the office hours that cannot be accommodated to the patient's needs or schedule.

The Medicare and Medicaid Programs have taken a primarily economic approach to equalizing access to medical care by attempting to reduce the

proportion of a person's income that must be spent for medical care. They have not dealt with the noneconomic barriers to obtaining health care services, such as the lack of services in certain areas or the need for transportation services.

A major objective of health policy initiatives on both the federal and local level is to increase access to the medical care system. Thus, cities are seeking ways to offer health care through accessible neighborhood health clinics, and provide personal and family health education, so that people can recognize injury and illness.

Health Costs

Hospital costs fall most heavily on the nation's older urban centers with the largest concentrations of poor to support. Moreover, often these cities have the least capacity for financing health services for the indigent—many with unmet health needs.

During fiscal year 1980, national health care expenditures were \$235.1 billion, 14.1 percent higher than the previous year.⁸ Federal, state, and local governments together financed 40 percent of all personal health care expenditures—paying for more than one half of hospital care and more than a quarter of other types of health care goods and services.⁹ Despite increased federal government participation in meeting public sector costs through Medicare and Medicaid, a third of the revenue still comes from state and local taxes.

Compounding the problem, the tax base in many cities is shrinking due to rising inflation and the

out-migration of middle income families from central cities. Consequently, cities are finding it difficult to support necessary health and social services. Additionally, the burden of these medical costs threatens adequate support for other essential municipal services such as police and fire.

Community Education Addresses Health Issues

Mayors, concerned about the health needs of their constituents, are seeking economical ways to provide accessible health care to all their citizens during these fiscally austere times. The community education process provides a way for cities to offer responsive neighborhood health services. Three components of the process are particularly involved. The citizen involvement component provides a way for citizens to express their desires regarding the types of health care they need. Community schools, which are conveniently located in residential neighborhoods, are well suited to the delivery of neighborhood based health services, particularly for the poor who often have difficulty availing themselves of health care. Finally, the interagency coordination component can be a vehicle for communication and coordination among public and private agencies relating to health care. Thus, through the community education process, cities can provide necessary health care to their citizens who are hard pressed by rising health care costs, while making better use of existing facilities and local resources, and reducing or avoiding duplication of services among agencies.

III. Responding to Health Care Needs Through Community Education

Community education can be a major vehicle for cities attempting to provide convenient, comprehensive health services in an efficient, cost effective manner. The community education process involving citizen participation, use of existing facilities, and interagency coordination enables a city to offer neighborhood health care while making better use of existing resources and avoiding duplication. The process can be used to involve all citizens in identifying the health needs of the community, thus making services more responsive, an important element in the success of any neighborhood based service. By using school buildings for health services a city can provide accessible neighborhood health care while maximizing school space, an issue in cities with declining school enrollments. And through cooperation with health groups, such as the Red Cross, and with local hospitals, cities can offer health services including immunizations and screenings for little or no cost.

Preventive Health Care

As a component of the community education program, health programs of interest to residents, as expressed in a community needs assessment, can be presented. These programs can include preventive health care methods such as those described below.

Health Screenings

Through cooperation with local hospitals, the Red Cross, and other health organizations, community education can provide neighborhood access to health screenings. Health screenings are effective in reducing health problems through early detection. A high blood pressure check is one such screening which easily can be conducted on a regular basis in the school located health clinic or on a periodic, as needed basis, through the community education program. Other screenings which can be conducted include those for diabetes, glaucoma, and sickle cell anemia.

Immunizations

Another preventive health measure which can be provided through the community education process is immunizations. Cooperation with local hospitals or health agencies for provision of services, and with community schools for use of facilities, can provide a means to vaccinate a higher proportion of the population. The community education process can also be effective in the dissemination of immunization information to parents and to older people because the community school reaches such a large number of people.

Health Education

Health education classes offered as a component of the community education process can respond to consumer demand for health information. These health classes can have a great impact on health promotion and disease prevention by fostering an understanding and awareness of health risks and actions.

Community education programs can sponsor community health events, such as health fairs to disseminate health information, or immunization campaigns. Health classes in cardiac-pulmonary resuscitation and first aid can be taught through cooperation with the Red Cross or local hospital. Programs can be developed to respond to consumer interest in nutrition and weight loss.

Community education's attention to preventive health measures, such as health education, immunizations, or screenings can be beneficial to all concerned. For cities concerned with escalating health costs and with providing efficient health care, community education can provide a workable option.

Accessible Health Care in School-Housed Clinics

The community school, because of its proximity to the neighborhood residents it serves, can be a major vehicle for coordinating and delivering many fragmented services. Building upon local needs and priorities (an important element in the community education process), a city can deliver a variety of health services through clinics housed in community schools, as well as outreach services administered by the community education programs.

Many individuals may delay seeking health care because they do not want to use public clinics, or because these clinics are not accessible. Health care in schools, which carry no stigma and are located in the familiar surroundings of the neighborhood, is well received and may lead to better treatment of health problems. Some of the many health services which can be provided in a school-housed health clinic include the following services:

Prenatal and Infant Care

Health clinics in community schools can provide prenatal, obstetrical, and infant care to diminish

the risks of illness and death among newborns. Minorities and the poor (who have higher incidences of infant mortality) especially need this type of accessible pre- and post-natal care.

Women are more comfortable attending a school-housed clinic because the environment is known and accepted. If a woman has a large number of children, she will feel freer bringing them to the school-housed clinic. Noisy children might be seen as a nuisance or as disruptive in a hospital outpatient department. However, a school and its staff are geared toward youngsters, presenting a more conducive atmosphere for a mother with several small children. For these reasons, a woman may be more likely to seek regular prenatal and infant care in neighborhood school facilities.

Dental Care

Clinics in community schools can also provide dental services. Since the poor have a great need for dental care, the provision of free or subsidized dental services can help bridge this gap in care. In the George Washington Community School in Elizabeth, New Jersey, dentists provide care at the school's health clinic through cooperation with the city health department.

Health and the Elderly

For the elderly, who generally require more health care, the increasing cost of medical care is alarming. Although Medicare and Medicaid were designed to reduce medical expenses for older Americans, these programs do not emphasize the preventive health care for chronic, treatable conditions that is most needed.

Health clinics located in easily accessible neighborhood schools can provide this type of medical care. Seeking health care and preventive care measures early can reduce the likelihood of long term institutional care for the elderly. Additionally, the community school has facilities for provision of hot lunch programs for seniors, addressing the problem of inadequate nutrition for many older Americans.

Interagency Cooperation on Health Through Community Education

Interagency cooperation is one of the basic components of the community education process.

Coordinating the efforts of the city, schools, agencies, and individuals can improve health and information services, in addition to increasing accessibility. City health departments can integrate their services with those of local hospitals, the Red Cross, the American Cancer Society, and other health groups in the provision of cost efficient health services.

When a city provides medical care through interagency cooperation, it makes better use of all community resources, improves interagency communication, and reduces overlap and duplication of services. Through community education, local governments are able to serve a maximum number of people, often with a minimal amount of financial and human resources.

IV. Elizabeth: Community School Provides Needed Health Care

Located in an area with the highest concentration of disadvantaged in the city, the George Washington Community School in Elizabeth, New Jersey, has responded to neighborhood need for access to health care. Interagency cooperation and citizen involvement in implementation and planning were key to the success of this unique delivery of services.

The cooperative relationship established between the school board and the city has enabled Elizabeth to conserve city resources while better serving the health needs of its citizens. Moreover, extensive citizen participation in decision making ensures that the services offered are truly responsive.

Built to replace its 70 year old predecessor, the George Washington Community School is the result of years of planning. Following public meetings with the Mayor, the Departments of Recreation and Health, social agencies, parents, civic organizations, and minority groups a consensus was reached that the new school should be a facility to serve the entire community. A community planning committee was established which worked with education consultants and staff specialists in developing the basic building design and programmatic recommendations. From a study of neighborhood needs conducted by the planning committee, it was apparent that health

services were a priority need in this inner city community. Consequently, as part of the city's total service approach to community needs, from the outset plans for the school called for the establishment of health care facilities within the building.

Health Clinics Established Through City/School Cooperation

Through a cooperative arrangement between the school board and the city health department, the George Washington Community School offers medical and dental care to neighborhood residents. Space in the school is provided rent free by the school board to the health department which operates a baby-keep-well station and a dental clinic.

Baby-Keep-Well Station

The baby-keep-well clinic monitors infant health, growth, and nutrition, in addition to giving inoculations and physicals. The staff of the clinic, who are paid by the city health department, also offer a teen mother program which includes counseling and nutrition classes. As part of the cooperative relationship, the school board provides transportation for this program.

Due to the large influx of immigrants into this port city, a special program has been established for refugee immunizations. This program enables the city to fulfill legal requirements in an efficient manner. In addition, because the school has daily contact with refugee children and their parents, it is an effective vehicle for dissemination of health information. Responding to citizen expressed need, the clinic also provides screenings for sickle cell anemia.

Dental Clinic

The dental clinic, staffed by three dentists paid by the health department, provides free dental care to all elementary school children, including non-public school pupils. The children are bused to the school at school board expense to receive complete dental care, from diagnosis through treatment. Parental permission is necessary for a child to participate in the program, and forms in both English and Spanish are circulated throughout the school system.

A long-range goal of the city is to extend dental care to the elderly. As John Surmay, Director of the Department of Health, Welfare, and Housing states, "Many of the older persons in Elizabeth are in great need of dental attention. Many would come in the evening for free dental care we believe."

Resources

Both the dental and baby clinics are operated by the city health department with space allocated rent free by the school board. Operational funds come from state allocations to the Department of Health, Welfare, and Housing. Equipment for both facilities was purchased with state health aid services grants. These funds are also used to pay for public health nurses who staff the baby-keep-well station.

Neighborhood Accessibility

The availability of health services in the neighborhood has led to improved health care and treatment of community residents. Mothers find the school a familiar place and are more inclined to seek care for their infants. The large numbers of newly arrived immigrants, many of whom do not speak English, are frightened to leave the neighborhood. The school-housed clinic is easily accessible, and a Spanish speaking community liaison

is available to bridge the language barrier. Thus, infants in the neighborhood are obtaining health care which, were it not for the school clinic, they otherwise might not receive.

Other Community Education Components

The citizen participation component of the community education process is used to identify community needs and related solutions. In addition to serving the health needs of residents, the sound-proof, air conditioned George Washington School offers a wide range of other services to respond to the needs of the community. A hot lunch program for the elderly is offered with transportation provided by the county. Through the community education program, which is run by a full time community education coordinator, programs and activities are offered ranging from a literacy program and a Spanish language high school equivalency course, to furniture refinishing and basketball instruction.

Another important element in Elizabeth's Community education program is interagency coordination. Cooperation between the community education coordinator and his staff and the principal and his staff has been key in making the program a success. In addition, the coordinator works cooperatively with the staff at the health clinic and with a wide variety of city departments and agencies in order to make the most efficient use of the resources available to the community.

Increased Community Pride

The school, which opened in 1971, is free of graffiti, and vandalism around the school is negligible. The Mayor, the school principal, and the community education coordinator attribute this to community pride in the building. Residents, involved in the school from its initial planning stages, see the school as a community focal point. The total accessibility of the school and its response to residents' needs has promoted community spirit. Pride in the school has led to enhancement of the neighborhood with community improvements including cleaner yards and painted houses.

Another benefit of the community education approach is increased neighborhood stability. The school serves a very transient population with the school population changing as much as 60 percent

in one year. However, with the community school and its varied programs and facilities, fewer people are moving. As John Richardson, the school's principal, points out, "If students stay they have a chance to learn. When they move continually they are bound to fail. The potential benefit of a community education program in a transient area such as this has great significance."

Benefits

Mayor Thomas G. Dunn is an enthusiastic supporter of the community education concept. He states, "A Mayor must be committed to education and should work hand in hand with the school board. The concept of combining resources is good economics and that is why community education appeals to me. It is good politics—citizens respond to leaders who understand and try to meet their needs." The Mayor believes that the many benefits of community education greatly help the city respond to the varied needs of Elizabeth's residents.

- Citizens receive accessible, low cost health care.
- The city can respond to community determined needs.
- Interagency cooperation makes better use of community resources.
- Community involvement can lead to increased neighborhood stability and reduction of vandalism.

For further information about Elizabeth's community education activities please contact:

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V. Washington, D.C.: Community Education Process Addresses City Priority

Washington, D. C., provides an example of how a Mayor can use an existing community education program to address a priority issue. For a number of years, the city has provided needed health services through clinics housed in community schools. When Mayor Marion Barry took office he saw these school-housed clinics as an excellent resource in his initiative to reduce infant mortality—a top priority of his administration. These clinics are a highly productive response to neighborhood concern regarding the delivery of local services that are responsive to community needs.

Citizen Participation Identifies Need for Prenatal Care

The community school clinics to be highlighted in this paper, the Washington Highland and the Marie Reed, were both built in response to community expressed needs and involved extensive community participation in planning and implementation. Needs assessments conducted in both neighborhoods showed lack of health services to be a prime concern of residents. Consequently, clinics were established in the schools. Community involvement remains a vital component of both schools, with their active community education councils helping to determine the types of health services offered at the clinics.

By increasing the number of women receiving early prenatal care, both clinics are responding to a major goal of the Mayor's campaign to reduce infant mortality. This type of care can increase birth weight, a major factor in infant death, and ensure adequate nutrition.

The city found that obstacles to prenatal care include the lack of accessible health care facilities and the need for more public education and awareness of health needs. In Washington, the school-housed clinics provide convenient neighborhood locations and because of their community focus are well suited to local educational outreach efforts.

Clinics Provide Accessible Services

The clinics in the Washington Highland and the Marie Reed Schools serve to illustrate some of the problems which the Mayor has been able to address through the delivery of prenatal services in community schools.

The Congress Heights neighborhood, in which the Washington Highland School is located, is separated from the rest of the city by the Anacostia River. Prior to the establishment of the school-housed clinic, residents had to travel considerable

distances to receive care at the city hospital, often after long hours of waiting. The location of the Washington Highland Clinic in the neighborhood has alleviated these transportation problems, increasing accessibility, particularly for mothers with small children and pregnant women.

The Marie Reed Clinic serves a large immigrant population. The clinic staff is bilingual, bridging the language barrier, which previously prevented many of the non-English speaking residents from seeking health care.

By responding to community expressed needs—for conveniently located health care and bilingual services—the city is able to provide prenatal care to a wider segment of the population than would otherwise be served.

Preventive Health Care

Through the school-housed clinics, the city is attempting to increase the number of women receiving early prenatal care and to educate women regarding the importance of preventive health measures. The obstetrics/gynecology clinics at the schools provide comprehensive prenatal and infant care to all females, regardless of income level. As part of outreach efforts, clinic staff offer classes in maternity and infant care, parenting, and adult health promotion.

Maternal nutrition, a critical factor for infant health, is aided by the commodity supplemental food program operated from the clinics. This program provides nutritious foods at no cost to pregnant women, new mothers, and children up to six years old. Nutrition counseling is also available.

Resources

The city is able to operate the clinics through a cooperative use agreement with the school board.

The school board provides space in the schools rent free to city departments and agencies. The city human services department pays for clinic personnel and supplies, and operates the program. The clinics charge fees according to the fee structure set by the city for all community clinics providing health services. In 1980, the Washington Highland and Marie Reed Clinics served a combined total of approximately 20,000 people—40 percent of them children.

Benefits

Mayor Barry, a former member of the school board, sees community education as a dynamic process to respond to the needs of city residents. In Washington, the community education process has provided a means for city problem solving. Two major components of the community education process—use of existing facilities and interagency cooperation to solve community problems—have enabled the city to successfully deliver accessible prenatal care to its citizens.

For further information about Washington, D.C.'s community education activities please contact:

The Honorable Marion S. Barry, Jr.
Mayor of Washington, D.C.
District Building
Washington, D. C. 20004
(202) 727-6319

Mr. Patrick Jamison
Assistant for Community Schools
Coordination
Presidential Building - Room 1001
415 12th Street, N.W.
Washington, D.C. 20005
(202) 724-4208

VI. Boston: Bilingual and Immigrant Health Care

Cities across the country are faced with growing numbers of refugees, many with health problems. Boston provides an example of how a city can respond to the health needs of refugee and immigrant populations through the use of the community education process.

The health clinic in Boston's Quincy Community School offers bilingual, community based health services to the South Cove area residents, who are primarily of Chinese ancestry, and to the greater Boston Chinese community. The demand for bilingual health providers is growing with the recent influx of new Indochinese immigrants, and the services at the Quincy are responding to neighborhood need through the community education process.

Serving Community Need

The multilingual/multicultural approach at the Quincy School helps to promote the physical health as well as the social well-being of residents, particularly immigrants who encounter language and cultural barriers in their use of existing city resources. Particularly in the area of health services, such an approach is needed to allay the fears many of the new immigrants have regarding the medical community and also to encourage them to receive health care.

Many of the refugees have a different concept of health. The Laotian refugees in the city do not seek care, preferring folk medicine. Many Asian elderly will not enter hospitals or clinics believing that one only enters such places to die. The community education program is providing intensive multilingual health education to help the refugees to overcome these biases and to increase their numbers in seeking care.

Bilingual Services

The success of these special health services can be attributed to the extensive involvement of the community, largely of Asian origin, in developing the appropriate approaches. The clinic is governed by a Board of Directors made up of community people and clinic users.

The health services offered at the clinic include internal medicine, pediatrics, obstetrics/gynecology, dental, eye, family planning, and health education. The health center has a bilingual staff which includes physicians, dentists, social workers, and psychologists. A bilingual nurse-midwife attends deliveries in the Chinatown community. Working in cooperation with the city health department, the clinic participates in child health screenings and immunizations. And nutrition counseling is offered, ser-

ving an important need for the new immigrants, particularly pregnant women.

For further information about Boston's community education activities please contact:

The Honorable Kevin H. White
Mayor of Boston
City Hall
Boston, Massachusetts 02201
(617) 725-4400

Mr. Jim Yee
Administrative Coordinator
Quincy Community School
885 Washington Street
Boston, Massachusetts 02111
(617) 426-6660

Mr. Pancho Chang
South Cove Health Center
Quincy Community School
885 Washington Street
Boston, Massachusetts 02111
(617) 482-7555

VII. Community Education and "As Needed" Health Care

Mayors across the country have discovered that the community education process of inter-agency cooperation, citizen participation, and use of existing facilities can be used to enhance neighborhood services and programs. A significant number of cities are using the process to respond to public demand for preventive health information. Americans are increasingly interested in improving their general health condition, attested to by the increased attention to exercise and nutrition. In cities of varying sizes and regions—from Anchorage, Alaska to Austin, Texas to Newton, Massachusetts—community education has served to coordinate community resources in the more efficient delivery of needed health education programs.

Response to Community Needs

The community education process enables cities to coordinate the delivery of health services to meet the expressed needs of the community. Community needs assessments, a key component of community education, allow cities to determine current citizen interest in various health education topics and respond easily to changing priorities. The community education process facilitates cooperative arrangements with local health agencies, allowing cities to extend their neighborhood health services. And the process provides a medium for health

departments to disseminate preventive health care information. By using this community education approach cities are able to provide "as needed" health programs on topics of particular community interest. This can include conducting health screenings for problems such as high blood pressure, educating citizens on various health topics such as nutrition, and offering classes in preventive health measures such as exercise.

Cost Efficient Approach

The community education process offers cities a cost-efficient means to respond to consumer health interest. Interagency cooperation can provide health personnel to teach health classes or conduct free screenings, while utilization of community education facilities provides space rent free. This sensible approach of using existing facilities, establishing cooperative relationships, and stressing citizen participation is being used by the following cities to meet the health needs of their communities.

City Programs

Anchorage, Alaska:

The community education newsletter advertises the health department's well-baby clinics, and in-

creases public awareness of locally available health resources. The local Red Cross conducts first aid classes and blood pressure checks. And, through a cooperative arrangement, the health department provides parenting and nutrition classes.

For further information about Anchorage's community education activities please contact:

The Honorable George M. Sullivan
Mayor of Anchorage
Pouch 6 - 650
Anchorage, Alaska 99502
(907) 264-4431

Ms. Jill Waters
Superintendent of Community Programs
Pouch 6 - 650
Anchorage, Alaska 99502
(907) 264-4366

Austin, Texas:

The community education program has a cooperative relationship with the health department which conducts classes in weight loss, nutrition, and smoking cessation, utilizing community education facilities. In addition, health department personnel have trained community education coordinators to teach cardio-pulmonary resuscitation, thus expanding tremendously the department's ability to save lives. Through cooperation with a local hospital (run by the city) a speakers bureau supplies doctors to speak to citizens on community determined topics such as physical therapy and radiology.

For further information about Austin's community education activities please contact:

The Honorable Carole K. McClellan
Mayor of Austin
P.O. Box 1088
Austin, Texas 78767
(512) 477-6511

Mr. Lester Haines
Director of Community Education
1607 Pennsylvania Avenue
Austin, Texas 78702
(512) 476-7212

Bolingbrook, Illinois:

One community education project that is currently being developed is a respite care facility for

abused, potentially abused, or physically impaired children with emphasis on immediate personal and family counseling. Links have been established with local hospital facilities, counseling centers, and governmental bodies. Cable television and a network of community volunteers are in the process of establishing a community access station which will support the community education process. Health education programming will be presented on the station.

For further information about Bolingbrook's community education activities please contact:

The Honorable Edward L. Rosenthal
Mayor of Bolingbrook
375 W. Briarcliff Road
Bolingbrook, Illinois 60439
(312) 759-0400

Ms. Char Rampat
Director of Community Education
759 Luther Drive
Romeoville, Illinois 60441
(815) 886-5000

Colorado Springs, Colorado:

A "wellness" program has been established through the community education program. Health professionals teach classes based on community needs assessments including fitness, nutrition, and stress.

For further information about Colorado Springs' community education activities please contact:

The Honorable Robert M. Isaac
Mayor of Colorado Springs
P.O. Box 1575
Colorado Springs, Colorado 80901
(303) 471-6600

Mr. Gene Blackney
Director of Community Schools
316 North Weber
Colorado Springs, Colorado 80903
(303) 635-6795

Newton, Massachusetts:

The Community Schools Program in Newton provides a comprehensive range of health education services including seminars for children, adults, and the elderly. Health activities are designed to take full advantage of existing health resources such as the

Newton Health Department, Newton-Wellesley Hospital, American Red Cross, and American Cancer Society. Further, community schools provide an effective forum for sharing the expertise of resident health professionals—doctors, nurses, wholistic health practitioners, nutritionists, and researchers. Community education centers are also used as service delivery sites for various municipal health programs including CPR, senior health maintenance clinics, glaucoma screenings, cancer detection, and vaccinations.

For further information about Newton's community education activities, please contact:

The Honorable Theodore D. Mann
Mayor of Newton
City Hall – 1000 Commonwealth Avenue
Newton, Massachusetts 02159
(617) 552-7000

Mr. Joseph Baron
Executive Director
Newton Community Schools
492 Waltham Street
West Newton, Massachusetts 02165
(617) 552-7117

Policy Making Support

The community education process seeks to identify the needs and wants of the community and assists in developing facilities, programs, staff, and leadership in response to the needs. Implementation of this process requires a collective effort by numerous groups and individuals who are committed to the community education concepts of broader use of schools, community involvement, and interagency cooperation. Policy making support from citizens, local leaders, and representatives of community groups who are knowledgeable and supportive of community education can be a significant factor in the success of a program.

Although the developmental process may vary by community, the following are suggested steps for implementing a community education program.

Development of a Task Force or Planning Group

The Mayor and school superintendent should appoint a community education task force to do initial planning. This task force should be representative of the community, city government, and school district, including principals, teachers, and custodians. School district representation is particularly

VIII. Implementation Strategies for Initiating the Community Education Process

important. The administration of community education activities is greatly facilitated when school personnel understand the goals and purposes of community education.

The task force should have clear objectives to help facilitate organizing efforts. Task force members should address such questions as: how many community education centers should be established; what means of financing should be pursued; what human and financial resources already exist in the community; what are the wants and needs of the community; and what is the role and composition of a community advisory council.

Site Selection Criteria

The task force should determine the criteria for selection of facilities for the community education program. These should include the following:

- accessibility to residents;
- eligibility for funding;
- avoidance of duplication of services;
- need for services (rate of crime, truancy, neighborhood instability, etc.); and
- interest of the community.

Funding

The task force should determine what existing resources are available to support community education. Depending upon the community and the design of the program, a user fee system may be appropriate. A variety of state, local, and private resources can offer funding sources, including city or school district revenue, state department of education funds, local private donors, tuition and fees from community participants, and in-kind city contributions.

Needs Assessment

The task force should conduct an initial needs assessment using existing communications networks to survey neighborhoods. These networks may include:

- schools (home surveys and Parent Teacher Association meetings);
- churches;
- social service agencies (welfare agencies, probation department); and
- police department.

This process for identifying areas of concern will provide a preliminary assessment of the wants and needs of the community and the available human and financial resources.

Organizing Advisory Councils

Each community education center should have a neighborhood advisory council. The task force should devise a means for appointing or electing the first councils and should establish a procedure for subsequent elections. The purpose and authority of the advisory councils should be clearly defined by

the task force from the outset in order to avoid later misunderstandings. The means to support the councils should be carefully considered. In Birmingham, Alabama, the councils receive city funds as a measure of official approval. However, the Austin councils prefer private support, believing it allows more independent operation.

The task force may also want to consider forming a community education consortium, as in the Austin program. Austin's consortium consists of elected representatives from each of the neighborhood community education centers, as well as individuals representing organizations and governmental agencies. The consortium's purpose is to receive recommendations from the neighborhood advisory councils and to develop city-wide policies for the total program.

Administration

Administration of community education programs generally falls into three categories as it relates to city involvement:

- school-administered with city support (the most common);
- joint city/school administered; and
- city-administered (least common).

Many Mayors have found that joint city/school responsibility for community education programs provides for maximum coordination and conservation of resources. As Mayor Carole Keeton McClellan of Austin, Texas, stated in her presentation to the Mayors Leadership Institute, "A great deal of time and effort could have been saved in Austin if the community education program had originated as a city/school program."

IX. Resources

Community education is a process that emphasizes the use of existing resources through interagency planning and coordination; as a result, additional funds may not be needed to implement a program. However, as discussed in the previous chapter, various state, local, and private resources may also be available to support community education activities. In addition, technical assistance as well as numerous publications are available to cities interested in starting a community education program.

Technical Assistance

Free technical assistance for program development is available from state departments of education and/or university based community education centers. Cities may obtain the name of the nearest community education center by writing to:

Community Education Program
Department of Education
7th and D Streets, S.W.
Washington, D. C. 20202
Attention: Ron Castaldi, Director

or

U.S. Conference of Mayors
1620 Eye Street, N.W.
Washington, D. C. 20006
Attention: Carol Moody Becker
Staff Director for
Education Programs

Publications

- Cities interested in a city government/school district community education model may wish to receive copies of the report, *Community Education Proven Practices—Local Government Participation*. This publication describes in detail how Austin, Texas, developed a community education partnership involving local government, the schools, and citizens. The paper also explores the development of similar community education models in other urban settings. Copies may be obtained by writing to:

Community Education Program
Department of Education
7th and D Streets, S.W.
Washington, D.C. 20202
Attention: Ron Castaldi, Director
- The Educational Facilities Laboratories has published a book, entitled *Community School*

Centers, which examines the role of community education centers in the coordinated delivery of social services and the better use of public resources. The publication describes the planning, management, and design of community school centers, and provides a chapter on resources.

Copies may be obtained by writing to:

Educational Facilities Laboratories
680 Fifth Avenue
New York, New York 10019

- Those interested in the development of community service centers may wish to order copies of the publication *Developing, Managing and Operating Community Service Centers*, by Joseph Ringer, Jr. This publication provides basic information on the decision making process, facility planning, and management procedures for a community service center; as well as highlighting the key elements for success in such centers.

Copies may be obtained by writing to:

Mid-Atlantic Center for
Community Education
School of Education, Ruffner Hall
University of Virginia
Charlottesville, Virginia 22903

- The Community Education Clearinghouse collects, organizes, and disseminates information on community education. The Clearinghouse publishes newsletters and directories, conducts literature searches, and has a toll free phone number to respond to questions and offer referrals. For further information contact:

National Community Education
Clearinghouse
1030 15th Street, N.W.
Suite 536
Washington, D. C. 20005
Toll free number: 800-424-8874

Footnotes

¹ Department of Education, *The Federal Experience Under the Community Schools Act* (Washington, D. C.: U.S. Government Printing Office, 1980).

² *Organizing a Community School* (Newton, Massachusetts: Newton Community Schools, 1980).

³ National Community Education Advisory Council, *Community Education: The Federal Role* (Washington, D.C.: Department of Education).

⁴ Department of Health, Education and Welfare, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* (Washington, D.C.: U.S. Government Printing Office, 1979), p. 9.

⁵ *Ibid.*

⁶ Department of Health, Education and Welfare, *Health United States, 1979* (Washington, D.C.: U.S. Government Printing Office, 1979), p. 5.

⁷ *Delivery of Health Care in Urban Underserved Areas* (Chicago: American Hospital Association, 1979), p. 4.

⁸ *Health Care Financing Trends—Winter 1981* (Washington, D.C.: Health Care Financing Administration, 1981), p. 1.

⁹ *Ibid.*