



Reducing Barriers in Our Communities: Building Awareness and Understanding

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Within the community setting, the nurse can be an agent for social change or control. As the 'expert,' the nurse has power over clients he/she sees in the community since they may be recognized as non-experts. These socially unequal associations may breed conflict or worse, oppression, within the 'inferior' party.

Walker (2002) says that individuals relate to others in contexts which have been "raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion, or whatever construction carry ontological significance in the culture (p. 2) [1]. The power differentials between nurses and those we service in the community should be recognized immediately as barriers to building healthy communities. Taking the time to learn about the issues affecting the marginalized groups in our community is critical to reducing these potential barriers.

Using dialogue helps to understand another's frame of reference. In fact, Freire (2008) believed "it is in speaking their word" that people transform the world around them and is seen as "an act of love" (p. 88) [2]. This commitment to love and liberate another recognizes the other's potential and supports their growth toward it. In my work as a community health nursing faculty member, I believe building these connected relationships with community members (especially those who have been marginalized) is vital if we are to reduce health disparities. This is also a good place to begin if we are to help our nursing students gain a better understanding and appreciation for the underserved in our communities.

At Allen College, we have the luxury of living in a city of great diversity. However, most students typically come to the college with limited prior experience of oppressed groups. They soon realize that injustice comes in many forms: socioeconomic, race, religious, cultural, and sexual orientation.

Through the use of classroom discussion and activities, low technology simulation, and real-life experiences in the community, students gain insight into the issue of human oppression while in the community health course. Strategies such as use of the *Unnatural Causes* video series, poverty simulation, privilege walk, blood pressure and foot clinics at the local Salvation Army, free clinic experiences, as well as the opportunity to perform a community assessment in an underserved community (Amish, African American, Bosnian, Burmese, and homeless populations) assist students in becoming more aware and willing to actively seek to reduce social injustices all around them [3].

The qualitative data collected by course faculty community health students each semester supports the importance of our work to get them connected into the community. Time and time again, students say that their experiences working with diverse and underserved groups helped them better understand the needs in our community. Students also say their experiences working with disadvantaged groups have allowed them to become more empathetic to the struggles marginalized groups face in the community which further promotes their awareness of the importance of advocating for the underserved. I believe it is only in becoming more aware and being better educated about the difficulties marginalized groups face that we can begin to empower them, reduce health disparities, and be the agent for social change in our communities.

References

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