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GLOBAL PERSPECTIVE

“Be the Bridge” Collaboration: Our journey

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ABSTRACT

Students in the McMaster School of Nursing, like in other Health Sciences programs, learn about evidence-based practice in a variety of hospital settings. However, best practice must also be provided at a systems level in the community, guided by the principles of primary health care. During a third-year community health course, we were placed in the South Sherman neighbourhood, a low-income, high-priority area in Hamilton. Within this community, we learned that improving health requires looking beyond the healthcare system. Therefore, we developed an intervention to address the gap between services and residents in the area. After a successful pilot project, our initiative is now becoming a full-scale partnership between McMaster students and the Hamilton community members who act as our hosts and teachers.

We completed our community placement at the 541 Eatery and Exchange on Barton Street. The eatery is a social justice initiative with a unique "button system" in which customers can order food and, if they choose, donate $1 to place a button in the countertop jar. Subsequent customers may use these buttons to purchase affordable, locally sourced, and freshly made meals. The button system allows members of the South Sherman neighbourhood to access quality food with reduced financial stress. This eatery draws customers from across the city and offers dignity to patrons from all walks of life, who order from the same menu and often share the same tables in conversation.

As we formed relationships and interacted with the community, we noticed a high prevalence of health issues. This area has a lower median income relative to other communities located in Hamilton, which contributes to a significantly decreased life expectancy.[1,2] Ten years ago, the Hamilton Spectator's 'Code Red' report identified key factors that contribute to these health concerns, such as poverty, inadequate access to healthcare, and lack of education. These social determinants were related to higher rates of morbidities (e.g. cardiovascular diseases, diabetes, and cancer) and ultimately higher rates of mortality.[3] Newly revised 'Code Red' statistics report that most health indicators have worsened.[4] By being placed in a 'high risk' community, we had a first-hand glimpse of how these social determinants of health contributed to poor health outcomes for this population. For example, an individual living in poverty could not afford proper housing or medication to manage their disorders. Although health and social services exist to address the needs of the population, they remain inaccessible to many due to barriers such as low health literacy, lack of trust in professionals, low personal agency, previous experiences, and social stigma.[5] Among these barriers, we identified health literacy as a common challenge to this population.

HEALTH LITERACY

Health literacy, according to the World Health Organisation, is defined as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health."[6] We entered the South Sherman neighbourhood ready to educate the population about the theoretical and clinical aspects of health in order to increase healthcare access in the area. However, this proved to be a more difficult task than expected, as we were taking the wrong approach. Once we stopped trying to teach and started to listen and learn from the community firsthand, we discovered that there was a disconnect between the healthcare system and the people that it is trying to serve. In order to bridge the divide between our training and the actual health needs of this marginalized population, we needed to foster bi-directional teaching between the two communities. We needed to learn the language, expertise, contextual knowledge, and stories of the community in order to identify an effective approach to address the problem.[7-10] As such, our initiative is guided by participatory research approaches such as Participatory Action Research, and Asset-Based Community Development.[11,12] Most evidence-based approaches within this body of literature require students to venture outside their privileged (university) communities and listen to people's stories in the environments where they live, work, and play. As we integrated ourselves into the South Sherman neighbourhood and listened to these stories, we considered how to extend our impact beyond the confines of a single course.

"BE THE BRIDGE" COLLABORATION

From our newfound experiences, we developed "Be the Bridge," a formal collaboration between McMaster students and marginalized urban community members. To minimize stigma, we called community members "hosts," highlighting their expertise in their respective communities. We realized that in order to construct a functional bridge, we needed an equal partnership between the two communities —a mutual development of health literacy. All parties involved needed to become building blocks in this living relational bridge —to Be the Bridge— to make services accessible to a priority urban population. In doing so, we can utilize experiential learning to foster empathy and develop healthcare professionals who understand the social determinants of health. We ran a small pilot project involving two McMaster students paired with one South Sherman community host. This relationship involved discussions about various topics such as health issues, personal experiences, and the South Sherman community. From their exchanges, we gathered informal data revealing that there were challenges involving the host questioning the students' intentions and time constraints. Challenges notwithstanding, we considered the project feasible and worthwhile. We created a leadership team and are now establishing a more formal collaboration process that pairs McMaster student volunteers with urban community host volunteers. We expect to have the initiative operational by October 2019. Eventually, we hope that the model and vision of this program will become versatile enough to be utilized across multiple populations with similar features to the McMaster and South Sherman communities.

CONCLUSION

Through our professional community practice, we witnessed the many factors that impact health outcomes, with health literacy being a primary factor. After our placement in the South Sherman community, we gained a better understanding of what makes it difficult for these individuals to navigate the healthcare system. In response, we created the program "Be the Bridge" which would target some of the remaining barriers to healthcare access and foster health literacy. As with most population health interventions, the benefits can be profound but it can be difficult to see changes in a matter of months. Through the collaboration with South Sherman community hosts, students were able to develop a stronger understanding of the struggles and barriers of their community partners, which diminished the biases the students once held. Students became more apt to listen and more narratively and culturally competent. We hope to ignite this change within every student who participates in "Be the Bridge."

REVIEWED BY NINA CAVEY, MSC.

Nina Cavey is a faculty member at McMaster University's School of Nursing with a diverse background in primary healthcare and global health, mental health, research coordination and curriculum development. Her graduate work on spirituality and schizophrenia earned her the prestigious Council of Ontario Universities' Masters Award of Excellence.

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