

## ■研究と報告

# Analysis of Health Problems using Citizen-centered Community Meeting Approach

「住民主体」のコミュニティ・ミーティング手法を用いた健康問題の分析

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**Abstract :** (**Purpose**) A comparison of the health problems felt by the people with those assessed by the community nurses and to obtain clues to design a specific methodology in citizen-centered community nursing through the interactive process between the citizens and the community professionals. (**Method**) The data was obtained in community meetings held between 1996 and 1999. Data from the 1996 community meetings was used for analysis. The meetings were held in B Town, A City of Gunma Prefecture. The participants were the citizens of B Town. (**Result**) The first meeting was attended by 33 citizens (11 males and 22 females) with an average age of 70.6 (56-83). Three concepts, “intergenerational exchange”, “information on life and health” and “safe and peaceful space”, were found to be needed to share health problems submitted at the community meetings with other citizens and to solve problems. (**Discussion**) The community meeting approach is effective in understanding community diagnosis based on community assessment of citizen-centered health problems. It is especially useful to collect important information when designing specific programs to solve community health problems.

**Key Words :** community meeting approach, community, elderly people, health problems

## I Introduction

Five activity principles were recommended in the Ottawa Charter on Health Promotion proposed by WHO in Ottawa, Canada in 1986. One of the principles is to reinforce community activities (or to keep the effort and the fate of the community in the hands of the community or community empowerment)<sup>1, 2)</sup>. This principle has been reflected in the community health in Japan through communi-

ty participation and community-centered programs for health and welfare service development and implementation.

Many of the programs, however, have been developed through information gathering and decision making by the service providers. The citizens who were thought to have some health problems are, in some programs, classified by the criteria, encouraged to participate in the meetings and are

given information without sharing information with the service providers. The author believes that health promotion through “citizen participation” and “citizen-centered approach” starts by identifying problems by the citizens<sup>3~5)</sup>.

The process of interaction between the community nurses and the citizens using the community meeting approach was analyzed for City A of Gunma Prefecture in order to highlight the difference. The purpose of this study is to compare health problems felt by the citizens with those identified through assessment by the community nurses. Such analysis will give us guidance in developing a more specific approach in community nursing in which the citizens are respected.

## II Method

### 1. Data analyzed

The author collected the data through the community meeting approach between 1996 and 1999. Data from the 1996 community meeting was used for analysis. Community meetings were held in B Town of City A in Gunma Prefecture. The subjects of this study, therefore, were citizens of B town.

#### 1) Data collection through community meetings

##### a. Community meeting approach

The community meeting approach<sup>6)</sup> has been practiced in the field of community nursing by the British Columbia Nursing Association in Canada to identify health problems of the people. The author collected data on health issues in B Town using the community meeting approach at the occasion of health promotion activities held annually at the community center of B Town. The meetings have been held annually for three years since 1996. Information on citizens' health thus collected was used to develop community-nursing programs to satisfy the needs of the people.

##### b. How community meetings are organized

###### ① Grouping of the participants

Participants were grouped across generations.

Each group consisted of 5 or 6 participants and sat in a circle with a community nurse.

###### ② Exchange of opinions on health

Participants discussed health issues freely and expressed their opinions and feelings. Each participant described their thoughts concerning health, commented on the services they had used and discussed a wider range of health-related topics such as natural environmental issues, waste and garbage treatment, bullying and suicides among children, falls and accidents among the elderly, development of emergency services, and so on.

###### ③ Listing of health problems

Participants discussed and listed the health problems of the community.

###### ④ Priority among health problems

Participants prioritized the problems they identified.

###### ⑤ Information needed to clarify the issues

Participants discussed what information was needed and what kinds of communication opportunities were necessary to make community people more aware of the listed issues.

###### ⑥ Group presentation

All the participants were involved in discussing the health problems identified and presented by each group. They discussed how the health problems would be shared among the citizens and how they could be solved.

#### 2) Analytical method-comparison with community assessment

Characteristics of the community meeting approach were analyzed by comparing data obtained and organized with the community assessment guide. The author referred to the information on the characteristics of B Town found in various reference materials (historical documents and publications kept in the reference library, literatures in the university library and public information on health and welfare).

Community Assessment Guide<sup>7, 8)</sup> is the guideline published by School of Nursing, Lehman

College, City University of New York. The following is the brief summary of the contents:

- a. OVERALL FEATURES: ① Climate  
② Location ③ Topography ④ Roadways  
⑤ Open space ⑥ Noise level ⑦ Economic state ⑧ Community planning
- b. POPULATION CHARACTERISTICS:  
① Overall age, sex, ethnic distribution  
② Proportion of elderly in population  
③ Ethnic/socioeconomic characteristics of elderly ④ Intergenerational relations
- c. SERVICE FACILITIES: ① Shopping/Basic Services ② Health Care ③ Social Services  
④ Educational ⑤ Social/Recreational  
⑥ Transportation
- d. ENVIRONMENTAL/SAFETY CONDITIONS: ① Pavement/curbs ② Crosswalks  
③ Street lighting ④ Air quality ⑤ Sanitation services (garbage collection/ sewage)  
⑥ Water quality ⑦ Police department  
⑧ Fire department

## 2. Ethical considerations

The author informed the participants of the meetings of the purpose and obtained consent from them. The author also assured them of free participation. The participants agreed to the use of the data to the extent that the data was anonymous and that their privacy was respected.

## III Results

### 1. Community assessment

#### a. Overall Features

**Table 1** shows the summary of community assessment items. B Town has the total area of 0.500 km<sup>2</sup> along the Tone River. The town is blessed with water resources and fertile land. The economy of the town is based on agricultural activities. B Town has made an effort to improve its dikes because the Tone flooded in the past and devastated agricultural fields and houses. Today a promenade stands along the river where the citizens enjoy walking and jogging. The roads run-

ning through the center of the town, however, are narrow with heavy traffic, making it dangerous for pedestrians. There are few spaces, like parks, for the citizens to gather.

#### b. Population characteristics

Aging is prominent in B Town. There is shortage of the younger generation entering the agricultural business. The number of households is on the rise with fewer individuals per household. There is an increasing number of the elderly living alone or with another elderly individual. Health problems of such elderly citizens are serious.

#### c. Service facilities

Safe and easy shopping by the elderly depends on whether they can drive a car. There is a supermarket in the town, but no grocery, general and clothing stores within walking distance. The citizens have to cross a busy street to go to the supermarket. Buses run infrequently in the city.

There is a shrine with a cemetery in the center of the town next to the public center. This is the only place where the citizens can gather. They use the public center for residents' association or seniors' association activities. The town is united, especially among the elderly citizens, and they enjoy a harvest festival and an athletic meeting.

A general hospital is located in A City with several clinics in the town. The citizens have family doctors, including the elderly. The quality of home care services is inconsistent among different agencies.

Social services are provided by the city, but the citizens are not well informed of the available services. The citizens start collecting information when necessity arises.

#### d. Environmental/Safety conditions

Pavement and step-free sidewalks are not well developed. Ditches around the fields overflow during the rice-planting season. It is very difficult for people to tell the border between the ditches and the roads, creating a danger of falls. Air and water quality in the town is good. Many elderly citizens

do not lock their houses and their houses are often broken into.

## 2. Community meetings

The first meeting was attended by 33 citizens (11 males and 22 females) with an average age of 70.6 (56–83).

There was a proposal on the information and opportunities needed to share health problems identified in the community meetings among the citizens and to solve them. They indicated that the following three concepts are important: intergenerational exchange, information on life and health, safe and peaceful space.

### a. Intergenerational exchange

Elderly citizens seek vigorous stimulation. Exchanges within and across generations motivated the participants to be interested in themselves and in their health. Intergeneration here means young adults, middle aged people as well as those in their 60's, for those in their 80's. Different generations among the elderly created stimulation and interactive relationships. The participants also sought help for "mental health" issues (especially to minimize loneliness). Loneliness is felt not only by those living alone but also by those living in multi-generation families. This study revealed the necessity for the elderly to interact across generations. Thirdly, it is important that the intergenerational meetings provide the role model of the healthy old not only for the young adults but also for the younger old. People need a role model for their future even in their late 70's.

### b. Information on life and health

Firstly, the community meeting participants have need for health consultations closely related to their life. There is a flood of information through the mass media. The elderly collected a lot of information and some used computers to get information, but what they really need is health information useful in their lifestyle in B Town. It has become more difficult to get such specific information. That is the reason why they needed

opportunities to exchange information with health professionals. Secondly, they want unengaged time. Agricultural activities are important for the elderly living in B Town. Though smaller in scale than before due to the shortage of successors, they still work on farms. They need opportunities for health information closely related to their lifestyle in order to balance their self-awareness as farmers and their need for unengaged free time.

### c. Safe and peaceful space

They want physical space in which to gather safely and mental space to interact peacefully. B Town had no parks and, therefore, the greatest need the people felt was to have a park or a space to gather. Pedestrian safety is threatened in B Town due to heavy traffic and narrow roads. The ditches used to draw water from the branch of the Tone were deep and without covers. It was dangerous to walk near the ditches. During the rice-planting season, the ditches overflowed onto the roads. The children had to walk along such roads because the elementary school and a kindergarten are located in the fields. The desire for safe and peaceful space is an indication that they wanted to have a park and felt the need for a safe living environment.

## IV Discussion

Community nurses have to learn the history of the extended community and the present conditions to obtain an accurate general impression of the community,. It is essential for them to know if the community is growing or deteriorating and if it is stable or changing. It is also necessary to know if the people in the community feel comfortable and secure.

B Town provides a good natural environment with a mild climate, however, the parks and the roads need further development and the transportation system is not user-friendly. The town needs significant development to improve the quality of life of its citizens. The priority of the people

Table 1 Community Assessment Guide

OVERALL FEATURES			
Climate	Longest daytime among the neighboring cities	Roadways	Noise level
	Climate suitable for semiannual crops	Roads in the downtown are narrow	Between 36 and 74dB: about 70dB in the busy streets
		Traffic is heavy	
Location	Surrounded by mountains	Open space	Economic state
	Developed using water resources of the Tone	Agricultural fields surround	Agriculture is the main business (Rice, wheat and vegetables)
	Located in the suburbs of A City	No such public spaces such as parks	Young successors have left the town
Topography		Distribution of buildings	It is becoming more difficult to maintain agriculture activities
	Located on the south branch of the Tone,	B town public center, shrine and cemetery are located in the center of the town	Community Planning
	B River	B river runs to the north	Residents' association with a long history
	Flat	An elementary school and a kindergarten are located at the outskirts of the town near the river	Organized activities such as the harvest festival are planned by association of B Town
Public services are provided by the jurisdiction			
POPULATION CHARACTERISTICS			
Overall age, sex distribution			
Population 1,128( male 584 and female 544)			
of B Town			
Population by the ages			
	B Town	A City	National
0-14	11.0%	16.2%	15.6%
15-64	71.7%	68.7%	69.3%
65 and up	17.2%	15.1%	15.1%
Proportion of elderly in population			
	B Town	A City	National
	15.9%	15.1%	14.1%
Socioeconomic characteristics of the elderly			
Percentage of elderly living alone			
	B Town	A City	
	9.3%	8.9%	
Intergenerational relations			
Young people do not succeed in their parents' business and seek employment in the cities			
Increase in elderly households			
The number of households is on the rise but families are getting smaller			

SERVICE FACILITIES	
Shopping/Basic services	Educational
Grocery, general and clothing stores	Public library
One small papa and mama store in the town and a supermarket in the suburbs	None
Laundry	City Library
Shoe repair	
Restaurants	Adult education programs
Banks	Service provided by the city
Post office	Member of the committee to promote life long education
	Social/Recreational
Health Care	Shrine and Cemetery
Emergency service	Important
Clinics	None
Hospitals	Public center of B Town
Doctors	Harvest festival

Dentists	Limited home care	Athletic meeting
Home care services	Provided by the city	Active among the elderly
Pharmacists	Quality differ among different agencies	Active
Folk medicine	Limited home care	Not active
	Acupuncture and moxibustion	
<u>Social Services</u>		
Social security office	City provides services	<u>Transportation</u> Inconvenient when a person cannot drive Passenger cars A few per family (including agricultural vehicles) Many elderly drivers Far from the city center, so it is expensive and difficult to use Taxi Bus Infrequent services
Welfare office	City provides services	
Elderly Citizen's program	City provides services	
Homecare support services	City provides services	
	Increase in the number of users	
Health services for the elderly		
	Utilization of general health check-ups 49 (male 19 and female 30)	
	Increasing tendency of morbidity of cardiovascular diseases such as hypertension and cardiac diseases	

## ENVIRONMENTAL/SAFETY CONDITIONS

Pavement/curbs	Air quality	Police department
Risk of falling into the ditches	Dust: 0.01-0.04	Many houses are broken into
Crosswalks	Hygiene services (garbage collection/sewage)	It is a custom in the agricultural area that they work in the fields without locking their houses
No sidewalks and narrow roads	City provides services	The number of theft cases is decreasing
Street lighting	Water quality	Fire department
Fewer streetlamps in the agricultural town	S River: BOD below the standard	Less frequent fires and arsons than the city
		Neighborhood fire-fighting teams are organized.

was found to be health problems as was clear in the community meetings.

It is expected from the demographics of B Town that the health problems of the elderly would be the key concern of the town. The community meetings highlighted the issues and the elderly citizens expressed their concerns based upon their physical, psychological and social experiences. The meetings allowed them to discuss such specific issues as how the elderly can cope with their health problems as the town is aging. The issues raised in the meetings were presented to the healthcare professionals for the action. Reviewing the topics (information) discussed in the meetings would tell the community professionals the challenges they have to tackle.

It is also important to know the level of community service facilities available, including grocery, clothing and general stores, laundry and shoe repair, banks and post offices in order to understand the community. Since many of the elderly citizens walk and do not drive, it is important that a supermarket and other stores be located near their houses. Nutrition-related health information is needed, as it was specified in the meetings. They need information not only on different menus, but also on how to cook, preserve and organize daily meals. It was also indicated that they want to know the reasons why suggested menus are good for their health.

Health and medical services, including emergency services, an outpatient clinic, a hospital, family doctors and dentists as well as the home care agencies need attention. It is important to collect information on the available services as well as the knowledge of the citizens about those services. Community meetings showed that such information was not shared among the people. The professionals were not present where and when the citizens needed information. Citizen-centered activities were in short supply to provide information to those who really need it.

The meetings also revealed that the presence of the shrine and the cemetery and the activities at the public center provided vitality through a continuation of mental activities among the elderly people living in B Town. Social and recreational activities of the elderly people are listed in the assessment items and the community meetings helped the professionals to be aware of the key persons supporting organized activities of the elderly and the representative ideas and thoughts of the elderly citizens in addition to the mental activities which succeeded across generations.

In the process of cross-generational exchange on health issues between the citizens and the professionals, community meetings were found to be effective in raising the health awareness of the people. Community meetings helped the community nurses and the citizens identify and discuss community health issues, citizens' needs in connection with health and the factors affecting their conditions. Expressing opinions in the community meetings was useful for the citizens to be made aware that community health is directly related to individual health.

It was also found that the specific clues to solve community health problems could be identified using the community meeting approach.

## V Limits of study

The concept of "community meeting" is vague and does not have a clear meaning through the data analysis. The next challenge for the author is to define the concept "community meeting" in community health nursing in Japan and evaluate longitudinally the changes in the community.

## VI Conclusion

The community meeting approach is effective in understanding community diagnosis made through community assessment in connection with citizen-centered health issues. The approach is useful to collect important information and design-

ing specific measures to solve community health problems.

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