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Abstract

The purpose of this qualitative study was to examine Bracht, Kingbury, and Rissel's five-stage community development model as applied to a grass-roots community action group. The sample consisted of low-income, predominantly Hispanic women in a community action group in a Southwestern barrio, some of whom were experiencing domestic violence. The community group organizer was interviewed, and a content analytic table was constructed. Results showed that the community group's efforts would have benefited from a theoretically organized approach. The window of opportunity continues to be open for community development researchers to offer theoretical assistance to groups that are forming and to those already formed to help them realize their goals.

Keywords

Community Development Model, Grass Roots, Community Action, and Hispanic Women

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Theoretical Versus Grass-Roots Development of a Community Partnership

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The purpose of this qualitative study was to examine Bracht, Kingbury, and Rissel's five-stage community development model as applied to a grass-roots community action group. The sample consisted of low-income, predominantly Hispanic women in a community action group in a Southwestern barrio, some of whom were experiencing domestic violence. The community group organizer was interviewed, and a content analytic table was constructed. Results showed that the community group's efforts would have benefited from a theoretically organized approach. The window of opportunity continues to be open for community development researchers to offer theoretical assistance to groups that are forming and to those already formed to help them realize their goals. Key Words: Community Development Model, Grass Roots, Community Action, and Hispanic Women

Introduction

Bracht, Kingbury, and Rissel's (1999) five-stage community development model was used to examine a grass-roots development of a community action group. The grass-roots group was organized by three women who were responding to a call to serve their community "every time a Hispanic woman in the barrio [neighborhood] was killed by domestic violence." These women, from a low-income, predominantly Hispanic barrio in southern Arizona, formed their group so that women could talk to other women about the problem of domestic violence, which some of them were experiencing. The women of the community were asked to attend a gathering that the founders called "El Cafecito" (a coffee break). The gathering encouraged women to spend time with each other and, most of all, to share their feelings about their life experiences.

Background

Community Partnerships

The practice of organizing communities has been in a state of evolution for over 75 years. Community organization has at times been treated as a "singular model of practice, several typologies of community organization have been developed on the premise that this phenomenon comprises various alternative change models" (Minkler & Wallerstein, 1998, p. 34). McElmurry, Swider, Grimes, Dan, Irvin, and Lourenco (1986) worked with inner-city women "to increase the effective use of health services" while "strengthening the community's ability to care for itself" (p. 64). Flynn (1991) described "The Healthy Cities of Indiana" community development design as a process involving

the "combined effort of government, business, the arts, and science—the community as a whole" (p. 510). This process, facilitated by official political support, called for mayors and local health officials to commit to and place health as a "priority on the city's political agenda" (p. 510) and to adopt policies promoting community-wide partnerships (public and private). It supported the development of community leadership and called for Healthy City committees to identify the city's strengths and health problems. These interdisciplinary efforts to change policies, the environment, and community health status involved complex measures (Flynn). McKnight (1995) noted that neighborhood associations that result in control "by" the people instead of control "of" the people provide a social tool in which consent is the primary motivation, creating interdependent holistic environments, where "people of all capacities and fallibilities are incorporated...creativity is multiplied rather than channeled...and citizenship is possible" (p. 167).

In 1996, Rothman provided useful and practical conceptualizations for understanding various approaches to organizing in the form of three models. The first was the locality development model, with a basic strategy to involve "a broad cross section of people in determining and solving their own problems" (p. 72). The second, a social planning model, focused on "gathering data about problems and making decisions on the most logical course of action" (p. 72). The third model, social action, was aimed at "crystallizing issues and mobilizing people to take action against enemy targets" (p. 72). This typology, despite its limitations, remained for "more than twenty years the dominant framework within which community organization [was] examined and understood" (Minkler & Wallerstein, 1998, p. 35). Reactions to the limitations in the Rothman model have given rise to alternative models and provide important alternative approaches that extend beyond community development that is externally driven (Minkler & Wallerstein). Bracht et al. (1999) defined community organization as a process that plans "to activate a community to use its own social structures and any available resources to accomplish community goals that are decided on primarily by community representatives and that are generally consistent with local values" (p. 86).

Community Development among Latinos

As a group, Latinos have demonstrated resistance to lifestyle changes that would reduce risk factors for chronic illnesses (National Heart, Lung, and Blood Institute, 1996). Studies have shown that Hispanics favor personal (*personalismo*) and trusting (*confianza*) interactions that demonstrate respect (*respeto*) and dignity (*dignidad*; Castro, Elder, Coe, Tafoya-Barraza, Moratto, Campbell, et al., 1995; Fulton, Rakowski, & Jones, 1995; Maisonet-Giachello, 1994; Navarro, Senn, Kaplan, McNicholas, Campo, & Roppe, 1995). The health care provider's ability and willingness to speak Spanish and to communicate in a nonjudgmental fashion is crucial.

The organizers of El Cafecito brought people together who had little awareness that other women in their neighborhood were also experiencing domestic violence. They worked to provide an avenue for empowerment, allowing voices to be heard without fear. In their discussions, these women became aware of alternatives to their present situations. Individual successes, in turn, enhanced the capacity of this group to address its needs. Because the organizers worshiped regularly with participants, there was an established

level of trust. These established relationships allowed the organizer to move within the community without scrutiny.

This community development exhibited the three concepts of a grass-roots movement: social action, locality development, and empowerment. They directed their social action toward the conflict in the women's lives aimed at supporting the aggrieved persons to take action on their behalf (Pilisuk, McAllister, & Rothman, 1996). They organized with little or no professional help in an attempt to take control of their lives (Perkins, Brown, & Taylor, 1996). Their primary organization activity was to restore a psychological sense of power (Pilisuk et al., 1996). Their community activism was a starting point for the transformation of norms and values (Wittig, 1996).

According to Bracht et al. (1999) community program directions must be shaped and managed by skills and resources within the community to maintain continued effort. They believe that a community is stimulated or activated when individuals within the community become aware that a condition or problem exists. They identify the particular problem prior to any action, and they institute steps to change the problem. These actions require a comprehensive approach of locality development, considerable social planning, and social action orientation that establishes structures to implement and maintain problem solutions. In addition, they further propose that the critical aspect of health action is the organizing process that functions as "a kind of glue" (p. 85) that sustains citizen interest, cultivates participation in programs, and encourages support for long-term maintenance of successful intervention efforts.

While working with a cultural anthropologist/ nurse researcher, this author was introduced to activities of the El Cafecito group. The realization that the experience that these women were living working with violence intervention and prevention within their community, sparked the interest in wanting to know more about how exactly this was being done. My Hispanic background facilitated the request for a formal interview with the founder of the El Cafecito group. Knowing that community development strategies' emphasis is the key in providing services effectively is making those services culturally appropriate, this author was sparked with the idea that the founder of El Cafecito would be able to provide details that would provide information regarding the (1) the formation of the group; (2) trace the development of the group; and (3) compare the evolution of this group to Bracht et al.'s (1999) five-stage community development model. This author believes that findings are useful for future community organizers who are faced with existing models in the community, which can be further developed without a need to re-create models of intervention.

Bracht et al.'s (1999) community development model was chosen for this study. The model was influenced by the "(a) authors' own applied community organization work, (b) general principles of social and community change, (c) elements of organizational development and strategic planning, and (d) community empowerment theory" (p. 83). The model composed of five stages: (1) Community Analysis, (2) Design-Initiation, (3) Implementation, (4) Maintenance-Consolidation, and (5) Dissemination-Reassessment is shown in Figure 1. Each of the stages calls for citizen participation and, although presented in a sequential format, the stages overlap, with some tasks or key elements needing to be repeated because of the dynamic characteristic of the organizing process.

Figure 1. *Community organization stages.*

Note. Community organization stages. (Adapted from Bracht, N., Kingsbury, L., Rissel, C. A. five-stage community organization model for health promotion: Empowerment and partnership strategies. In Bracht, N. (Ed.), *Health promotion at the community level 2*, 1999, Thousand Oaks, CA: Sage, pp. 83–104.)

Methods

Design

Event structure content analysis was chosen as the method of analysis. This method useful when examining a series of events and their connections, was useful in examining the life history as well as the chronological order of events of the group's activities (Tesch, 1990) while comparing it to Bracht et al.'s (1999) model. Content analysis, as a research method, provides a systematic and objective method for understanding the development of this group (Downe-Wamboldt, 1992). Key elements and definitions of model stages (Bracht et al.; see Table 1) provided a deductive reasoning approach. The goal of this structural analysis was to: (1) identify elements of the informant's statements of actual event sequences of the group's development, and (2) compare them with those prescribed by the Bracht et al. community development model.

Table 1

Definition of Model Stages

Model Stages	Definitions
I: Community Analysis	Accurate analysis and understanding of needs, resources, social structure, and values. Early citizen involvement.
II: Design Initiation	Formal activities that mobilize citizens; establishes a structure; and coordinates citizen support.
III: Implementation	Turns theory and ideas into action
IV: Maintenance/Consolidation	Members gain experience and success.
V: Dissemination/Reassessment	Increases visibility, community wide acceptance, and involvement.

Note. Adapted from original table constructed by Escandon-Dominguez, S., from content in: Bracht, N., Kingsbury, L., & Rissel, C. (1999). *Health promotion at the community level 2* (Chap. 4, pp. 83-104). Thousand Oaks, Ca: SAGE.

Measures

A project determination of exempt status for human subjects research from the University of Arizona Human Subjects was obtained. The primary group organizer was contacted through a mutually known community individual and asked if she would be willing to talk with this researcher regarding an interview. The group organizer agreed and contact information was provided to the mutually known individual. This researcher contacted the primary group organizer, the study and purpose of the study explained and an interview time was agreed on. The interview was held at a place and time designated by the informant.

A series of questions were formulated prior to the interview. An interactive interview method was employed to obtain information regarding the development of the group. Questions such as, "Tell me about the events that surrounded the idea of forming the group," "Tell me about those persons who helped form the group," and "Do you feel that you were influenced by someone and, if so, by whom?" were included. The interview was audio-taped and transcribed. Transcriptions were reviewed and then formatted and entered into Atlas.ti qualitative software program. A program offering a variety of tools for qualitative analysis of large bodies of textual, graphical and audio data (ATLAS.ti, 1997). Data were analyzed and statements were coded into 25 primary codes. A content analytic table was constructed from the description of the Five-Stage Community Organization Model (Bracht et al., 1999) to organize the 25 primary codes identified from responses to the interview questions. A total of 25 key elements were identified. Table 2 displays an example of a stage, its definition, its key elements, and a definition of each key element. Primary codes were then organized according to the key elements of the model and subsequently to each of the five stages. This transition from primary codes, to key elements and then stages is shown in Table 3.

Table 2

Example of Stage 1, Including Stage Definition, Key Elements, and Key Element Definitions

Stage	Key Elements	Definitions
1. Community Analysis		❖ Accurate analysis & understanding of needs, resources, social structure, & values; early citizen involvement
	Define the Community	<ul style="list-style-type: none"> ▪ Consult with representatives from major social institutions or sectors (i.e., education, health, recreation, business, religious, media, civic organizations, and government) ▪ Determine the target group ▪ Solicit information on past community organization (i.e., efforts, successes, failures, & decision-making processes)
	Collect the Data	<ul style="list-style-type: none"> ▪ Compile a comprehensive community profile of health and demographic information <ul style="list-style-type: none"> ➤ Information on community resources, history, and readiness for action ➤ Determine citizen perception of community needs ▪ Gather data from a variety of personal contacts while laying the groundwork for citizen mobilization ▪ Identify who: <ul style="list-style-type: none"> ➤ Can get things done ➤ Is ready to provide resources ➤ Needs to be involved in decision making ➤ May be opposed to health promotion efforts
	Assess Community Capacity	<ul style="list-style-type: none"> ▪ Support for change ▪ Current level of health promotion activity ▪ Key leaders/groups ▪ Available personnel, programmatic & financial resources, community interest in proposed agenda ▪ Resources & actions needed to increase capacity ▪ Identification of potential collaborating organizations, programs, and individuals (i.e., key informants, etc.) ▪ Potential for increased activity ▪ Current programs ▪ Formulate & suggest alternative methods & strategies to known areas of resistance
	Assess Community Barriers	<ul style="list-style-type: none"> ▪ Identify unique local characteristics and customs that may inhibit interventions ▪ Maintain vigilance over barriers to the change process ▪ Receptiveness of top decision makers ▪ Prior community reaction to similar issues in the past
	Assess Readiness for Change	<ul style="list-style-type: none"> ▪ Intensity of community interest ▪ Urgency of the problem ▪ General awareness
	Synthesize Data and Set Priorities	<ul style="list-style-type: none"> ▪ Summarize overall social and health data, community needs, current levels of activity, barriers, potential resources, and readiness ▪ Analyze data ▪ Decide appropriateness of plans and choices

Table 3

Primary Codes, Key Elements and Model Stage Determinations

Primary Codes	Key Elements	
<ul style="list-style-type: none"> ○ assess community barriers ○ assess community capacity ○ assess readiness of comm. ○ collecting data ○ define community ○ synthesize data & set priorities 	<ul style="list-style-type: none"> ● Defining the Community ● Collect the Data ● Assess Community Capacity ● Assess Community Barriers ● Assess Readiness for Change ● Synthesize Data & Set Priorities 	Stage1: COMMUNITY ANALYSIS
<ul style="list-style-type: none"> ○ choosing organizational structure ○ clarify roles & responsibilities of members ○ define organizations' mission & goals ○ ID & recruit organ members ○ Provide training & recognition ○ set a core planning group & select local organizer 	<ul style="list-style-type: none"> ● Establish a Core Planning Group ● Choose an Organizational Structure ● Identify and Recruit Members ● Define Mission and Goals ● Clarify Roles and Responsibilities ● Provide Training & Recognition 	Stage 2: DESIGN INITIATION
<ul style="list-style-type: none"> ○ assess effectiveness of intervention ○ summarize results and chart future directions ○ update community analysis 	<ul style="list-style-type: none"> ● Determine Priority for Intervention Activities ● Develop a Sequential Work Plan ● Generate Broad Citizen Participation ● Plan Media Interventions ● Obtain Resource Support ● Provide a System for Intervention Monitoring Feedback 	Stage 3: IMPLEMENTATI ON
<ul style="list-style-type: none"> ○ determine priority intervention activities ○ develop a sequential plan ○ generate broad citizen participation ○ obtain resource support ○ plan media interventions ○ provide a system for intervention monitoring feedback 	<ul style="list-style-type: none"> ● Integrate Intervention Activities into Community ● Establish an Ongoing Recruitment Plan ● Establish a Positive Organizational Climate ● Acknowledge Work of Volunteers 	Stage 4: MAINTENANCE/ CONSOLIDATION
<ul style="list-style-type: none"> ○ acknowledge work or volunteers ○ establish an organizational climate ○ establish ongoing recruitment plan ○ integrate intervention into community networks 	<ul style="list-style-type: none"> ● Update Analysis ● Assess Effectiveness of Intervention ● Summarize Results and Chart Future Directions 	Stage 5: DISSEMINATION/ REASSESSMENT

Results

A total of 47 units of analysis were identified in 23 of 25 key elements. Statements within the 25 key elements were analyzed and organized according to the number of examples. Numbers of examples are shown in Table 4.

Table 4

Examples According to Stage

Stages	Key Elements	Examples	Key Elements	Examples
1. Community Analysis	Define the Community	2	Assess Community Barriers	4
	Collect the Data	2	Assess Readiness for Change	0
	Assess Community Capacity	4	Synthesize Data and Set Priorities	2
2. Design-Initiation	Establish a Core Planning Group	1	Define Mission and Goals	2
	Choose an Organizational Structure	1	Clarify Roles and Responsibilities	1
	Identify and Recruit Members	1	Provide Training and Recognition	0
3. Implementation	Determine Priority for Intervention Activities	2	Plan Media Interventions	1
	Develop a Sequential Work Plan	3	Obtain Resource Support	1
	Generate Broad Citizen Participation	4	Provide a System for Intervention Monitoring Feedback	1
4. Maintenance-Consolidation	Integrate Intervention Activities into Community	5	Establish an Ongoing Recruitment Plan	1
	Establish a Positive Organizational Climate	4	Acknowledge Work of Volunteers	0
5. Dissemination-Reassessment	Update Analysis	3	Summarize Results and Chart Future Directions	1
	Assess Effectiveness of Intervention	1		

Stage 1: Community Analysis

A total of 14 (29.8%) statements in six key elements were found in stage 1. An example of the key element Assess Community Capacity was a statement such as, “[the organizers] started going to . . . neighborhood association meetings; we had other people,

entities [like] the crisis center, rape center, Chicanos por la Causa, a lady from the [university] that was doing a project for domestic violence, and a lawyer with special interest in domestic violence." The key element Assess Community Barriers was noted in statements such as, "We could not just do meetings . . . we saw the problems, they needed counseling . . . what would it benefit if they needed counseling and we were having all these meetings where they could not benefit from the speaker?"

Stage 2: Design-Initiation

In stage 2, a total of six (12.7%) statements were found in five of the six key elements. An example of the key element Define Mission and Goals was noted in statements such as, "It was to stop the violence . . . that they could break the silence . . . could ask for help."

Stage 3: Implementation

A total of 12 (25.5%) statements in six key elements were found in stage 3. The key element Generate Broad Citizen Participation was noted in statements such as, "We talked about it, we had small meetings . . . then when we were going to have a *cafecito*, we [would] announce it on the radio" and "They came and resisted, because it was something new for them . . . but when we had the second one, they were there." The key element Develop a Sequential Work Plan was reflected in statements such as, "The purpose was to be able to reach out . . . not to convert" and "Very hard work . . . we were breaking ice with the church and breaking ice with the community . . . we [could] not mix God . . . with the project."

Stage 4: Maintenance-Consolidation

A total of 10 (21.2%) statements in four key elements were found in the fourth stage. The largest number of statements (five) was found in the key element Integrate Intervention Activities into Community Networks, which detailed how the group called on local parks and recreation facilities to house the growing number of attendees for conference meetings. They sought and obtained financial support from local health institutions for conference needs, as well as requested local experts to speak at their meetings. The key element Establish a Positive Organizational Climate was noted in four statements and described how the women, at the individual level, were encouraged to voice their everyday complaints: "We complain because it's hot, because it's cold, because our husband leaves his things laying around, that the kids don't obey us" and "There is a lot of participation . . . they begin to look in their hearts and become aware of . . . what is wonderful . . . there are homes, where they may not have domestic violence, but the indifference of the husband, or drug use by the kids, [or] faulty communication."

Stage 5: Dissemination-Reassessment

A total of five (10.6%) statements were found in three key elements of stage 5. An example of the key element Update Analysis was noted in statements such as, "We

were thinking, how come only the women are changing, and not the husbands” and “I will call everyone that I can, because it's not a one person, it's a team work. I will have to get women that have . . . the same vision to join me, to be able to help.”

Discussion

Stages 1, 3, and 4 demonstrated the group's ability to develop collective political and social action leading to personal psychological empowerment plus an increase in control over resources constituting an empowered community (Bracht et al., 1999). The group was able to collaborate effectively to identify problems and needs as well as to agree on ways and means to problem solve. According to Labonte (1993), it is in interacting with others that we gain healthful characteristics, such as control, capacity, coherence, and connectedness, which are essential to empowerment. The group's connectedness and ability to dialogue held the potential to transform individuals. Minkler and Wallerstein (1998) noted that although empowerment has been "criticized as a catchall phrase, it represents the central tenet of community organization and community building practice" (p. 40).

Although only six statements represented stage 2, Design-Initiation, the essence of this stage was characterized by the group's grass-roots activity toward organizing a form of collective advocacy toward a shared goal (Wittig, 1996). Stage 2 established a structure that mobilized citizen support. Pilisuk et al. (1996) described a grass-roots community as one that is developed around three concepts: social action, locality development, and empowerment. Locality development occurs when people gather, relationships are created, and, while sharing experiences, a sense of belonging develops. Grass-roots organizers bring people together who may have little awareness that their neighbors share their problem. So, too, these women “invited people that had more or less the same vision . . . so we started the Cafecito with 65 women . . . [our] second one, and then . . . [the number of participants] we had was 305.”

The statements in stage 5, Dissemination-Reassessment, reflected the group's ability to update their community analysis but demonstrated the lack of a theoretical framework. A formal evaluation plan would have been beneficial for examining their success and would have strengthened their ability to publicize their accomplishments to the community in order to maintain high visibility and promote continuation of their program. A theoretically organized approach to activities would have provided an explicit knowledge of desired outcomes, as well as a planned approach for achieving their goals (Chinn & Kramer, 1995).

Investigators for many research projects have tried to balance community needs with research needs. These investigators have often removed themselves after the research phase, leaving the community without resources. As funding sources continue to require long-lasting outcomes, communities would be better served if research proposals focused on developing committed individuals such as these organizers. To enter the culture, the professional must “learn how to understand behaviors, avoid social errors, and sustain good relationships” (Crist & Escandón-Dominguez, 2003, p. 267). This may require the use of culture brokers who serve as translators of behaviors and meanings for those who come from outside the group (Tripp-Reimer, Brink, & Pinkham, 1999). Once a partnership has been established, the professional can facilitate the “application of

community organization principles and processes in approaching communities: doing community analysis, working with communities, sustaining effort, and disseminating new knowledge” (Mittelmark, 1999, p. 27). The professional needs to inform the group on how others are addressing problems; “communities, like individuals, need to know that they are not alone when their voices are raised” (Pilisuk, McAllister, & Rothman, 1998, p. 116). Funding dollars for community-based organizations could be wisely used as “seed money” for building infrastructures that would continue after external funding ended. This would capitalize on the grass-roots focus on direct action on its own behalf, thereby enhancing the sustainability and durability of community empowerment (Thompson & Winner, 1999).

Trustworthiness

A second appointment was arranged in order to share results. The group organizer was given a summary of findings in terms of the stages/trajectory of the group. Her impression and validation of results was requested. The informant agreed with the summary and stated that at that time, “the group still does work”, that they “will be starting other classes; ...that they have made friends...that they didn't have before...that this is a great thing”.

Limitations

This investigation would have benefited if interviews with each of the three community organizers had been secured. These interviews would have been done separately and results compared in order to evaluate how their perspective views were similar and or different. Results could have provided additional ideas of how to approach interested community individuals in work that they are particularly interested in, thereby facilitating projects designed “by” the community instead of “for” the community. A practice that has not been pervasive in the world of community research programs (Minkler & Wallerstein, 1998).

The results of this study, however, present the possibilities that community grass-root groups are open to and that they may welcome assistance with their causes. Community development professionals would benefit by forging relationships with grass-roots movements, assessing group development, applying development model principles, and assisting community activists with attaining their goals.

Conclusion

This group leader verbalized a willingness to accept assistance from any entity that knew more than the group did. She said, “Everything concerning the community was born at the moment that...[a community activist] was the mediator.... He is the person that I owe, we owe, everything that we know about the community [to] because he practically became a missionary of the community work. He had an open heart, he didn't know us very well...we didn't have all this information, we were blindfolded, he helped us.” It was serendipitous that other grant-funded community research projects became aware of the

group's activities and were able to provide resources, encouragement, and support toward the group's goals.

The group would have benefited from a partnership that collaborated with efforts that explicitly or implicitly identified mutual goals between the professional and the community group organizers (Crist & Escandón-Dominguez, 2003). Failure to adequately address evaluation and outcomes of community organizing efforts has been a major limitation of community development projects. According to Minkler and Wallerstein (1998), this is attributed to severe funding constraints and lack of knowledge regarding the construction of meaningful evaluation components into the organizing effort. They note the difficulty to be the complex contextual nature of the issues that continuously evolve and seek change on multiple levels.

Important aspects of the process of community and citizen involvement are community ownership and empowerment. Community members will always have a choice as to whether to participate or not in health activities that originate from professionals outside the community. Citizen participation is important to all kinds of grass-roots organizing, but it is especially vital to the community empowerment model (Crist & Escandón-Dominguez, 2003). This type of community organizing allows individuals to take control of their problem situations (Perkins et al., 1996).

It is this author's belief that the window of opportunity continues to be open for community development researchers to offer theoretical assistance to groups that are forming and to those already formed to help them realize their goals.

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