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Creating Health Membership in a Health Commons

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CREATING HEALTH MEMBERSHIP IN A HEALTH COMMONS

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This is to certify that **Melinda Dively-White** has successfully presented her scholarly doctoral project entitled **"Creating Health Membership in a Health Commons"** and fulfilled the requirements for the Doctor of Nursing Practice degree.

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Dedication

I dedicate my Doctor of Nursing (DNP) project to my mother, Anne Dively. She is a woman of strength, integrity, and an advocate for those who frequently do not feel they have a voice in this world. At an early age, I witnessed her stand up for others. I did not always understand that she was using her voice, her power. Even when others looked down at her and tried to quiet her voice, she was not silent. Once she lived in the margins, but she created a safe space for others and especially for us, her family. A mother of twins at the tender age of 18, she sacrificed a great number of things to support us. She never used the word sacrifice though. For my mom it was love, a love that weaved its way into the fabric of our family and created a rich and vibrant tapestry we called life. Thank you, mom. Thank you for helping us understand the importance of faith and grace. Thank you for creating a safe space where we always felt loved, accepted, and witness to a strength that inspired us to become the people we are today. I love you.

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Abstract

Persons living in the margins may be separated or isolated because of poverty, disability, gender, and ethnicity. Isolation, along with exposure to at-risk environments and barriers to accessing health care, contributes to adverse health outcomes. Nurses must be open to learning essential transcultural skills to work with persons living in the margins to provide culturally appropriate care that addresses health inequities. Students in a Doctor of Nursing Practice program at Augsburg University developed an innovative approach to care for people living in the margins. The Health Commons, a nursing-led drop-in center in Rochester, MN, and grounded in Newman's (1999) Health is Expanding Consciousness Nursing Theory, is a safe space for people experiencing marginalization to develop relationships. The Rochester Health Commons (RHC) provides a place for guests experiencing resource insecurity to meet with nurses, receive basic personal care supplies, and discuss identified health concerns. The RHC engages with the community using transcultural nursing skills, creating nurse and citizen agency, and builds relationships by creating an environment of belonging and fostering health membership. Tracking the number of guests visiting the RHC helped gauge the success of the RHC. An increase in the number of returning guests was a positive measurable outcome because it reflects the connections and trust developing within the RHC. In the RHC nurses actively advocate for social justice and join guests on their healthcare journey through accompaniment. The RHC fosters a sense of belonging within a community and promotes health outcomes that negate ill effects of inequities and isolationism.

Key words: Marginalization, poverty, Health Membership, Newman, belonging, accompaniment, safe space

Creating Health Membership in a Health Commons

Chapter One: Introduction

The sociopolitical polarization within the United States today exists in part because of the oversimplification of complex issues. This sociopolitical polarization, coupled with the country's validation of self through consumerism, fosters expanding inequalities dominating American society (Boyte, 2008). Social inequality can adversely impact relationships, trust, and security in a community, distracting from the perception of belonging by contributing to "…the erosion of community life and social ties" (Boyte, 2008, p. 20). Wendell Berry's (1994) essay, Health as Membership, describes a symbiotic relationship between individual and community health; illuminating how this inequity and societal erosion must be stymied. To address issues of inequity nurses must use transcultural skills of attending, connecting, and engaging in creating safe spaces within the community (Enestvedt et al., 2018). Creating a safe space by establishing a Health Commons in Rochester, Minnesota, where everyone is welcomed without judgment, can build relationships and engender a sense of belonging in the community. Newman's (1999) theory of pattern recognition and mutuality speaks to the "unfolding, rhythmic process through which insight into action arises" (Newman, Smith, Pharris, & Jones, 2008, p. 16) with people in the community. Developing a Health Commons grounded in the ideals of Health Membership and Newman's (1999) Theory of Health as Expanding Consciousness (HEC), fosters a sense of belonging within a community and promotes health outcomes that negate ill effects of inequities and isolationism.

Background

The governing Western healthcare system's medical model oversimplifies complex social determinates that can significantly impact the health of people living in the margins. In this biomedical Western healthcare system built on the medical model, the focus primarily rests with an empirical way of knowing or with information that is quantifiable and accessed through the senses (Zander, 2007). Unfortunately, Western medicine reduces the whole of a person to a disease or diagnosis by only acknowledging the empirical way of knowing. Nurses trained in transcultural skills integrate what Chinn and Kramer (2018) refer to as aesthetic knowing (the art of nursing) with empirical knowing (the science of nursing) approaching and acknowledging the patient as a holistic being, as well as emphasizing the importance of interpersonal relationships (Zander, 2007). Everything within the universe, both things legible and illegible, impact, or influence something else (Gerber, 2000). This interconnectedness demonstrates the relational dynamics critical to the health of a society. According to Goodman (2015), Wendell Berry (1994) claimed that individuals living in a consumer-driven, individualistic, and fragmented community struggle with connection or a sense of belonging and are therefore not healthy. This kind of disconnection opens the door to separation, isolation, and ultimately, marginalization.

The Western medical care system risks further isolating and victimizing people already experiencing marginalization (existing in the periphery) and separation due to the prohibitive cost of health care; therefore, it is imperative that the United States create change. For example, the United States' Centers for Disease Control (CDC) (2018) recognizes social determinants, such as isolation and poverty, as influencers of health

outcomes. Poverty began and continued, in part, because of the United States' capitalistic economy and its inability to support its society in addition to its social order that inequitably distributes the economic wealth available (Weinberger, 1999). The expanding inequalities dominating American society adversely impacts relationships, trust, and security within a community (Boyte, 2008). Decreasing the level of inequality in the community can increase the quality of life and wellbeing for all (Wilkinson & Pickett, 2011). More specifically, social belonging proves critical to health and achievement (Walton & Cohen, 2011). Creating a safe space, such as a Health Commons, offers opportunities for all persons to gather regardless of socioeconomic or social status, as well as develop connections.

Settings and Housing Concerns

Belonging comprises an essential part of Wendell Berry's definition of health. According to Wendell Berry (1994), "To be healthy is literally to be whole" (para. 2). In other words, Berry's (1994) ideas link health to the strength of the connection and belonging between people in a community. Unfortunately, populations living in the margins may experience isolation because of poverty and other social determinants such as unemployment or housing status (Fuchs, 2017). Minnesota's diminishing affordable housing concerns garnered national attention in 2017 when it ranked Rochester as the third worst city for housing affordability in the country (Weiss, 2018). As a city with a significant healthcare presence, Rochester will grow exponentially through the Destination Medical Center (DMC) initiative. The DMC initiative involves a public and private partnership supporting an economic development initiative meant to mark Minnesota as a global medical destination (Destination Medical Center (DMC), 2017). If

the DMC initiative attracts thousands of people to the city, there could be serious concerns for affordable housing (Weiss, 2018). Despite the medical presence and resources within Rochester, Olmsted County Public Health Services identified financial stress and homelessness as one of the top 5 community health priorities (Olmsted County Public Health Services, 2014). Citizens experiencing homelessness or displaced from permanent housing often live in the margins and experience health inequities. Health inequity is rooted in social injustice. For example, in Olmsted County, 26% of its residents acknowledge worrying about the ability to pay bills over the past year. In fact, over half of the Olmsted County residents that earn between $20,000 and $34,999 in annual income must dedicate greater than 30% of their wage to housing (Olmsted County Public Health Services, 2014). This demonstrates that a marked disparity exists between the number of residents concerned about paying bills and the limited supply of affordable housing in Rochester.

Population

In response to these disparities and social isolation, this project contributes to a collective undertaking to develop and open a Health Commons at Bethel Lutheran Church in Rochester, MN. The Health Commons will be open at the same time as the Community Food Response (CFR) at Bethel Lutheran Church. The Community Food Response (CFR) is a volunteer-led, non-profit that offers free food to the community without requiring proof of eligibility (Community Food Response of Bethel Lutheran Church, n.d.). People coming to the CFR will also be able to visit the Health Commons. The Health Commons serves all people, especially the marginalized in the Rochester

community, which includes persons experiencing homelessness, inadequate housing, and financial insecurity.

This project focuses on creating an environment of belonging by incorporating a radical hospitality nursing practice model like the model initiated at the Augsburg Central Health Commons in Minneapolis, Minnesota, to decrease the negative health implications associated with isolation and health inequities of marginalized populations (Enestvedt et al., 2018). The nurses develop and use transcultural nursing skills to build relationships of trust by suspending judgment, authentically listening, and learning to join others on their healthcare journey through accompaniment (Enestvedt et al., 2018). Building relationships contribute to social support and directly relates to a person's overall health (Tittmann, Harteau, & Beyer, 2016). The Health Commons concept encourages connection and autonomy through honoring the human story, health as membership, and belonging (Enestvedt et al., 2018). The Rochester Health Commons is meant to be a safe space, welcoming to all, that uplifts human dignity.

Significance to Nursing Practice

While autonomy supports an individual journey, the Health Commons project strives to acknowledge the importance of interdependence between individuals while also honoring the knowledge each person brings to the community by creating an area of safe space and belonging. When social marginalization occurs, it threatens health by increasing social isolation and distrust of others (Enestvedt et al., 2018, p. 232). Therefore, building trust through belonging is a priority for this project. For example, exercising cultural humility and deemphasizing the expert model is critical for building trust within the marginalized homeless community (National Health Care for the

Homeless Council [NHCHC], 2017). Each person living in the margins has unique experiences, personal wisdom to share, and the right to co-create desired health goals (NHCHC, 2017). The Health Commons offers nurses the opportunity to learn more about the unique experiences, strengths, and needs of fellow community members (guests attending the safe space) by identifying, acknowledging, and discarding the stereotype, prejudice, and discrimination that often follows persons living in the margins and allowing humility to guide nurses in recognizing their ignorance while welcoming other sources of wisdom (Enestvedt et al., 2018). The mindful mutuality supported within the safe space of the Health Commons strengthens the entire community by allowing for the experience and strength shared within it available to others (Enestvedt et al., 2018). The shared experience encourages ongoing collaboration through its inclusive and empowering properties.

Decreasing social and health inequities experienced by those living in the margins improves life for everyone in a community. The ideal way to improve the quality of the social environment for all is by reducing inequality, more specifically, the gap of the inequality (Wilkinson & Pickett, 2011). Persons within the community are interdependent, relying on collective resources; therefore, holding to ardent individualism seems counterintuitive (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1992). Berry (1994) explains, "Wholeness is not just the sense of completion in ourselves but also in the sense of belonging to others and to our place…" (para. 3), showcasing the 'Health is Membership' concept that connects people within a community to shared health. When social and health inequities exist, it influences the entire community. Scott's (1998)

description of a forest serves as an excellent metaphor for a community's interdependence:

> The single tree weakens and resistance against enemies decreases…A diverse, complex forest, however, with its many species of trees, its full complement of birds, insects, and mammals, is far more resilient---far more able to withstand and recover from such injuries. (p. 21-22)

A single life, although unique and precious on its own, is stronger when part of a community that shares their individual strengths adding to the collective strength.

Similarly, the strength of the nursing community relies on a diverse and collaborative population connected in part through shared professional standards. The development of the Rochester Health Commons advances nursing practice by catalyzing the synthesis and integration of mētis (practice wisdom) (Scott, 1998), with all ways of knowing, such as personal (learned), aesthetic, ethical, empirical, and emancipatory (Chinn & Kramer, 2018). Mētis (practice wisdom), a contextual skill, depends upon personal ability and practical results (Scott, 1998). The purpose of the Health Commons revolves around building relationships (a contextual skill), providing opportunities for nurses to further develop their practice wisdom in addition to increasing their exposure to ethical praxis issues. As nurses join guests on their journeys, they will need to be intentional in listening instead of instructing and practice accompanying instead of doing. The Health Commons project's commitment to cultivating relationships opens communication, encouraging an atmosphere supportive of mutuality and accompaniment.

When integrated with all ways of knowing, mētis aligns with several of the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education*

(2006). The practice of accompaniment gives support to Essential V, Health Care Policy for Advocacy in Health Care (American Association of Colleges of Nursing [AACN], 2006), because the nurses in the Health Commons are positioned to not only influence public policy, advocate for social justice, and fight for equity, but also to empower the community to participate (p. 13). Actively joining with citizens as a nurse citizen engages the community with respect, integrity, and on equal ground. Accompaniment is a transformative process, moving a person from being a recipient of healthcare to an informer of healthcare needs. The project also widens the nurses' spectrum of knowledge through synthesizing mētis with empirical knowledge, aligning with Essential VIII Advanced Nursing Practice (AACN, 2006, p. 16). Advanced practice nurses must be able to provide direct (hands-on) and indirect care. The safe space of the commons offers an opportunity for nurses to define and deliver both.

Theoretical Framework for the Health Commons

The medical system of health care in the United States subscribes to professional standards but reflects more of a bio-medical, evidence-based approach, often limited in scope to an empirical way of knowing. Americans rely primarily on the "doctor" to heal them, becoming living examples of medicalization that validate Illich's (1976) warnings about the systematic medicalization of life. In truth, the scope of healing may include the medical expert but extends far beyond those means. Nursing theory helps provide a framework that integrates cultural, spiritual, and physical perspectives through varying ways of knowing, creating a multidimensional and holistic approach to health. Margaret Newman's (1999) Health as Expanding Consciousness Theory's (HEC) concept of health through pattern recognition and expanding consciousness will guide the development of

the Rochester Health Commons. Newman expanded upon Roger's person-environment interaction but with a distinct assumption of health as not being separate from disease; rather, disease manifests as a pattern of the person-environment interaction (Newman, 1999). In other words, nurses should attend to the evolving pattern of interactions exhibited or lived by persons for whom they care.

Newman (2008) described the information of the pattern of the whole as consciousness, with nurses reflecting the patterns they observe, back to their patients. According to Pharris (2011), "Newman sees meaning as almost synonymous with pattern. When nurses engage with people in dialogue focused on meaning, they hold no judgment of good or bad, right or wrong. Nurses regard whatever arises in the evolving pattern in the lives of individuals, families, and communities with a nonjudgmental, authentic presence" (p. 194). This authentic, nonjudgmental concept aligns with the Rochester Health Commons' relational approach grounded in emancipatory knowing. Emancipatory knowing exposes established rules, systems, or policies that help some but marginalize others and acknowledges structural violence (Kagan, Smith, & Chinn, 2014). Aspects of emancipatory knowing reflect Margaret Newman's HEC concept of the unitary being, with its relational approach, explicitly accentuates humanity's interconnectedness. The Rochester Health Commons strives to create a welcoming space fostering an atmosphere of belonging. Just as Wendell Berry (1994) articulated that community is the smallest unit of health; Newman (1999) highlighted relationships and interconnectedness within communities, and ultimately, in humanity justifying the relational approach to health within the Rochester Health Commons.

The Rochester Health Commons incorporates principles derived from the assumptions of the HEC theory. Newman's (1999) HEC is a grand theory emphasizing a process of becoming more an evolution of the understanding of oneself and life, as well as its meaning through human connectedness or expanding one's consciousness. Newman (1999) assumes that disease (pathology) is a pattern of the whole, meaning treating only the pathology without addressing the pattern limits effectiveness. The pattern identification, recognition, and reflection praxis lead to expanding consciousness (McEwen & Wills, 2014). The Rochester Health Commons offers opportunities for connection with those marginalized in the community, which allows for patterns that limit the health of the whole to be recognized as it limits interconnectedness needed for expanding one's consciousness.

The Rochester Health Commons intentionally supports the transformative process moving from treating symptoms or illness to embracing Newman's (1999) pattern-based unitary whole concept. Actively listening to those who visit the Health Commons, reflecting with them on what they say or experience, and accompanying them as they identify patterns in their lives expands their consciousness fostering autonomy. Newman's (1999) theory inspires the nurse to de-emphasize professional control, empowering another's ability to identify and place meaning to the patterns in their life (MacLeod, 2011). Through the human connection and developing a relationship based on trust, the nurse accompanies persons visiting the Health Commons on their health journey.

In summary, developing a Health Commons at Bethel Lutheran Church in Rochester, Minnesota offers an opportunity to accompany persons living in the margins

or experiencing social inequity. This safe space creates an environment for active listening and engaging with people from the community to build relationships of trust by acknowledging their voices through mutual respect. The project supports the human connection and encourages belonging thereby decreasing potential isolation. Newman's (2008) HEC theoretical concepts of health and pattern recognition align with the nursing practice model implemented at the Rochester Health Commons. Establishing a safe space encourages people to be active participants in their own lives, including their health, and by extension, the community's health. The following chapter explains the need for acknowledging the issues related to safety in health, the need to develop a culture of health, as well as, the importance of embracing health ownership through membership that is fueled by interconnectedness.

Chapter Two: Literature Support

Health involves engaging people experiencing financial or resource insecurity with a safe space where they have access to essential personal care items as well as the opportunity to meet with nurses to discuss health issues. The use of the transcultural nursing skills of connecting, attending, and accompaniment can help decrease health care inequities within the community by developing relationships with guests by creating an environment of belonging and connectedness. The Health Commons fosters relationships and interconnectedness between the nurse and the guests. Newman's (1999) Health as Expanding Consciousness concept encourages health ownership through its concepts of connectedness with people and the world. Through connectedness, the Health Commons embodies a culture of health that transforms the way nurses think about health (Denham, 2017). This chapter discusses the need for acknowledging the issue of safety in health, developing a culture of health, embracing health ownership through membership, and recognizing the power of connectedness through belonging.

Safety in Health

Persons experiencing marginalization may be isolated, exposing them to an increased risk of violence which negatively impacts their health. Violence manifests itself through structural and physical means that perpetuate inequities and isolation (Pharris & Pavlish, 2014). Systems established within society sometimes embody these inequities, risking a person's safety in health. Systems such as healthcare, government, and financial agencies, initially established for benevolent purposes such as improving health, often become adversarial to those living in the margins.

Structural Violence

Persons living in the margins encounter barriers related to structural violence. Established institutions, policies, and practices that benefit some, but disadvantage others, are prime examples of structural violence (Pharris & Pavlish, 2014). For example, there are benefits directly dependent upon a permanent address that unfairly hinder persons without a permanent residence or housing. Surprisingly, traditional social work has come under fire for maintaining oppressive systems by teaching persons experiencing marginalization to conform to a mainstream culture that often views them as insignificant (Windsor, Pinto, Benoit, Jessell, & Jemal, 2014, p. 420). Instead of looking for root causes sometimes caused by mechanisms within society, traditional social work policy focuses on individual behaviors, and while relevant, the view is narrow, limited, and assuming (Windsor et al., 2014). Existing systems that isolate individuals risk creating a structural barrier, further marginalizing persons already at risk.

Another example of structural violence is the physical isolation and institutionalization of American Indians (Mohammed, 2014). During colonization, the white man established rules and policies based on the sole perspective of their own culture. The "why" of health inequities within the American Indian population came to light in the acts of oppression, neglect, and denial of humanity perpetrated by the white man throughout history (Mohammed, 2014). The allotment of reservation land, created more to justify the abhorrent actions of the white man and his government than to support the American Indian, created isolation and dependency, marginalizing an indigenous population, and positioning them into a role of an outsider (Mohammed, 2014).

Although the abject poverty experienced by many natives living on reservations sprouted from a system created by non-natives, those on the reservation often receive the blame.

The systematic oppression limiting an individual's ability to improve their situation increases their suffering. Like the American Indians, persons living in poverty suffer the effects of structural violence. For example, persons experiencing financial insecurity often struggle with permanent housing (Lee & Schreck, 2005). An address may seem a simple request for some, but for others it poses a monumental challenge. When benefits or privilege exists on a condition, such as an address, it commissions structural violence.

Marginally housed persons or those without permanent housing encounter barriers accessing healthcare, making emergency rooms the main entry point to care (Canham et al., 2018). When individuals use the emergency rooms as the primary access point to care, it places additional patient volume burden on emergency departments and further delays point of care access time. More importantly, the emergency room is the wrong level of care and could impact the patient's quality of care, creating yet another example of structural violence. Alarmingly, a recent study suggested that uninsured patients and Medicaid beneficiaries with similar medical conditions receiving care in an emergency department appeared to have higher chances of inter-hospital transfer than privately insured patients, identifying a possible barrier to health equity (Venkatesh et al., 2019). For persons living in poverty or marginally housed, health inequity occurs not only in respect to accessing and receiving health care but also in the risk to their health resulting from physical violence.

Physical Violence

Persons living in the margins often experience isolation or feel disconnected from society, leaving them vulnerable, but none more so than those experiencing homelessness. In the 2018 Wilder Study, homelessness in Minnesota increased ten percent since 2015 and also acknowledged that women experiencing homelessness are especially at risk for violence (Amherst Wilder Foundation, 2018). In addition, a direct relationship exists between, "marginality and criminal victimization among the homeless" (Lee & Schreck, 2005, p. 1055). Furthermore, reported sexual and physical abuse among the marginally housed and persons experiencing homelessness are high (Kushel, Evans, Perry, Robertson, & Moss, 2003). Although the struggles and challenges endured by the homeless exist, the risk of violence is part of their everyday experience (North, Smith, & Spitznagel, 1994). Sadly, many living on the streets come from abusive homes, suffer from Post-Traumatic Stress Disorder (PTSD), or are fleeing intimate partner abuse (North et al., 1994). Physical violence is not something new for persons experiencing homelessness.

Physical violence is also demonstrated through poor health outcomes or poor health status. According to Jillian Weber (2018), "Homelessness is associated with poorer health status…With over half a million people suffering from homelessness on any given night, it is imperative that the health care delivery system step in to help this vulnerable population" (p. 96). Unfortunately, persons experiencing homelessness have higher rates of infection, injury, mental illness, and malnourishment showing its negative impact on health (Lee & Schreck, 2005). Nursing-led interventions constitute essential

contributor to the spectrum of the health of persons experiencing marginalization or homelessness, but change is critical moving forward.

Building a Culture of Health

Safety is critical to the health of individuals as well as society. Since society evolves and changes over time, the path to safety changes along with the needs of society. Gaps in care will grow if leaders in nursing and health care are not willing to move from focusing on what has been built, to actively and continually building the culture of health. For example, the Robert Wood Johnson Foundation (RWJF) proposed identifying health as a shared value, defined by combining the needs of the community, public health, and medical systems (Denham, 2017, p. 356). Building a culture of health is collaborative, requires innovation, and removes barriers (Denham, 2017). According to Plough's (2014) description, the culture of health as a community-level understanding of health as a shared value; where opportunity and access are valued and available to everyone across society. For nurses, preparation for leading in a culture of health requires a radical change in thinking (education) and practice (change from medical model influence) (Denham, 2017). According to Denham (2017), "Disruptive change does not sustain what exists; it brings transformation" (p. 358). Disruptive change and innovation are needed to break from tradition and invest in the changing societal landscape that directly relates to individual, and ultimately, societal health. A culture of health recognizes that health and illness are culturally and contextually defined, demands that nurses understand the systemic contexts influencing health and illness, and challenges the limited scope of nursing practice (Denham, 2017, p. 359). Nurses must be confident, prioritize, and be able to push past boundaries while simultaneously building

bridges and leveraging community contacts. Building a culture of health means shared health across systems, across disciplines, and family and societal systems.

Health Ownership through Membership

While community-level factors of health are important, residents within a community focus more on the social connections of its individuals from one to another and the relationship the community members have with their overall community (Mendez-Luck, Bethel, Goins, Schure, & McDermott, 2015). Mendez-Luck et al., (2015) acknowledged that isolation and exclusion from the community life are damaging to one's health but that social connectedness suggests the opposite. As members of the community, the residents influence their health and by extension influence the health of the community. The Rochester Health Commons welcomes all guests and meets them on common ground to connect with and create an atmosphere of belonging.

As guests return to the Health Commons each week relationships are built, laying the foundation for health membership. Connections develop between the guests and the nurses, but also between the guests themselves. A recent study suggested that community engaged plans (CEP) addressing health in an impoverished population had better results than those just receiving resources for services (Lam et al., 2016). Promoting community involvement and investment operationalizes membership. Membership benefits the entire community according to Enestvedt et al. (2018, p. 235). Enestvedt et al (2018) further states, "Connecting isolated and alienated people to a community not only bring them resources from that community but also makes their strength and experience available to others" (p. 235). This reinforces the community and individual health connection. Another study showed that higher resilience was associated

with a stronger sense of belonging within the community (Levasseur et al., 2017). The safe space was started to offer a welcoming environment within the community and establish a connection with the community through belonging while encouraging guests to become active participants or members in their healthcare journey.

Connectedness through Belonging

Consistent with the concept of shared health, when social and health inequities exist, it influences the entire community. Persons living in the margins may be separated or isolated from resources because of poverty or housing status. The inequities generated by marginalization negatively impact the health of individuals and entire communities, in part through isolation, but also disconnection and disenfranchisement (Wilkinson & Pickett, 2011). Living in isolation negatively contributes to health outcomes (Caiola, Barroso, & Docherty, 2017). Viewing this from a culture of health perspective, the nurse must recognize the context of the health issue and link it with the medical. Determining the context of the health issue involves understanding their health belief.

People perceive the concept of health and its implications differently. According to Dover and Belon (2019), "Health Beliefs refer to individual or collective perceptions of what influences health in a positive or negative way" (p. 8). Persons new to a country may hold very different beliefs from citizen-born members of society. The difference or scale of the gap in beliefs may be mitigated by showing flexibility and a willingness to adapt to meet their needs, conveying a message of welcome or belonging (Caxaj & Gill, 2017). For persons displaced from their birth country, establishing a sense of belonging to the community and their new country is critical to their wellbeing (Correa-Velez,

Gifford, & Barnett, 2010). A sense of connection with others is vital to all of society, not just immigrants and refugees.

Connectedness and relationships represent building blocks of health. While the concept of health holds different meanings to different people, fundamental elements exist. A sense of belonging as connectedness is a fundamental human need essential to the individual, the family, and the community (Hill, 2006, p. 212). A brief social-belonging intervention was performed at an academic institution using a randomized controlled trial showing its importance, "The results suggest that inequality between marginalized and nonmarginalized groups arises from not only from structural factors but also from concern about social belonging" (Walton & Cohen, 2011, p. 1450). The feeling of belonging or interconnectedness within society plays an integral part in the health of the individual, as well as the community. In fact, the psychological need of relatedness represents one of the essential components required for a person or persons in a community to function optimally (Hodges, Cordier, Joosten, Bourke-Taylor, & Speyer, 2018). Further emphasizing connection, relatedness, and belonging, Enestvedt et al. (2018) states, "Connecting isolated and alienated people to a community not only brings them resources from that community but also makes their strength and experience available to others" (p. 235). Persons entering the safe, free space of the Health Commons bring the lived experience, personal wisdom, and shared struggle that opens the door to connection and relatedness, providing opportunity to begin a transformative process important to health.

Developing connectedness between those engaging in relationships at the Health Commons is a crucial objective of this unique model of care. According to Newman et

al. (2008), “Nursing is about facilitating health, and that caring is the quality of relating that potentiates a transformative connection between nurse and patient” (p. 19). Welcoming guests into the safe space and over time they become active participants in their health care journey. By building trust through belonging and connection, mutual interaction at the Health Commons helps the guest’s pattern of health and behaviors unfold (Newman et al., 2008). The Rochester Health Commons is an innovative and collaborative approach to health.

In summary, this chapter discussed issues of safety in health, developing a culture of health, embracing health ownership through membership, and recognizing the power of connectedness through belonging. The Rochester Health Commons challenges the traditional concept of health by transitioning from a ‘do’ mentality to a ‘listen’ mentality. Persons living in the margins may be at an increased risk of violence. Creating a safe space in the Rochester Health Commons offers opportunities for the nurse and guests to develop relationships of advocacy and support to decrease health care disparities within the community. Chapter three will discuss the creation and opening of the Rochester Health Commons.

Chapter Three: Creating a Health Commons

Persons living in the margins may be isolated and experiencing barriers to health due in part, to a lack of connectedness. Isolation, along with exposure to at-risk environments and barriers to accessing health care, contributes to adverse health outcomes (Caiola, Barroso, & Docherty, 2017). Creating a safe space by establishing a Health Commons in Rochester, Minnesota, where everyone is welcomed without judgment, can build relationships and engender a sense of belonging in the Rochester community. Welcoming guests into the safe space over time provides the opportunity to build trust through belonging and connection in order for guests to become members and active participants in their health care journey. By building trust through belonging and connection, mutual interaction at the Health Commons helps the guest's pattern of health and behaviors unfold (Newman et al., 2008). This chapter describes the implementation and evaluation processes of the Rochester Health Commons as well as outlines how Newman's Health as Expanding Consciousness guided its development.

Description of the Project

During my doctorate academic processes, it became apparent that the role of advanced practice nurses in local communities was lacking and attributing to inequities in care. Due to this new awareness, I felt compelled to explore models of nursing care that connected with marginalized populations on a human scale. Thus, I decided to volunteer at the Augsburg Central Health Commons (ACHC) in the inner city of Minneapolis, Minnesota to learn more about nursing care in community settings and to meet with the director of the drop-in center, Dr. Kathleen Clark in October of 2017. The visit allowed me to see the ACHC population, understand its purpose, and realize the needs of the local

community. This reinforced my interest in exploring the Health Commons concept in Rochester, Minnesota to determine if it was needed based on what was currently available in the community.

Exploring the Need

In January 2018, myself and another DNP-TCN student, A.S., began engaging with a local group that attempts to bring together various individuals that provide services to those in need called the Homeless Care Network (HCN). Through our participation in monthly meetings, conversations with group members, and participation in events, we discovered established resources in the community as well as community needs. One such community resource was Project Community Connect, an annual event held in a local, centrally located building accessible to the bus line. Project Community Connect brings numerous community resources into one location for the community to attend and learn about local programs and opportunities. Further collaboration with local Rochester community resources, such as interviewing and shadowing social workers and volunteering at need-based, community-service organizations like Bethel's Community Food Response (CFR) and The Salvation Army, identified inequities in health among persons living in the margins.

The Rochester Health Commons (RHC) was needed; therefore, locations for the RHC were explored. Bethel Lutheran Church is centrally located and supports an existing program, the Community Food Response (CFR), helping persons living in the margins. In April of 2018 discussions with the Bethel Lutheran pastoral team included a request to use a room at the church located near the CFR to open a Health Commons. The pastoral

team supported the Rochester Health Commons (RHC) concept, initiated and completed a formal approval process with the church leadership team.

Implementation of the Rochester Health Commons

Following the exploration process that verified a need existed for a Health Commons in Rochester and securing a space for gathering at Bethel Lutheran Church, myself and two other DNP students began implementing the project. In order to reach CFR participants in a meaningful way, communication and coordination with Bethel's CFR director were prioritized by initiating and maintaining positive interactions rooted in an attitude of collaboration. For example, a flyer describing the Rochester Health Commons was inserted into every CFR recipient's food bag the week prior to the RHC official opening (see Appendix A). A social media presence, in addition to the flyer advertising, was initiated to promote the RHC. The DNP student team navigated conversations with CFR, Bethel pastors, and custodial staff for Health Commons location awareness, storage, and set-up needs, and finalizing Health Commons hours of operation. The Rochester Health Commons had a dedicated opening on September 17, 2018 that included a blessing by the Bethel pastoral staff (see Appendix B for Litany of Blessing).

Planning and implementation of the Rochester Health Commons was operationalized simultaneously (figure 1). Given the dynamic nature of the RHC, ongoing processes are conducted with a developmental evaluative approach (Patton, 2011). All team members solicited family members, friends, churches, and organizations to donate items such as socks, soaps, diapers, and other hygiene and daily living items.

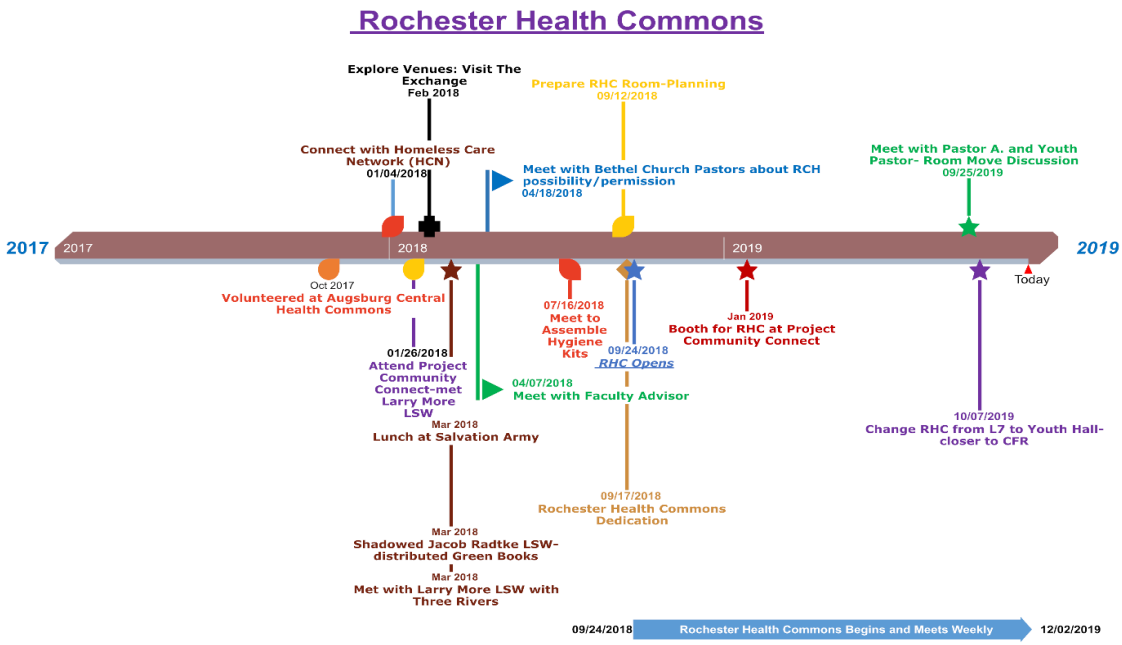

Figure 1. RHC implementation timeline: Displays the planning and implementation of the opening of the RHC up to the current day.

Other non-profit organizations made donations, or identified funds raised for the Rochester Health Commons, such as Augsburg Nursing Department's Give to the Max. Funds raised and donated are used to purchase products used to establish trust and serve as a means of connection with the Rochester Health Care guests. The room in Bethel was a gift in kind that is used nearly every Monday from 4 to 5:30 pm. The room is set-up to be welcoming, encourage opportunities to sit and talk, and limit barriers to communication.

RHC Results through Connectedness

Considering the qualitative nature of this project, the methods utilized to measure its results included both objective and subjective means. The measurement process was trifold, which included measuring the awareness of RHC existence within or connection to the community, recording the number of guests visiting the RHC, and capturing

guests' perceived impact of the RHC. This information offered insight in order to determine the success of opening the Health Commons. In other words, measure success through meaningful connections.

Awareness and Donors

Gauging the CFR guests, Bethel Lutheran Church, and the Rochester community's level of awareness of the RHC's existence showed its influence and subsequent word-of-mouth promotion. RHC guests shared their experiences at the RHC with others in the community as well as persons participating in the CFR. A guest's positive experience with the RHC presence and nursing care was reflected in conversations held while waiting in the CFR line. These personal stories made their way to others in the community, including Bethel Lutheran Church members and to other community organizations. This community awareness was evidenced through contributions to the RHC, requests for learning more about the Health Commons, and the need for and student interest in volunteering. The RHC received several supply donations from September through October 2018 from individuals as well as organizations, such as Teigen Paper and Supply and a high school student's drive for donations. For another example, the Social Missions Team at Bethel supported the RHC as a focus for a Christmas Tree in Need where tags of RHC needs were placed on a Christmas tree in their church lobby in December of 2018. Then, nearly a year later, the Women's group at Bethel donated $1,000.00 to the Rochester Health Commons. Donations span the life of the Rochester Health Commons. This shows the human connection and membership developing within the RHC which has increased awareness

through an increased social media presence and word-of-mouth communication from volunteers and guests.

Groups Seeking Understanding

As awareness of the RHC grew, so did the number of requests to learn more about it. At the HCN meetings, the RHC was encouraged to staff an RHC booth at Project Community Connect. In January of 2019, the RHC participated in Project Community Connect where free hygiene supplies and blood pressure screenings were offered to encourage an opportunity for human connection. At the request of a community resource A.S. and A.H. presented a PowerPoint presentation about the RHC for the local prison staff. A.S. also shared a presentation about the RHC to visiting Japanese Nurses on behalf of Augsburg University, which resulted in a generous monetary donation for supplies. Again, the growing awareness of the RHC shows a subjective way of measuring project success.

Volunteers

As awareness of RHC grew within the CFR community, the number and needs of the guests visiting the Health Commons called for additional volunteer support. An online volunteer sign-up opportunity was created in late September of 2018 that initially allowed for three graduate student volunteers to sign up, but later needed to be extended to five volunteer positions. In addition to that increase, in February of 2019, volunteer opportunities were opened to include Augsburg Bachelor of Science in Nursing (BSN) students. The adjustments were made to help meet the volunteer needs for the RHC, but also to meet the requests of students interested in volunteering in the RHC as part of their clinical hours. This interest in completing clinicals at the RHC, as well as continued

volunteering after completing their clinical hours, showed that the students placed value in what the RHC offers the community.

RHC Numbers

While the results of the awareness process demonstrate the positive outcomes of the Rochester Health Commons' influence within the local CFR, Bethel Lutheran Church, and Augsburg University community, the nature of measurement is subjective. Collecting the total number of guests, then further recording which of these guests are new visitors or returning, offers an objective form of analysis. The primary purpose of this scholarly project was to open a Health Commons in Rochester, Minnesota. As the RHC transitions from a pilot project to a dedicated outreach program of the Department of Nursing at Augsburg University, more specific metrics such as gender, housing status, race, and nursing services provided may need to be collected. This initial guest count is meant to provide information on if the guests are finding value in the RHC and choose to return, showing a measure of success through the lens of relationship building or Health Membership.

Additionally, if guests coming to the RCH find value in it, they share the information with others; this again is a measure of success that further informs the awareness through connectedness process. The overall numbers are visible in Table 1 and Table 2 below. The data is visualized in a combination line graph showing an upward returning guest trend in Figure 2 and a color-coded returning and new guest bar graph in Figure 3. For additional graphs related to guest numbers, see Appendix C and Appendix D. The number of guests varies from week to week, but the RHC always had at least one guest when open. Initially, with the opening of the RHC, most guests were

first-time visitors because the Commons itself was new. Over time, the RHC continues to get new guests as awareness increases, but more importantly, the RHC has successfully connected with guests on some level that has supported their return. The RHC has at three core returning guests that return nearly every week. A trend line shows a developing returning guest population.

Table 1: RHC Guest Count

Total Number Attending	Total Number Returning	Total Number New
659	409	250
Average Number Attending	Average Number Returning	Average Number New
13.18	8.18	5.00

Note. The total number of guests visiting RHC from 9/2018 to 11/2019. The average number of guests over 50 open days.

Table 2: RHC Count and Percentage

Date	9/17/2018	9/24/2018	10/1/2018	10/8/2018	10/15/2018	10/22/2018	10/29/2018	11/5/2018	11/12/2018	11/19/2018	11/26/2018	12/3/2018	12/10/2018
Returning guests	0	0	0	3	2	3	9	2	12	8	8	4	5
New guests	30	25	5	22	10	7	0	2	1	7	8	3	13
Total Guests	30	25	5	25	12	10	9	4	13	15	16	7	18
% of Guests Returning	0.00%	0.00%	0.00%	12.00%	16.67%	30.00%	100.00%	50.00%	92.31%	53.33%	50.00%	57.14%	27.78%
Date	12/17/2018	12/31/2018	1/7/2019	1/14/2019	1/28/2019	2/4/2019	2/11/2019	2/18/2019	3/4/2019	3/11/2019	3/18/2019	3/25/2019	4/1/2019
Returning guests	15	5	10	10	4	8	18	6	9	8	11	10	16
New guests	7	2	5	5	5	11	2	1	2	0	0	6	1
Total Guests	22	7	15	15	9	19	20	7	11	8	11	16	17
% of Guests Returning	68.18%	71.43%	66.67%	66.67%	44.44%	42.11%	90.00%	85.71%	81.82%	100.00%	100.00%	62.50%	94.12%
Date	4/15/2019	4/22/2019	4/29/2019	5/6/2019	5/20/2019	6/3/2019	6/17/2019	7/1/2019	7/15/2019	8/19/2019	9/9/2019	9/16/2019	9/23/2019
Returning guests	11	12	9	11	10	15	9	8	1	8	10	7	8
New guests	0	2	3	2	4	5	3	2	6	4	0	3	7
Total Guests	11	14	12	13	14	20	12	10	7	12	10	10	15
% of Guests Returning	100.00%	85.71%	75.00%	84.62%	71.43%	75.00%	75.00%	80.00%	14.29%	66.67%	100.00%	70.00%	53.33%
Date	9/30/2019	10/7/2019	10/14/2019	10/21/2019	10/28/2019	11/11/2019	11/18/2019	11/25/2019	12/2/2019	12/9/2019	12/16/2019	1/6/2020	1/13/2020
Returning guests	10	12	24	20	20	27	30	25	30	18	22	19	21
New guests	0	12	14	10	14	1	5	7	10	2	2	12	1
Total Guests	10	24	38	30	34	28	35	32	40	20	24	31	22
% of Guests Returning	100.00%	50.00%	63.16%	66.67%	58.82%	96.43%	85.71%	78.13%	75.00%	90.00%	91.67%	61.29%	95.45%

Note. The total number of guests, new guests, and returning guests documented in table with the percentage of returning guests noted each day.

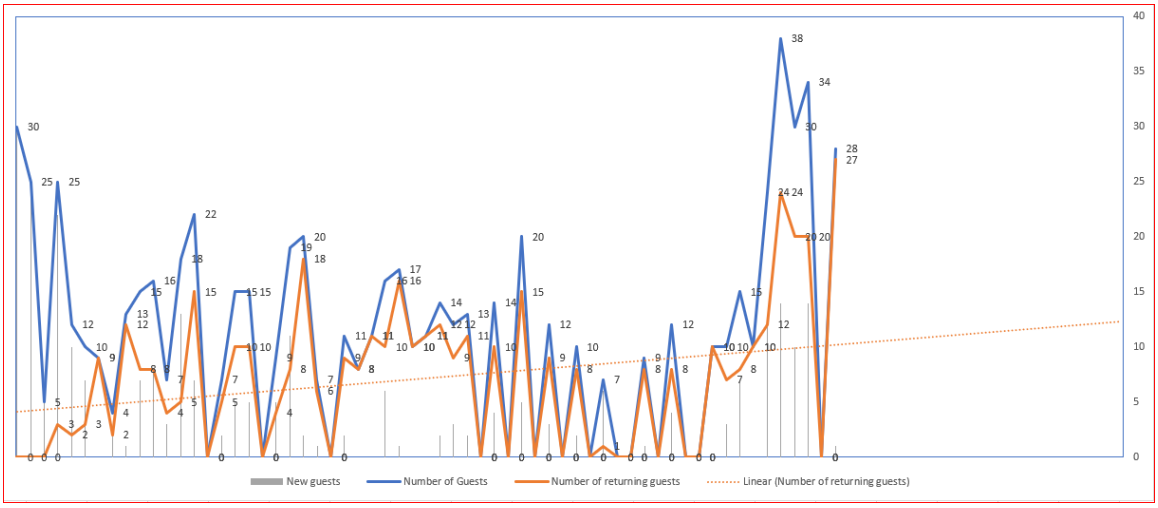

Figure 1. RHC guest counts from the opening dedication forward. The visualization shows a trend line showing a trend increase in the number of returning guests.

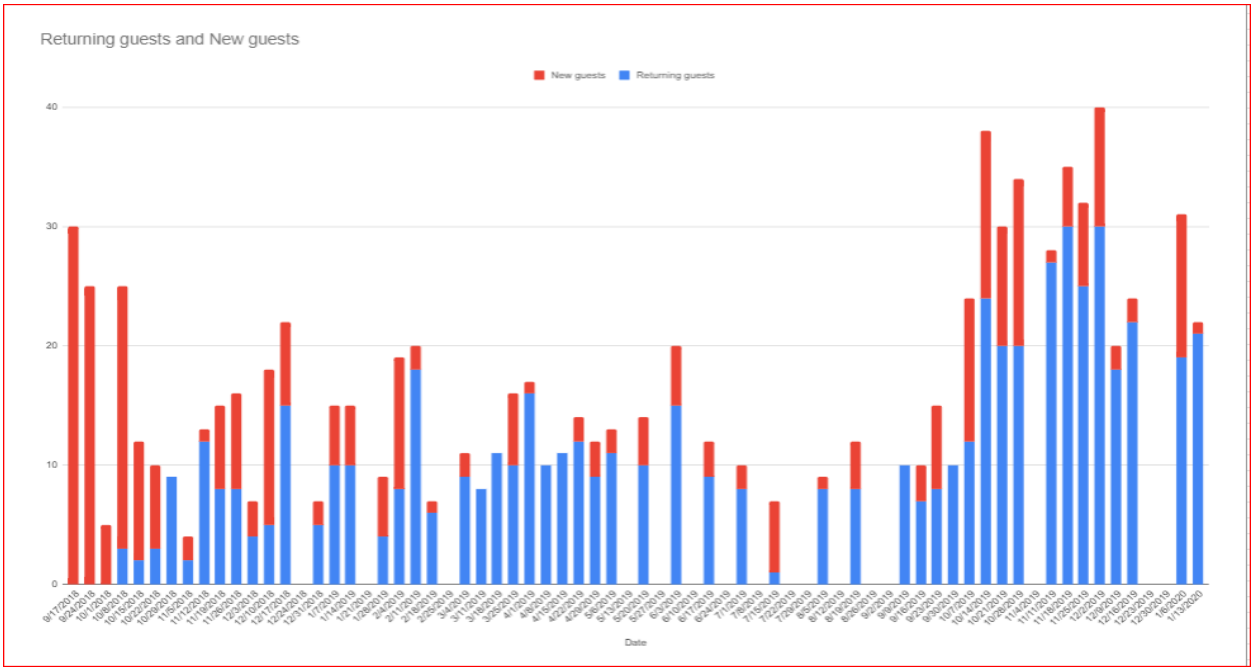

Figure 3. RHC guest counts with new guests signified by orange and returning guests noted by blue, dating from the 09/07/2018 to 01/03/2020.

RHC Guest Perceptions

While numbers are a valuable objective form of measurement, the illegible data holds great value. According to Chinn and Kramer (2015), “Personal stories and the

genuine self are the formal expressions of personal knowing that emerge from the creative processes of opening and centering" (p. 123). As DNP-TCN students, the importance of honoring the human story as relevant data in the context of personal knowing is recognized. At the RHC, these personal stories were shared in action and spoken word. For example, a guest visiting the RHC hugged and thanked this volunteer after receiving a warm foot soak. Another guest had tears in their eyes, hugged, and thanked A.H. after receiving oral care kits for their grandchildren. Figure 4 visualizes an honoring of the words, thoughts, and experiences freely expressed by persons participating in the RHC.

Figure 4. Words spoken by persons attending the RHC.

The RHC guest's perceptions expressed in Figure 4 reflect the results of relationship building fostered within the RHC and guided by Newman's (1999) HEC nursing theory.

Theoretical Framework

The Health Commons serves all people, especially persons living in the margins, including persons experiencing homelessness, isolation, or financial insecurity. The proximity of the RHC to the CFR, a program often utilized by persons experiencing marginalization, increases the opportunity for interaction with vulnerable members within the Rochester community. The Health Commons' intention is to be fully present through authentic listening, creating an environment of belonging to decrease negative implications associated with isolation, and joining others in their healthcare journey through accompaniment; all are fundamental parts of the RHC's purpose which is to create a safe space where everyone is welcomed without judgment, can build relationships, and establish a sense of connection (Enestvedt et al., 2018). The project focused on developing a Health Commons grounded in Newman's (1999) Health as Expanding Consciousness, which involves understanding new levels of connectedness with other people in the world and subsequently recognizing its importance and relationship to Berry's (1994) Health is Membership concept. Relationships play a key role within the model.

Key Concepts

The Health Commons tries to foster the building of relationships and interconnectedness between the nurses and guests, as well as between the guests themselves. This aligns with the RHC theoretical framework. The key concepts or building blocks of the Rochester Health Common's conceptual framework are safety in health, developing a culture of health, embracing health ownership through membership, and recognizing the power of connectedness through belonging. The concepts within the

framework are interdependent, just as the concept of health is interdependent within the theoretical framework's foundation which advocates health membership through connectedness. Please see Figure 5 for the visual representation of the RHC Theoretical Framework. Later, this framework will be expanded to include representations of A.S. and A.H.'s collaborative work opening the RHC. The interconnectedness and teamwork involved between the RHC creation team were critical to the genesis of the RHC.

Figure 5. Rochester Health Commons Theoretical Framework. This is a visual representation of the RHC framework concepts based on a foundation grounded in Health Membership through connectedness.

Interdependence and Foundation

Persons experiencing marginalization may be living in isolation, increasing their risk of violence, and compromising their safety in health. Violence, both structural and physical, perpetuates inequity and isolation in an already vulnerable population.

Propagation of systematic oppression limits an individual's ability to improve their situation and increases suffering. The more persons feel disconnected from society, the more at risk they are to experience the adverse effects of marginalization. According to Lee and Schreck (2005), a direct link exists between marginalization and criminal victimization (p. 1055). Victimization is an involuntary exposure to criminal acts, and therefore, a risk to personal safety. Safety is critical to the health of society and its members. For example, persons living in the margins, especially those experiencing homelessness, show higher rates of infection and negative health outcomes (Lee & Schreck, 2005). The Rochester Health Commons' emphasis on connection offers a place of safety and an open forum for their voice to be heard.

The Rochester Health Commons is a safe space, open to all, and a place to connect with others within the community, as well as with nurses for health conversations. A warm welcome, active listening, and meeting a basic human need by offering hygiene or necessary household supplies, increases the opportunity to uplift their human dignity. Persons living in the margins are familiar with a healthcare system with limited understanding that health is culturally and contextually defined (Denham, 2017). The Health Commons' nurses use transcultural nursing (TCN) skills such as connecting, attending, and accompaniment to build relationships with guests, thereby understanding the cultural and contextual definition of health; they are building a culture of health. The use of these TCN skills can help decrease disparities in health through relationships fostered by an RHC focused on creating an environment of connectedness and belonging.

A tree is a natural part of the environment that connects something living to its surroundings, growing foliage reflective of the strength of its roots (connection) to the

health of its soil (environment). The tree as a conceptual model represents an individual person. The more the person feels as if they belong, they blossom with a strong trunk that is rooted in connection. According to Hill (2006), a sense of belonging as connectedness is a basic, but fundamental human need and essential to health. Newman (2008) stresses the importance of connectedness in health further stating, "This theory [HEC] asserts that every person in every situation, no matter how disordered and hopeless it may seem, is part of a process of expanding consciousness- a process of becoming more of oneself, of finding greater meaning in life, and of reaching new heights of connectedness with other people" (p. 6). This HEC theory informs the RHC project at the most basic and fundamental level. A pattern emerges as nurses and guests in the RHC begin to unpack the implications that health is not restricted to the individual.

Nurses in the RHC strive to be fully present and engaged with guests. Engaging in discussion and honoring human stories allows guests to self-reflect. The Health Commons welcomes all. As guests return week-to-week, connections, relationships, and trust starts to develop. Through continued self-reflection (human story) in a safe, welcoming, and dedicated environment, a guest may experience pattern recognition; see health as the pattern of a whole (Newman, 1999). This exemplifies a transformative experience, one where the person experiences a shift in thinking, believing, and existing. In this situation, the person shifts from 'me' thinking to 'we,' recognizing through the connectedness in health as expanding consciousness they realize their health interdependence with others, as well as the environment.

Additionally, RHC guests understand or begin to recognize this connection, and interdependence that reflects a 'Health is Membership' (Berry, 1994) concept, a

foundational concept within the RHC theoretical framework and inspired by Berry's (1994) essay. The symbiotic relationship between the concepts of connectedness and health membership is represented in the RHC conceptual framework by placing guests in a position depicting their foundational importance to the project and framework at the base of the tree (membership) and within the roots (connection). Since project success is rooted in connection, the active form of connectedness, the word was placed in the roots of the tree. With strong roots of connectedness growing a strong foundational trunk of membership, the RHC is able to grow an environment of safety, build a culture of health, and foster an atmosphere of belonging. The same interconnectedness applies to the collaborative efforts required to open the Rochester Health Commons.

Figure 6. Expanded RHC Conceptual Framework. This visual depiction represents A.S., A.H., and M.D.'s collaboration and interdependence establishing the RHC.

The relationship is best represented in an expanded RHC conceptual framework. Please see Figure 6. The individual trees within the forest represent people, while the forest serves a dual purpose. The forest represents strength in community but also an

expanding consciousness. The guiding inspiration for starting the Rochester Health Commons lies within one of Scott's (1998) writings. Scott's description of a forest serves as an excellent metaphor for a community's interdependence:

> The single tree weakens and resistance against enemies decreases…A diverse, complex forest, however, with its many species of trees, its full complement of birds, insects, and mammals, is far more resilient---far more able to withstand and recover from such injuries. (p. 21-22)

A single life, although unique and precious on its own, is stronger when part of a community that shares their individual strengths adding to the collective strength. This collective strength through expanding consciousness is built through developing trust. By building trust through belonging and connection, mutual interaction at the Health Commons helps the guest's pattern of health and behaviors unfold (Newman et al., 2008). The Rochester Health Commons is an innovative and collaborative approach to health.

In summary, chapter three explained the project's origins, development, evaluation, and its guiding theoretical framework. The chapter included descriptions of the planning, implementation, and measurement results from the opening of the Rochester Health Commons. Also, the Rochester Health Commons conceptual framework concepts of safety in health, building a culture of health, health membership, and connection through belonging were examined and visualized. Evaluating and reflecting on the project in the next chapter will offer additional insight into the complexity of opening a Rochester Health Commons.

Chapter Four: Evaluation, Significance, and Critical Reflection

Individuals experiencing the effects of the sociopolitical polarization in communities often suffer from inequities and isolation. Thus, a nurse-led drop-in center was created in order to foster a sense of belonging and promote health outcomes to address these issues. An evaluation process of the care provided in this setting provided to be positive and support its ongoing work. The numbers of guests, in particular those returning members, have increased over time indicating that community members find this service meaningful. The following chapter describes the credibility and dependability of the Rochester Health Commons' evaluative approach and offers a critical reflection of the project.

Evaluative Approach

To discover if the care of services available to community members and guests at the RHC were beneficial, an evaluation process was undertaken using the recorded number of guests. In addition, its connection to the community and guest's perceived impact of the Rochester Health Commons were used to measure its success. To gain further insights into the evaluative approach, the aspects of creditability (validity) and dependability (reliability) will be discussed (Mertens, 2015). Credibility speaks to trustworthiness.

Credibility

According to Mertens (2015), credibility in research parallels internal validity, further describing credibility as "prolonged and persistent engagement" (p. 269). Opened and active since September of 2018, the RHC project meets the standard definition of credibility. The RHC's continued open hours of availability at scheduled times over more

than a twelve-month period align with the description of prolonged. With its focus on connection, belonging, and membership, the interactions within the RHC include close involvement with guests. Guests' comments about the RHC include the following themes: thankfulness, fulfills physical and emotional needs, and feeling valued. The active, lengthy, and deep level of participation in the RHC enhanced the observation process by offering a fuller understanding of its diverse and changing environment and guests. Weekly journaling entries by the project team served as debriefs summarizing the events, observations, and guest number details. The significant amount of time the project team dedicated to gathering the observed connection to the community, guest numbers, and guest perceptions augments the credibility of the data and evaluative method, but it is not without limitations.

Despite the intent to remain objective, the team of Transcultural DNP (TCN-DNP) students working on the RHC quality improvement project, risked starting with or developing biases. Each TCN-DNP project member brought their own experience, perspective, and implicit bias into the project. Acknowledging one's own biases and actively working to be open to listening without judgement was a priority for each TCN-DNP project team member in order to build on the trustworthiness or credibility. Building trust also depends on consistency. Although gathering data through observation and interaction received significant focused time over a long period, the individual team members could not attend every RHC date. This inconsistent attendance may have impacted the continuity of the observations and journal entries because they involve different contributors with different RHC experiences. To decrease the risk of subjective

bias and increase accuracy, journal entries and guest numbers, remained available to the team to review and edit on a shared computer drive.

Dependability

Evaluating the appropriateness of the data collection process involved auditing the guest numbers collected each week. The process of taking into consideration the suitability of the data collection process, in this case the guest numbers, speaks to its dependability (Mertens, 2015). Consistent messaging to the RHC volunteers of the RHC's connectedness through belonging (Newman, 1999) and Health Membership (Berry, 1994) focus contributed to the project's dependability. Preparing the volunteers for their RHC visit prior to their lived experience furthers the integrity of the data, thereby directly influencing the dependability in a positive way. Part of preparing the volunteers includes setting volunteer expectations. Every volunteer must watch a VoiceThread that describes the RHC and defines the overarching concepts within the Conceptual Model (Figure 6). In addition, one of the TCN-DNP project members discussed the focus of the RHC and the importance of TCN skills, such as active listening and being present, to the volunteers during the weekly pre-opening set-up. At the end of each RHC session, the volunteers receive feedback on their participation and given an opportunity to share their feedback of their experience. Establishing expectations for volunteers further benefits the dependability by operationalizing consistency (Mertens, 2015). Consistent messaging, evaluating the RHC session, and auditing the data (number of guests) collected all contribute to dependability.

Although consistency, evaluation, and auditing set a solid foundation for the data's dependability, limitations exist. The multiple person contributors to journaling

innately invite some level of variance or subjectivity to the journal's tone and content. The content reflected the perspective and perceptions of the person writing the journal entry. The process of auditing the attendance collection numbers used to differentiate new from returning revealed another example of subjectivity. For example, a visual identification process primarily distinguished returning guests from new guests. Variance in DNP-TCN project member attendance created a knowledge gap for the visual identification data collection process. One project member may recognize a guest as returning, while another may not due to varied attendance and RHC experience. The journal entries and guest numbers were documented and saved on a shared drive, so all the project members were able to review the information, make suggestions, and edit information. While limitations exist, efforts such as sharing, comparing, and editing data with inter-relator like discretion helped mitigate them.

Critical Reflection

Just like sharing data added to the integrity of the data, sharing space, safe space, in particular, lends credibility to building relationships through connectedness and belonging. Unfortunately, health care providers may inadvertently contribute to structural inequities, detrimentally impacting persons living in the margins or navigating the effects of social isolation (Enestvedt et al., 2018). The Rochester Health Commons advances nursing practice by employing Transcultural Nursing (TCN) Skills, skills integral to building relationships as a means of connection where barriers often exist. According to Enestvedt et al. (2018), "TCN requires intention and skill in creating a human connection" (p. 231). The RHC offers an environment where the nurse volunteers,

uses, and further develops these innovative TCN skills; skills that promote a shared and expanding definition of health.

A gap in nursing literature exists surrounding concepts of collaboratively defining health, as well as acknowledging health as a journey. The Rochester Health Common's employment of TCN skills, focus on health as membership (Berry, 1994), and establishing belonging through connectedness allows the nurse to join the guest on their health care journey through accompaniment. Limited nursing literature differentiates advocacy from accompaniment and even less speaks to mētis. Accompaniment engages the mētis, informal knowledge gained through experience, of the nurse, and the visitor (Enestvedt et al., 2018, p. 241). Accompaniment reinforces the RHC's health membership through connectedness and belonging because it recognizes the power and contribution each person makes to health, as well as what health means.

Through the Rochester Health Commons, the project team members, volunteers, and guests' perspective on health has changed. Mertens (2015) refers to this as authenticity, or "…the degree to which the individual's or group's conscious experience of the world became more informed or sophisticated" (p. 273). Reflection, collection of data, and accompanying others on their health care journey expanded not just the view of health, but also the culture of health. A culture of health honors health as a shared value, combining the community, public health, and the medical system while acknowledging the societal needs (Denham, 2017). Typically, building or developing a culture of health requires disruptive change, but the Rochester Health Commons safe, free space, inclusivity, and non-expert model achieves this through a transformative process. The RHC environment nurtures and prescribes authority to other ways of knowing through

transcultural nursing. This transformational experience took this student from understanding the need to reduce health disparities to recognizing short-sighted definitions and a limited lens hinders efforts to decrease health disparities (Kindig, 2017). The RHC embodies HEC (Newman, 1999), nurturing the guests' agency in health.

In summary, this chapter described the credibility and dependability of the Rochester Health Commons' evaluative approach and offered a critical reflection of the project. It transformed the project team, volunteers', and guests' understanding of health. The RHC supports developing the agency of guests and nurses through directly witnessing negative health outcomes of isolation. The transformational experience of the RHC furthers Advanced Nursing Practice, which is discussed in chapter five.

Chapter Five: Conclusions

A safe space was created to offer hospitality, care, and the opportunity to build relationships in response to the levels of isolation and loneliness that individuals experience in communities. This space, the Rochester Health Commons, engages with the community using transcultural nursing skills creating nurse and citizen agency. Advanced nursing practice preparation, acquired through academic and clinical knowledge, is applied through nursing practice to improve health outcomes while engaging in caring moments at this drop-in center. The RHC project makes a significant impact on nursing practice supporting AACN Essentials V and VIII. This chapter outlines the project's demonstration of these AACN Essentials as it advances nursing practice and describes future plans of this work.

The Doctor of Nursing Practice Essential V

DNP graduates must be prepared to practice at the highest level of the nursing profession. The AACN Essentials of Doctoral education for advanced nursing practice summarizes the competencies and required curriculum content for the Doctor of Nursing Practice degree (American Association of Colleges of Nursing [AACN], 2006). A principal concept within advanced professional nursing practice includes active participation in politics; for example, through the design, influence, and implementation of health care policy development (American Association of Colleges of Nursing, 2006). This political activism through advocacy is represented in Health Care Policy for Advocacy in Health Care or DNP Practices Essential V.

Throughout history, nursing has shown the connection between political policy decisions and the health outcomes of those populations impacted. For example, Florence

Nightingale identified how decisions made by parliament affected troop health in the Crimean War (Zaccagnini & White, 2017). Considering the nurse-led Rochester Health Commons supports an expanded definition of health, it was essential to recognize the need to broaden the potential scope of influence of AACN Essential V, Healthcare Policy for Advocacy in Health Care, beyond the traditional Western medical model of care. The impetus for healthcare policy change resides in the voices and personal stories of persons that are silenced, living in the periphery, or denied healthcare access.

The Rochester Health Commons serves as a grassroots movement for health but has the potential to be a safe place to capture the voices, personal stories, and attitudes of our guests and members (the public) in regard to public and healthcare policy. Advanced practice nurses must participate in healthcare policy in some capacity, but they need education, healthcare knowledge, and, most importantly, public trust to accurately and credibly speak to lawmakers (Zaccagnini & White, 2017). The RHC's emphasis on connectedness and accompaniment builds trust while the health care journey through accompaniment aligns the nurses to transition to patient advocacy effectively. Additionally, nurses in the RCH are poised to speak to health policy through the practice of accompaniment. Accompaniment supports Essential V, Health Care Policy for Advocacy in Health Care by bearing witness to system delivery of care and social issues; as well as, empowering the community to participate (American Association of Colleges of Nursing [AACN], 2006). By actively joining with RHC guests as nurse citizens, the RHC nurse engages the community with respect, integrity, and on equal ground.

Advanced Nursing Practice Essential VIII

Through respectful and collaborative interaction, RHC nurses develop relationships with guests, building trust. Essential VIII describes the DNP competency requiring nurses to be able to, "conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches" (p. 17). By honoring the human story and investing in the health care journey through accompaniment, the RHC sets a higher standard for Advancing Nursing Practice Essential VIII. The Health Commons concept challenges limitations embedded within the Western medical model's definition of health. The RHC transitions from the nurse expert action-driven model to one of active listening by being fully present; in other words, participating without intervening, cultivating the relationship-building process by opening avenues of communication for developing trust and sharing stories of self (Douglas et al., 2014). Utilization of transcultural nursing skills in the RHC contradicts the narrow view often associated with nursing practice in the United States. The Rochester Health Commons supported Essential VIII for Advanced Nursing Practice because the project also widened the nurses' spectrum of knowledge through synthesizing mētis with empirical knowledge as well as practice within the full scope of the profession (American Association of Colleges of Nursing [AACN], 2006). Nurses provide direct and indirect care; the RHC empowers nurses to define and deliver both.

Next Steps

The Rochester Health Commons project has been an iterative process and is at a point in its evolution that will benefit from a discussion about the projects' take-aways and sustainability. One learning or take-away is that nurses must acknowledge and honor

an expanded definition of health. The Rochester Health Commons welcomes this transformative thinking using TCN skills. Health membership through belonging was fostered by the use of TCN skills such as connecting, attending, and accompaniment. Furthermore, these TCN skills embody a definition of health beyond the traditional model, it is health rooted in interconnectedness.

The TCN skills contributed to the projects' success, guests returning and engaging with nurses and others, as evidenced by the planned transitioning of the RHC from a project to a permanent entity attached to Augsburg University in April of 2020. Sustainability of the RHC begins with a hand-off from the temporary project owners to a dedicated individual. More specifically, the guidance of the RHC will move from the Doctor of Nursing Practice Students to a faculty member in the Department of Nursing at Augsburg University. Decisions surrounding RHC sustainability will need to be prioritized by the new faculty member identified by Augsburg University. Further discussions of sustainability must include funding. Question for consideration: Will a limited budget for the RHC should be available from the university? With the majority of the RHC budget reliant on donations, collaboration and continued relationship-building with the community, Bethel Lutheran Church, and Augsburg University will need to be an ongoing, active process. If the RHC expanded data gathering beyond the number of visitors (new and returning), it should investigate grant opportunities and grant-associated requirements, weighing the benefit with potential risks. While RHC sustainability is critical, so is the sacredness of the safe space.

This safe space was created in response to the threat to health social marginalization poses. The threat to health is manifested through alienation, social

isolation, and increasing distrust (Enestvedt et al., 2018). Its creation starts to fill a gap in knowledge related to the injustice and detriments to health experienced by the socially excluded. The RHC's safe space is welcoming, suspends judgement, and participates in radical hospitality (Enestvedt et al., 2018). Safe spaces like the RHC and Augsburg's Central Health Commons attend to health issues related to social isolation because they acknowledge health extends far beyond the established and traditional Western medical's focus on the absence of illness.

In summary, developing a Health Commons grounded in the ideals of health as membership and Newman's (1999) theory of Health as Expanding Consciousness (HEC), fosters a sense of belonging within a community and promotes health outcomes that negate ill effects of inequities and isolationism. Health involves engaging people through the use of transcultural nursing skills like connecting, attending, and accompaniment. The RHC recognizes the importance of safety in health, embodies a culture of health, and embraces health membership through connectedness. Through the implementation and evaluation of the RHC concepts, relationship building through accompaniment is assessed. While qualitative projects present evaluation challenges, critiquing like describing the credibility and dependability of the Rochester Health Commons' evaluative approach and offering a critical reflection of the project is possible. Overall, the RHC demonstrates the individual, although unique and precious on its own, is stronger when part of a community that shares their strengths, thereby adding to their collective power. Recognizing the importance of the RHC, Augsburg University plans to transition the project to a permanent Health Commons.

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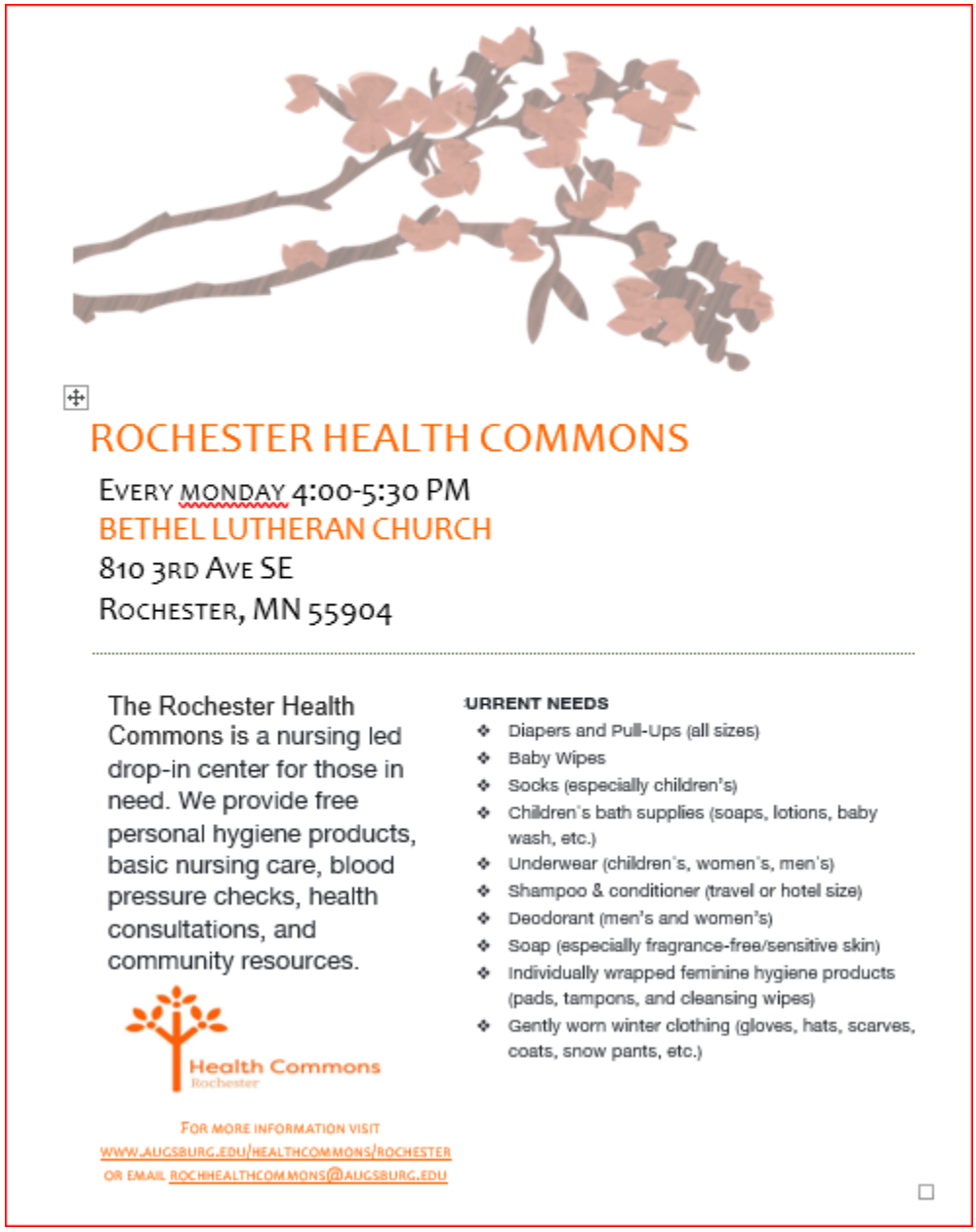
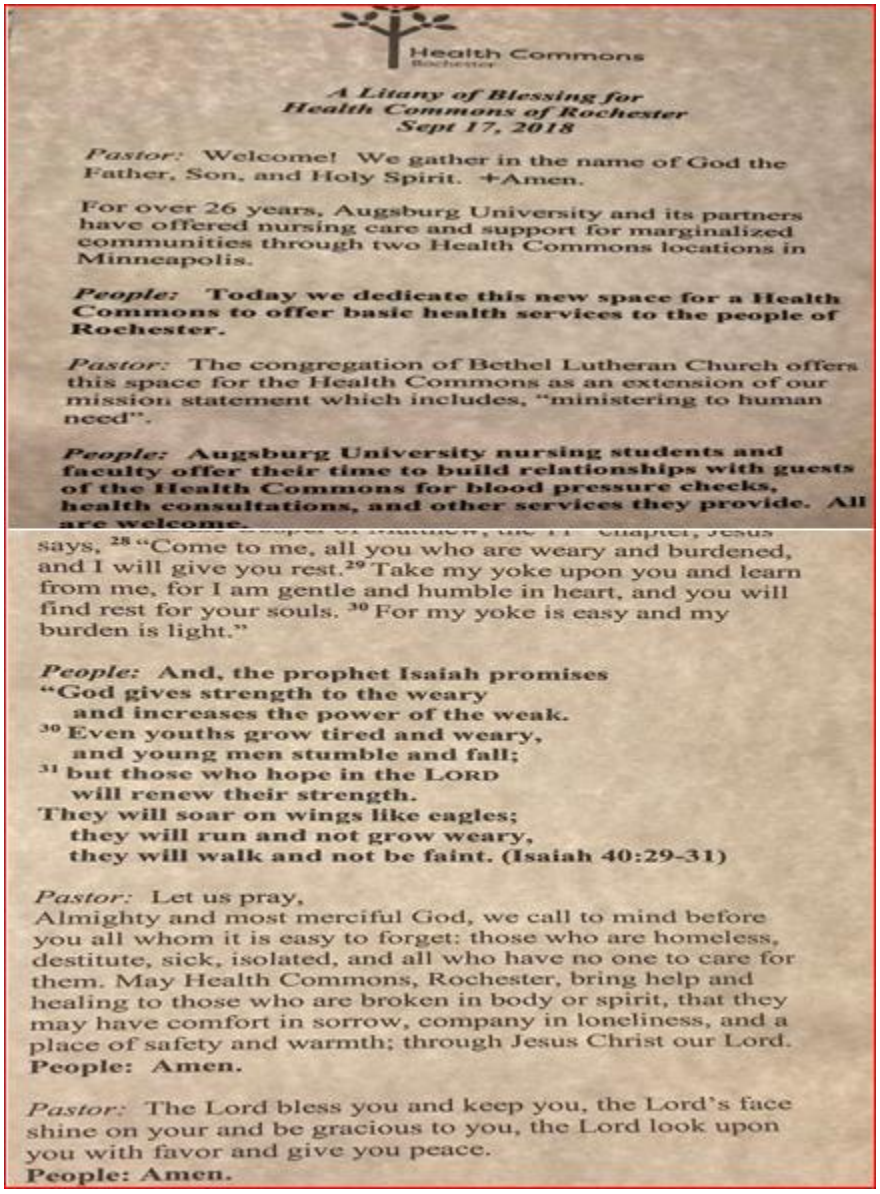
Appendix A

Rochester Health Commons Flyer for CFR



Appendix B

Litany of Blessing



Health Commons
Rochester

A Litany of Blessing for
Health Commons of Rochester
Sept 17, 2018

Pastor: Welcome! We gather in the name of God the Father, Son, and Holy Spirit. +Amen.

For over 26 years, Augsburg University and its partners have offered nursing care and support for marginalized communities through two Health Commons locations in Minneapolis.

People: **Today we dedicate this new space for a Health Commons to offer basic health services to the people of Rochester.**

Pastor: The congregation of Bethel Lutheran Church offers this space for the Health Commons as an extension of our mission statement which includes, "ministering to human need".

People: **Augsburg University nursing students and faculty offer their time to build relationships with guests of the Health Commons for blood pressure checks, health consultations, and other services they provide. All are welcome.**

says, [28] "Come to me, all you who are weary and burdened,
and I will give you rest. [29] Take my yoke upon you and learn
from me, for I am gentle and humble in heart, and you will
find rest for your souls. [30] For my yoke is easy and my
burden is light."

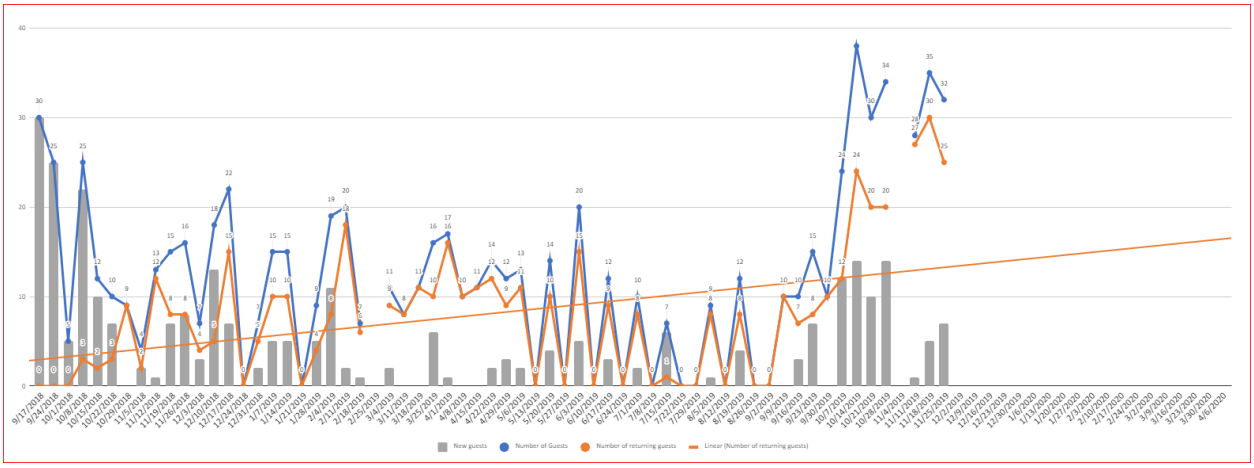
People: **And, the prophet Isaiah promises**
"God gives strength to the weary
and increases the power of the weak.
[30] Even youths grow tired and weary,
and young men stumble and fall;
[31] but those who hope in the LORD
will renew their strength.
They will soar on wings like eagles;
they will run and not grow weary,
they will walk and not be faint. (Isaiah 40:29-31)

Pastor: Let us pray,
Almighty and most merciful God, we call to mind before you all whom it is easy to forget: those who are homeless, destitute, sick, isolated, and all who have no one to care for them. May Health Commons, Rochester, bring help and healing to those who are broken in body or spirit, that they may have comfort in sorrow, company in loneliness, and a place of safety and warmth; through Jesus Christ our Lord.
People: Amen.

Pastor: The Lord bless you and keep you, the Lord's face shine on your and be gracious to you, the Lord look upon you with favor and give you peace.
People: Amen.

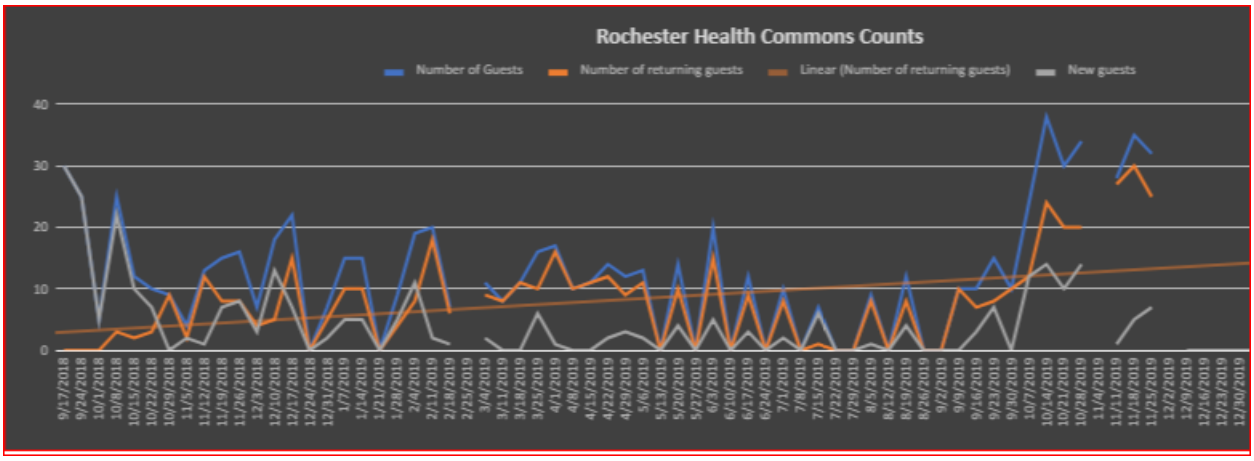
Appendix C

Rochester Health Commons Guest Count

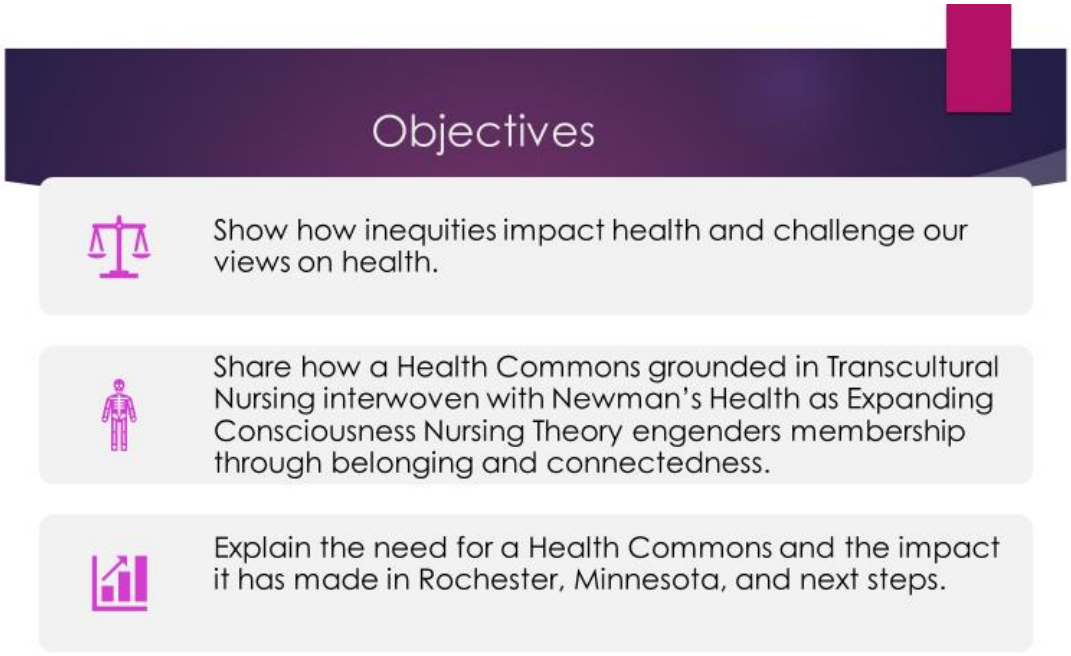


Appendix D

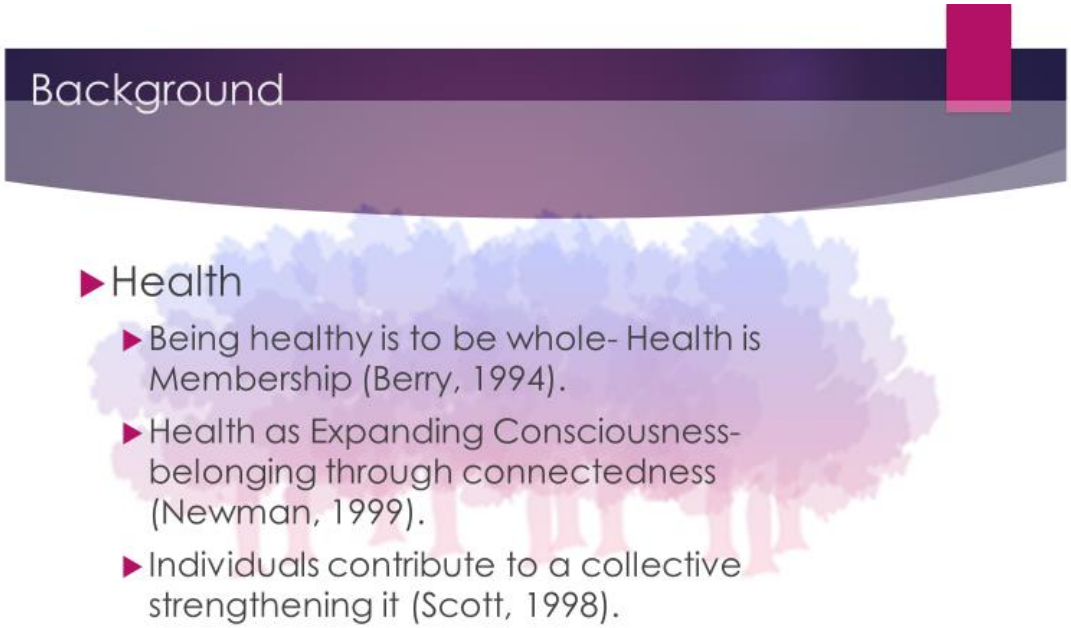
Rochester Health Commons Count with Trend

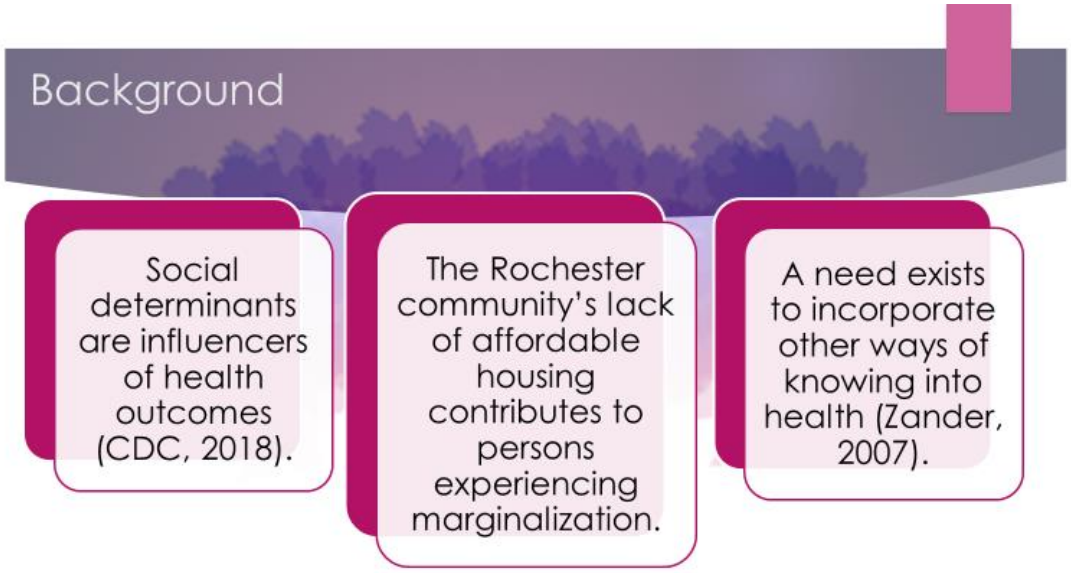


DNP PROJECT PRESENTATION SLIDES


Objectives
Show how inequities impact health and challenge our views on health.
Share how a Health Commons grounded in Transcultural Nursing interwoven with Newman's Health as Expanding Consciousness Nursing Theory engenders membership through belonging and connectedness.
Explain the need for a Health Commons and the impact it has made in Rochester, Minnesota, and next steps.


Project Aims
Create
• Create a free, safe space in Rochester welcoming to everyone, especially those experiencing marginalization.
Establish
• Establish connections with guests in the Health Commons through the integration of Transcultural Nursing skills.
Welcome
• Welcome every person with an intention of connectedness based on Newman's Health as Expanding Consciousness Nursing Theory (Newman, 1999).
Inspire and augment
• Inspire and augment the agency of nurses and guests in their health (Enestvedt et al., 2018).


Background
Health
Being healthy is to be whole- Health is Membership (Berry, 1994).
Health as Expanding Consciousness- belonging through connectedness (Newman, 1999).
Individuals contribute to a collective strengthening it (Scott, 1998).


Background
Social determinants are influencers of health outcomes (CDC, 2018).
The Rochester community's lack of affordable housing contributes to persons experiencing marginalization.
A need exists to incorporate other ways of knowing into health (Zander, 2007).

Literature Support

- **Interconnected**
  - Decreasing social and health inequities improves life for everyone (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1992).
  - Quality of social environment improves when decreasing the gap inequality (Wilkinson & Pickett, 2011).
- **Transcultural Nursing (TCN)- Other ways of knowing**
  - Creating an environment grounded in TCN skills engages guests by including their metis (practical, experience) as well as the nurses (Scott, 1998).
  - Incorporating other ways of knowing furthers the building of relationships in the Health Commons (Chinn & Kramer, 2015).

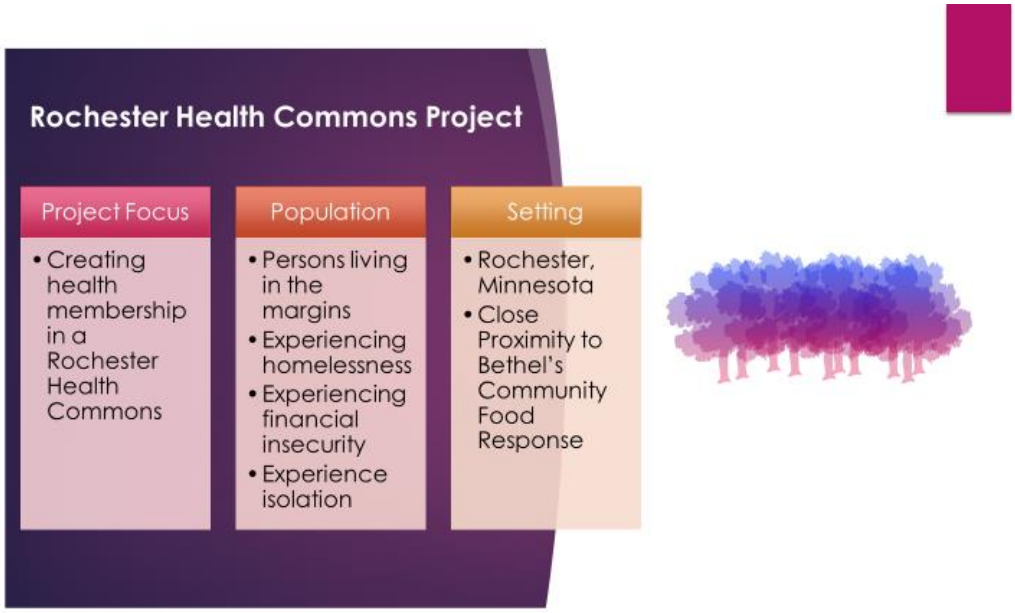
What the Health Commons Can Do

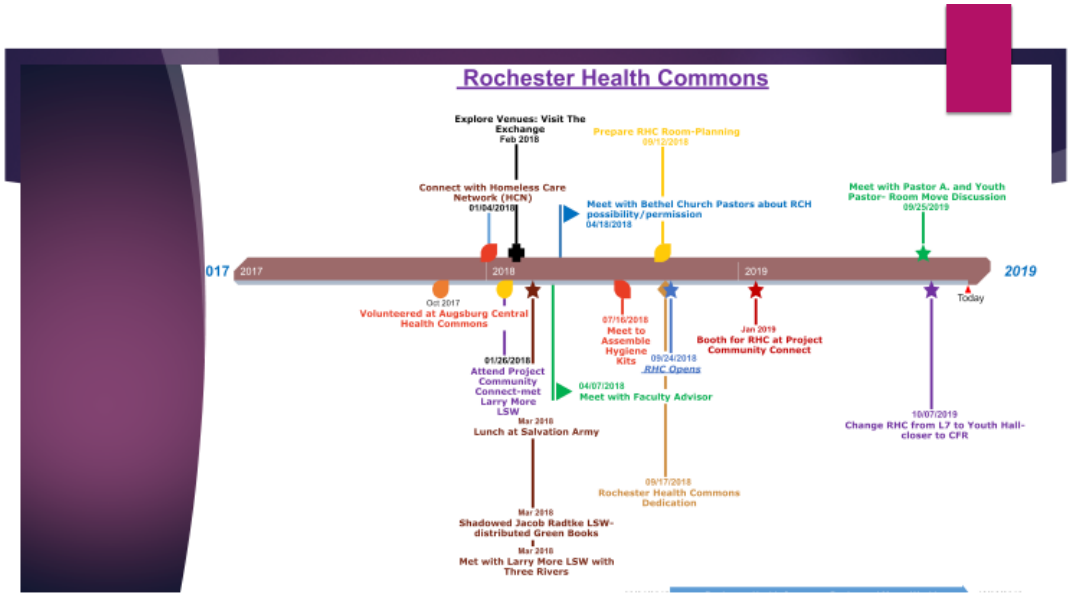
- Use TCN skills.
  - Be present.
  - Suspend judgement (Enestvedt et al., 2018)
- Advocate for social justice.
- Stand for equity.
- Empower the community to participate.
- Create atmosphere of Belonging.
  - More disconnected, the more effects of marginalization are felt.
  - Belonging decreases disparities.

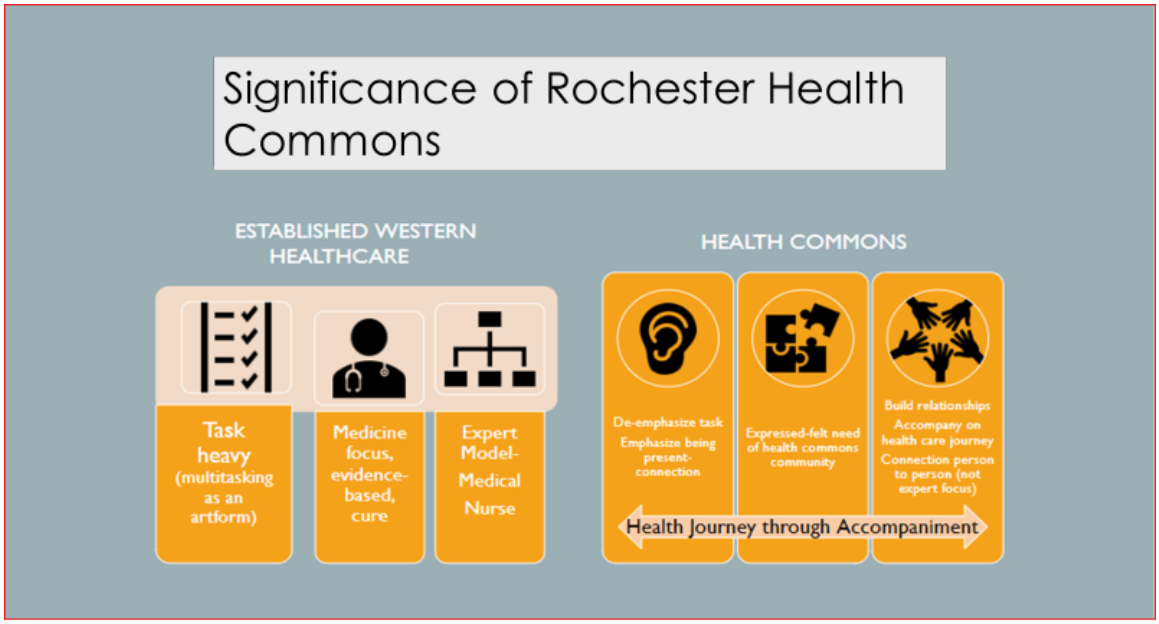
Margaret Newman's Health as Expanding Consciousness Theory (HEC)

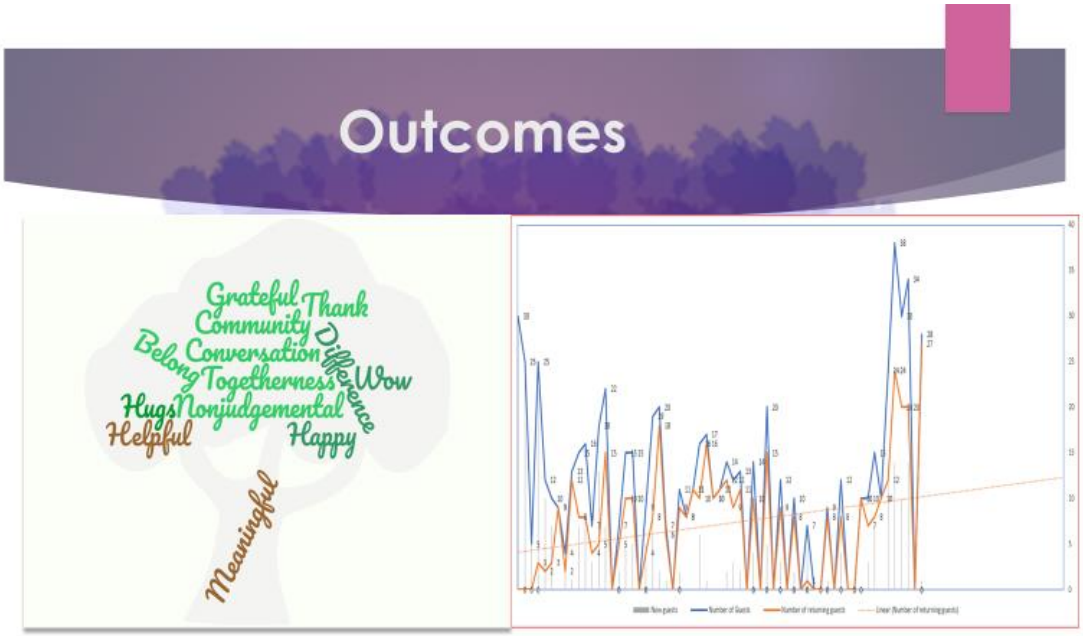
HEC assumes disease is a pattern of the whole (Newman, 1999).

The TCN concepts encourage dialogue and reflection. Human connection and unfolding pattern expands their consciousness (Newman, 1999).


Rochester Health Commons Project
Project Focus
• Creating health membership in a Rochester Health Commons
Population
• Persons living in the margins
• Experiencing homelessness
• Experiencing financial insecurity
• Experience isolation
Setting
• Rochester, Minnesota
• Close Proximity to Bethel's Community Food Response


Rochester Health Commons
Explore Venues: Visit The Exchange Feb 2018
Prepare RHC Room-Planning 09/12/2018
Connect with Homeless Care Network (HCN) 01/04/2018
Meet with Bethel Church Pastors about RCH possibility/permission 04/18/2018
Meet with Pastor A. and Youth Pastor- Room Move Discussion 09/25/2019
017
2017
2018
2019
2019
Today
Oct 2017 Volunteered at Augsburg Central Health Commons
01/26/2018 Attend Project Community Connect-met Larry More LSW
Mar 2018 Lunch at Salvation Army
Mar 2018 Shadowed Jacob Radtke LSW-distributed Green Books
Mar 2018 Met with Larry More LSW with Three Rivers
04/07/2018 Meet with Faculty Advisor
07/16/2018 Meet to Assemble Hygiene Kits
09/24/2018 RHC Opens
09/17/2018 Rochester Health Commons Dedication
Jan 2019 Booth for RHC at Project Community Connect
10/07/2019 Change RHC from L7 to Youth Hall-closer to CFR


Significance of Rochester Health Commons
ESTABLISHED WESTERN HEALTHCARE
Task heavy (multitasking as an artform)
Medicine focus, evidence-based, cure
Expert Model- Medical Nurse
HEALTH COMMONS
De-emphasize task
Emphasize being present-connection
Expressed-felt need of health commons community
Build relationships
Accompany on health care journey
Connection person to person (not expert focus)
Health Journey through Accompaniment


Outcomes
Grateful
Thank
Community
Belong
Conversation
Difference
Wow
Togetherness
Hugs
Nonjudgemental
Helpful
Happy
Meaningful

(Mentjes, 2019)

A single-life, although unique and precious on its own, is stronger when part of a community that shares their individual strengths adding to the collective strength.

Graphics (Mentjes, 2019)

AACN Essentials

- Accompaniment gives support to Essential V, Health Care Policy for Advocacy in Health Care (AACN, 2006).
- Advanced Nursing Practice, Essential VIII (AACN, 2006).

Next Steps

- Transition the RHC Project to Augsburg University as Augsburg University's Rochester Health Commons.
- Continue to collect guest information, possibly expand the amount of information gathered.
- Sustainability
  - Budget through Augsburg University.
  - Relationship with Bethel.
  - Donation – continue to develop relationships with community.

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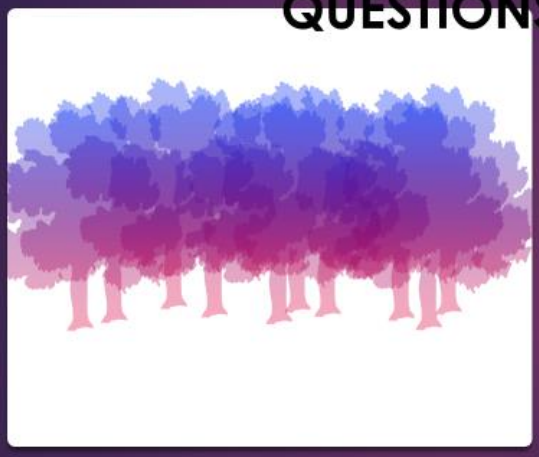
QUESTIONS?



"When we begin to think of ourselves as centers of consciousness (patterns of energy) within an overall pattern of expanding consciousness, we can begin to see that what we sense of our lives is part of a much larger whole" (Newman,1999,p. 24). Connectedness!

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