# CASE STUDIES IN COMMUNITY PSYCHOLOGY PRACTICE - A GLOBAL LENS (PALMER, ROGERS, VIOLA AND ENGEL)



*Geraldine L. Palmer, Todd L. Rogers, Judah Viola, & Maronica Engel*

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# Case Studies in Community Psychology Practice - A Global Lens (Palmer, Rogers, Viola and Engel)

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# Licensing

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# Acknowledgements

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We began discussions on this project in late 2019 with no expectations that within six months or less the world would be under siege by the Covid-19 pandemic that spread like wildfire, tearing apart families, communities, cities, and countries. By March of 2020 the world had retreated, those that could, from office spaces, classrooms, theaters, retail stores, banks, and other physical spaces and remote work from teaching to mental health therapy became the norm. Times had indeed changed, yet this change prompted an even more dire need to better understand the dynamics of what it means to be a community practitioner in America and around the world. Black and Brown communities have experienced the brunt of Covid-19, the result of health disparities and other racial policies and practices long in existence, but not uncommon, that continue to be "pushed under the rug". Not only was the world dealing with the pandemic but America was also feeling the effects of civil and racial unrest with the murders of Black/African American individuals by the hands of white police and white supremacists in Louisville, Kentucky, Minneapolis, Minnesota and Macon, Georgia captured on video and viewed by millions. There seemed to be no relief from these tragedies and the insurrection on the nation's Capitol on January 6th, 2021 stood out as a bastion of what a nation had been struggling to confront since 1619. Yet, the power, spirit, and souls of people across the nation and around the world could not be stifled or stilled. This book emerges as a testament to the courage, perseverance, and conviction of people who live in our communities around the world and that's pretty much all of us. We intend for this book to be evidence of when people come together bringing *all* facets of their diversity to the table, in celebration, not toleration, the world is enriched and better for it.

I (Dr. Palmer) speak for all of us editors when I share it has been an honor and privilege to work alongside of the Rebus Pressbooks' team, specifically Apurva Ashok, who diligently showed up each month for a year to help guide us through the technical aspects on our journey of creating something we would be proud of, our magnificent team of authors who patiently revised and revised again their case stories after editor and peer-reviews, our peer-reviewers, and our graphic designer, Jay Hart who never complained as he went back to the drawing table time and time again to create a cover we could all say "yes" to. This book is also very much the product of Rebus Pressbooks, Community Wellness Institute, LLC, Society for Community Research and Action (SCRA) and Textbook Academic and Authors (TAA) Association whose grants allowed us to cover production expenses. Our gratefulness is unparalleled to our contributors: Dr. Jacqueline Samuel, Dr. Amber Kelly, Kathleen McAuliff, Dr. Dessie Clark, Joshua Brown, Dr. Susan Wolfe, Dr. Kyrah Brown, Justin M. Henry, Claudy Jean Pierre, Tamaya Bailey, Jerrise Smith, Dr. Deidra Somerville, Ramy Barhouche, Dr. Judi Aubel, Dr. Anna Pruitt, Eva McKinsey, Tien Austin, John P. Barilea, Dr. Patricia O'Connor and Dr. August Hoffman. Equally as important, this book would not exist if not for the individuals, families and everyone else within all of the communities highlighted coming together with community psychologists and allied practitioners striving to create inclusive, equitable spaces in which every single human being gets to live their lives in full dignity and peace. Importantly, I (Geri Palmer) want to take time to acknowledge and publicly thank my co-editors, Dr. Judah Viola, Todd Rogers, and Maronica Engel. I am humbled by your willingness to jump into this project, lean in and give your gifts and talents that make it the great work that it is. I look forward to all the new adventures that await us. I know a community when I see one. Thank you.

We also acknowledge that this work is partially inspired by the team of Lenny Jason, Olya Glantsman, Jack F. O'Brien, and Kaitlyn Ramian (2019) who created their *Introduction to Community Psychology Textbook* in Rebus Pressbooks of which Judah Viola and I (Dr. Palmer) and a couple of our contributors are authors of chapters. We were excited about its dynamic nature, look and feel which in part, prompted our decision to create our work in Rebus Pressbooks.

There is an insurgence around the world as many scholars, practitioners, scholar-activists, activists, abolitionists, and more are fueled by social and racial justice convictions and led and guided by social movements of the past. This book represents a new time, as over 50% of the contributing authors and two of the editors identify as Black/African American or People of Color. We expect this diverse make-up to be the norm and not the exception and is intentional giving us hope that our future within community practice and all other spaces will look different. We hope you see yourself as teacher, student or practitioner, where it won't be uncommon to help heal communities that you may have never stepped foot in before, hold space with groups of people who look or think nothing like you, to work alongside, not *for* , and share your lenses for others to see through. May you be someone who is forever inspired by the *power of community* and you don't think twice about helping others "*change the world, one community at a time."*



Jay Hart, Graphic Designer

# About the Editors

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**Geraldine (Geri) L. Palmer, Ph.D. (Community Psychology)**

Dr. Palmer is the Co-founder/Managing Director of Community Wellness Institute (CWI) in Evanston, IL and an Assistant Professor in the Psychology Department, Clinical Psychology Program at Adler University, Chicago. Dr. Palmer has extensive experience serving in middle and senior executive leadership in the nonprofit/human services sector specifically around the social issues of housing and homelessness. She earned her Ph.D. in Community Psychology from National Louis University where she also teaches a human services management course. Dr. Palmer is an active presenter at academic conferences and workshops, and along with a team of consultants also leads and facilitates the F.A.C. E. of Justice Workshops for CWI. She is a co-author on the chapter, Oppression and Power in Jason, Glantsman, O'Brien and Ramian (Eds) (2019) *Introduction to community psychology: An agent of change* and author of a chapter, Navigating the Road to Higher Education in Viola and Glantsman (2017) *Diverse careers in community psychology.* Her writing has been published in a number of peer-reviewed journals. She is currently the Interim Co-Chair of the Council on Cultural, Ethnics and Racial Affairs (CERA), of the Society for Community Research and Action (SCRA). For more information see https://scholar.google.com/scholar?hl=en&as_sdt=0%2C14&q=Geraldine+Palmer&oq=Ge or https://works.bepress.com/geraldine-palmer/about/

**Todd L. Rogers, M.A. (Industrial/Organization Psychology)**

Todd is the Co-founder and Operations Director at Community Wellness Institute. He is an Organizational Psychologist with 20 + years in field operations in the pharmaceutical sector. He is currently working in the facilitation, learning and development and performance analytics space in addition to building a private Narrative Coaching practice. Todd served as a research assistant on CWI's first research initiative, *Exploring Historical Trauma Among Black/African Americans* (in progress for publication).



**Judah Viola, Ph.D. (Community Psychology)**

Judah Viola, PhD is a Community Psychologist and Associate Professor of Psychology at National Louis University in Chicago, Illinois where he co-developed NLU's PhD program in Community Psychology and previously served as Dean of the College of Professional Studies and Advancement. Judah's recent publications include *Community Psychologists: Who We Are.* In L.A. Jason & O. Glantsman, J.F. O'Brien, & K.N. Ramian (Eds.) Introduction to Community Psychology: Becoming an agent of change. Rebus Pressbooks and *Diverse Careers in Community Psychology. Oxford University Press.* Judah currently serves as the Publications Committee chair for the Society for Community Research and Action. He also manages an independent consulting practice specializing in program evaluation, needs assessment, community building, and collaborative community research. Recent clients have included national and international nonprofits, public school systems, museum and art institutions, social service agencies, and community development organizations. His community research and advocacy interests involve neighborhood revitalization, education for students with disabilities, affordable housing, access to healthcare, access to healthy food, community-police relations, and violence prevention and intervention. For more information see: https://works.bepress.com/judah_viola/



**Maronica Engel (Senior Instructional Designer)**

Maronica is a senior instructional designer and learning strategist. She has many years of experience in consulting, designing, and developing learning solutions for adult learners in Learning and Development business units in a variety of industries. Maronica assisted with reviewing and editing, and ensuring that the content and layout of the case studies are interesting and engaging, incorporating elements such as photos, links, and visual illustrations. She chose to work on this project because of her strong beliefs in the importance of providing the resources for individuals to be participating and productive agents in their communities; and her passion for education as a life-long learner.

# Contributors

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**Dr. Jacqueline Samuel, Ph.D.,** is the Program Director of the Master of Public Administration and Assistant Professor at National Louis University (NLU). Jacqueline is actually returning to NLU as she earned her MA in Public Policy and Ph.D. in Community Psychology. Previously Jacqueline served as the Project Manager for the Housing Authority of Cook County, South Suburban Safe and Thriving Communities Program to address youth violence in 3 suburban townships. She also facilitated and developed quality of life programs for 10 years in the South Chicago Area. She has served on the Health and Healing committee/ Mayor Rahm Emanuel's Commission for a Safer Chicago, The Mayor Rahm Emanuel's Kitchen Cabinet Commercial Development Advisory, Advocate Trinity Hospital Community Health Council, Community Advisory Review Council for the Institute for Translational Medicine (CARC) and the Illinois ACE's Response Collaborative. She was also a Co-Investigator for Community Academic Collaboration to Prevent Violence in Chicago Research for Lurie Children's Hospital Strengthening Chicago's Youth. Recent awards include National Louis University REACH Award, Ann & Robert H. Lurie Children's Hospital Courage Award, and the Chicago Police Department CAPS Award for the 4th District area. Jackie was born and raised in Chicago. She has a love for the arts and has performed in numerous plays and films based in Chicago.

**Ramy Barhouche –** After 9 years of focusing my career and studies on international development and community empowerment through Non-Governmental Organizations, (NGO) I decided to shift my focus due to my disappointment in the harmful and colonial structure of the field. I am currently completing my PhD in Community Psychology with a focus on decoloniality and multiple narrative storytelling in the SouthWest Asia and North Africa (SWANA) regions, in the hope to highlight the diverse voices and cultures of the region and dismantle the perceptions of homogeneity, hegemony, and systemic oppression.

**Dr. Kyrah Brown, Ph.D.** is an Assistant Professor of public health at the University of Texas at Arlington. At the intersection of public health and community psychology, her research focuses on addressing social and structural factors that shape racial inequities and disparities in women's/maternal health across the life course. She has expertise in needs assessment and evaluation, community capacity building, and community based participatory research approaches. Dr. Brown was the recipient of the 2021 Reby Cary Faculty Excellence Award from the UT-Arlington African American Faculty and Staff Association and the 2019 SCRA Early Career Award. Dr. Brown is a proud alumna of Spelman College and earned her MA and PhD in Community Psychology from Wichita State University.

**Dr. Susan Wolfe, Ph.D. –** is a Community Consultant at Susan Wolfe and Associates in Cedar Hill, TX. She conducts evaluations and needs assessments, supports coalition development, builds organizational capacity, and facilitates strategic planning with local community-based, state, and national organizations. She has over 35 years of professional experience. Her work is performed through an equity and decoloniality lens with a focus on systems level change. She regularly presents at national and international conferences and has published numerous peer-reviewed and other journal articles, book chapters, edited volumes, blogs and reports. Dr. Wolfe was the recipient of the US Department of Health and Human Services Inspector General's Award for Excellence in Evaluation and three Exceptional Achievement Awards, the Society for Community Research and Action's (SCRA) Distinguished Contributions to Community Psychology Practice, John Kalafat Practitioner Award, and the Don Klein Publication Award. Dr. Wolfe has a Master of Arts Degree in Ecological Psychology from Michigan State University and a PhD from The University of Texas at Dallas in Human Development and Communication Sciences.

**Justin M. Henry, MPH, MS,** is the Grants Manager for Program Compliance in the Ryan White Grants Management Division at Dallas County Health and Human Services. He has worked in strategic planning, management and performance improvement and evaluation since 2015. His experience includes leading, designing, and implementing innovative, performance-driven strategies to scale in addition to improving program evaluation, policy development, and budget formulation for national, federally funded grant programs.

**Tamaya Bailey, LMSW,** is a Behavioral Health Counselor at Prism Health North Texas, the largest local nonprofit HIV/AIDS service organization in north Texas providing HIV care, free STI and HIV testing, transgender care and more. She works with individuals living with HIV/AIDS and has additional interest in maternal health and postpartum depression. Tamaya earned a Master's in Social Work with a concentration in mental health and substance abuse from the University of Texas at Arlington. Tamaya is also a proud U.S. Air Force veteran.

**Claudy Jean Pierre, BSPH,** is a professional health planner for the Dallas County Health and Human Services Ryan White Planning Council. He is pursuing his Master's degree in public health at the University of Texas at Arlington and has experience working in women's health and HIV/AIDS prevention. He is also engaged in community-based work related to women's health in Grand-Goave, Haiti.

**Jerrise Smith** is a senior public health student at the University of Texas at Arlington. She is a proud U.S. Air Force veteran with eight years of exemplary service. Jerrise' s interest and experience span maternal and infant health, food security, posttraumatic stress disorder in low-income communities, and drug and alcohol use among veterans with dishonorable discharge.

**Dr. Tonya Roberson, Ph.D.** is the Director of Community Engagement, Program Development and Academic Support at Governors State University in the College of Health and Human Services and the CEO/Founder of Helping Communities Help Themselves. Dr. Roberson has vast knowledge in biomedical research, culturally tailoring initiatives, community engagement and practice, survey design, extensive research recruitment, independent consulting, and evaluation. This experience is backed by twenty- five years of clinical nutrition/food service systems management experience which was acquired in large academic medical centers, healthcare organizations and community-based settings. She has a particular expertise in methods to address health inequalities, health promotion theories, and models to assess the holistic health of African Americans in the urban centers. Dr. Roberson is well connected and trusted in the Chicagoland communities and many other large US cities and is committed to giving generously of her time and talents through her community organizing efforts and outreach work to educate, empower and inspire individual be their own advocate for their health.

**Dr. August Hoffman, Ph.D.,** is currently a Professor of Psychology at Metropolitan State University. He earned his B.A. from UC Santa Barbara, M.A. from Radford University in Clinical Psychology, and Ph.D. from UCLA in educational psychology. Dr. Hoffman is an avid Wisconsin Master Gardener and has recently participated in several community development projects (fruit tree orchards, community gardens, and green space programs) in Detroit, MI, Yalpemech, Guatemala, Fond du Lac and Red Lake Tribal Nation, MN. He is a 2020 APA Division 27 Society for Community Research Action (SCRA) Fellow and recipient of the 2020 Metropolitan State University President's Civic Engagement Leadership Award.

**Dr. Deidra Somerville, Ph.D.,** has worked for more than 25 years as an organizer, counselor, advocate, and administrator. Trained as a clinician and macro practitioner, she brings a unique lens and skills set to clients, organizations, and communities. She began her work as a clinician in school settings, youth-focused residential treatment centers and drug treatment settings. Her initial clinical work led to an examination of, and interest in the connections between individual treatment and systems change. She facilitates discussions on this topic, as explored in her workshop titled, "The Master's Tools Will Not Dismantle the Master's House: Organizations As Tools for Community Empowerment", presented in 2013. Her dissertation work, examining the strategies and networks of Black maternal activists in Chicago, has given her insight into the challenges, opportunities, and possibilities for communities to use disruptive practices while working with established systems to improve the quality of life in communities. Her work centers Black mothering, organizing, and the indigenous knowledge that is drawn upon to resist and persist in the face of structural oppression. She is trained in both clinical and liberatory based healing strategies and draws upon these approaches in her work as a community psychologist with clients and communities.

**Dr. Anna Pruitt, Ph.D.,** is faculty affiliate in the Department of Psychology at the University of Hawai'i at Mānoa and a research associate with the Research Corporation of the University of Hawai'i. Using participatory and intersectional approaches, her research examines the effects of extreme poverty on individuals and communities. Her applied research on homelessness and food insecurity has been used to promote community wellbeing and resilience and to encourage equitable access to resources and voice in decision-making processes for traditionally marginalized communities.

**Eva McKinsey ,** is a PhD student in the Applied Social and Community Psychology program at North Carolina State University. She has done research on various topics, in diverse contexts, and using a multitude of research methods, including: participatory action research on housing and homelessness in Honolulu, Hawai'i ; secondary research on military personnel issues with the Congressional Research Service; and experimental studies within the criminal legal context. She has recently directed her research to better understanding tools, methods, and interventions that have potential in shifting us away from our reliance on retributive

justice. Her current work focuses on the transformative potential of trauma-informed and healing-centered training. She is also a committed learner and advocate of transformative justice, anti-racism, and mutual aid philosophy – in sum, how to be in right relationship with one another. When she's not in researcher-mode, Eva enjoys spending time outside, especially in the water, moving her body, and being in the company of loved ones.

**Tien Austin, M.A.,** is a graduate from the University of Hawai'i at Mānoa with a bachelors degree in both Psychology and Studio Art. Her research has examined the continued recovery from homelessness experienced by individuals once housed using Photovoice and content analysis. She has worked in the community as a Homeless Outreach Specialist as well as a Case Manager for people with severe mental illnesses in a transitional living facility.

**Dr. John P. Barile, Ph.D.,** is the Interim Director of the Social Science Research Institute and a professor of psychology at the University of Hawai'i at Mānoa. Jack earned his doctorate in community psychology from Georgia State University in 2010 and completed a postdoctoral fellowship at the US Centers for Disease Control and Prevention. He currently manages an active research program pursuing questions concerning ecological determinants of health and quality of life. His research aims to improve the lives of historically marginalized communities, including those experiencing homelessness, multiple chronic conditions, and severe mental illness.

**Dr. Amber Kelly, Ph.D.,** is the Executive Director of the Society for Community Research and Action, Division 27 of the American Psychological Association. In addition, she is the founder of Community Engagement Collective (CEC), a community-based nonprofit that fosters human-centered connections through community-engaged events and research. She has worked on various projects focused on community outreach, nonprofit leadership, program evaluation, and community-based participatory research. Dr. Kelly is an Adjunct Faculty member at the University of Cincinnati (UC) and National Louis University (NLU). At UC, she teaches Community Involvement, and at NLU, she teaches Strategies for Community Interventions, Intro to Human Services, Research Methods, and Dissertation Proposal Seminar. She aspires to help students understand the importance of understanding community assets and community voice in promoting inclusion. Dr. Kelly completed her doctoral studies in community psychology at National Louis University. She holds a Master of Public Service Management from DePaul University and a Master of Public Mental Health and Certificate in Health Disparities and Health Inequality from Johns Hopkins Bloomberg School of Public Health. She completed her undergraduate studies at Clark Atlanta University with a Bachelor of Arts in Psychology and Minor in Spanish.

**Dr. Katie McAuliff, Ph.D.,** is a mixed methods community psychologist and health services researcher who completed her Ph.D. at DePaul University in 2017. Her dissertation focused on predictors of health-related quality of life among youth with spinal cord injury. Currently, her research focuses on social determinants of health and health-related quality of life, particularly among populations experiencing disabilities and chronic conditions. She is currently working at Brown University on a project focused on Meals on Wheels. Prior to working at Brown, she worked on a Medicaid redesign initiative in New York State. During graduate school, she worked on several evaluation projects, most of which focused on identifying barriers and improving access to care among underserved populations.

**Dr. Judi Aubel, Ph.D.,** is in adult education (MA), health education (MPH) and anthropology & education (PhD). She has worked for many years in community development programs mainly in Africa but also in Latin America, Asia and The Pacific. Her long-standing concern has been the gap between cultural context, roles and values of communities and development programs. She is the Co-founder and Executive Director of Grandmother Project (GMP) – Change through Culture. GMP is a US non-profit organization (501c3) and a Senegalese NGO. She lives between Rome and West Africa where GMP has a small office and team. Judi's work has focused on both research and development of culturally-grounded and community-driven programs on health, education and child protection. Her work is conceptually grounded in community psychology, community development, anthropology and adult education. As a social scientist-practitioner, she has developed programs that: build on community assets; promote intergenerational communication; actively involve elders; and that strengthen community leadership to build social cohesion and social capital. Judi identified grandmothers as an abundant and underutilized resource for programs supporting women and children and she and her team have developed an intergenerational and grandmother-inclusive methodology that contributes to community-driven social change.

**Dr. Dessie Clark, Ph.D.,** is the Research Collaboration Coordinator for the ADVANCE program at the University of Massachusetts, Amherst. Dr. Clark completed her PhD in Community Sustainability at Michigan State University. Dr. Clark's

research interests are broadly related to increasing quality of life for survivors of sexual and domestic violence. More specifically, Dr. Clark is interested in exploring the use of neurofeedback therapy in survivors who have experienced a traumatic brain injury.

**Joshua Brown, LCSW,** serves as the Chief Programs Officer for the Fort Bend Women's Center. In this role, he oversees numerous programs serving survivors of intimate partner violence. These programs include mental health services, permanent and rapid rehousing, emergency shelter, children's services, life skills, and case management. He got his start in the intimate partner violence field developing FBWC's innovative neurofeedback program. Josh has a background in psychology, is a Licensed Clinical Social Worker, and is board certified in neurofeedback.

**Dr. Patricia (Pat) O'Connor, Ph.D.,** is a Professor and the Lorraine Walker Distinguish Chair in Psychology at Russell Sage College in Troy/Albany, NY. She was a director of their graduate psychology programs for almost 25 years and currently is the Chair of the Psychology Department. Graduates of the M.A. in Counseling and Community Psychology program can be licensed as mental health counselors in New York State. As part of Dr. O'Connor's career, she has emphasized building and ensuring quality in master's level education in psychology. In 1989 she helped organize the first national conference on master's standards and was involved in developing accreditation standards in 1995. Further, Dr. O'Connor serves as the Executive Director of the Masters in Psychology and Counseling Accreditation Council (MPCAC) since 2003, which was recently awarded CHEA (Council for Higher Education Accreditation) recognition. Research focuses on conducting program evaluations, working with local, state-based, and national agencies and not-for-profit organizations or groups. Dr. O'Connor encourages the development of an evaluation mentality, a process of incorporating evaluation designs and implementations from the onset of intervention planning to ensure a regular assessment of whether a program or intervention is needed, implemented as planned, produced the expected outcome, and budgeted appropriately.

# Preface

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## Why A Book on Case Studies in Community Psychology Practice?*

The primary impetus behind this book is centered on my (Dr. Palmer's) search for case studies to use in teaching graduate-level classes in community and social psychology. When I found books dedicated to case studies in social psychology, I was happy because I found it easier to move students through an understanding of theory to practice or praxis with good case studies depicting work in the real world. Yet, as a community psychologist my immediate thought when I found a social psychology case study book was, "Don't we need a book like this in community psychology?" My response was, "Of course we do!" My mind flashed back to searching for case studies in textbooks, YouTube videos, articles, PBS videos and more that I could use in my community psychology classes. Most adequate case studies I did find came from sources that were not explicitly using a community psychology lens. There was not one book available within the community psychology discipline that was solely dedicated to offering comprehensive case studies depicting work conducted by academic practitioners, full-time practitioners, or even applied researchers. Yet, having these studies in one volume available online for free can be a critical tool in teaching and practicing our discipline. The current book answers this need and is written to provide students studying community psychology, teachers, and practitioners with a resource that meets their needs. The book can also serve to attract other community-minded individuals to our wonderful field.

## What Is This Book About?

From a pedagogical lens, researchers concur that teaching and learning styles have changed, moving from lecture-based activities towards more student-centered or active learning techniques. Case studies help bridge the gap between theory and praxis, which is always a plus in teaching an applied discipline. The discipline of community psychology is ideal for using case study teaching because of the numerous practitioners who work in and with communities and members all over the world. This work is the quintessence of contextualizing theories in community psychology including settings, empowerment, sense of community, second-order change, and more. Furthermore, case studies portraying community psychology practice promotes active learning, which in turn can enhance learning outcomes by fostering critical thinking skills, an area that has been found to be seriously deficient in many contemporary classrooms (Tsui, 2002).

Moreover, case studies have also been linked with increased student motivation and interest in a subject (Mustoe & Croft, 1999). This book illustrates the benefits and challenges of community psychology-in-action and also shares lessons learned. These lessons can be useful to the reader so they can avoid making similar missteps, but just as importantly, to show the humanity of practitioners and members of the community. We are in a time where this book seeks to play a part in dismantling colonial ideologies, and whenever possible, remove the stigma of dehumanization bestowed upon too many groups. A number of the case studies include field research including participatory action research (PAR) a core technique in community psychology, as part of the initial steps to design and implement an initiative, intervention, or prevention strategy. Also included you will find an emphasis on cultural responsiveness and the importance of continually growing in our awareness and appreciation for how cultures impact settings. We believe that focusing on culturally responsive approaches will support effective partnering with community members to create more equitable spaces. An additional highlight of each chapter is a series of discussion questions that are specifically designed to spur critical thinking on the topic, as opposed to prescribing what readers should think.

## Advancing Equity

This book investigates the practitioners' thoughts and lenses carried with them throughout the projects, with an intentional and unique feature on matters of diversity, equity, inclusion, and racial justice. As community psychology practitioners our work is often focused on dismantling structural systems of inequality and oppression. Historically, a good deal of this important community-engaged work may not have found its way into other textbooks or academic journals. However, this book offers a unique opportunity to highlight the stories of colleagues doing valuable work and learn through reading their narratives and lived experiences. We are "changing the world, one community at a time." Won't you join us?

*Geraldine (Geri) Palmer, Todd Rogers, Judah Viola, and Maronica Engel*

***This textbook is currently supported on Firefox, Chrome, Safari, and Microsoft Edge internet browsers. Internet Explorer is not currently compatible with our formatting.**

References

Mustoe, L. & Croft, A. (1999). Motivating engineering students by using modern case studies. *International Journal of Engineering*, *15*, 496-476.

Tsui, L. (2002) Fostering Critical Thinking through Effective Pedagogy, *The Journal of Higher Education*, 73:6, 740-763, DOI: 10.1080/00221546.2002.11777179

# Introduction

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"…but explanations alone do not bring us to the practice of beloved community…" – bell hooks

Where does the energy come from that all living organisms need to grow and develop? This seems a strange question to ask when this book is all about community psychology and not life science right? Yet we are hoping that the question makes more sense when we recognize that a community is a living organism and needs certain nutrients as all organisms do to convert to energy that of course, is used to develop and grow! It



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should be noted that a community isn't just geographic space, although it certainly can be. Like the concept of "home" it can be emotional as well, or both geographic and emotional. There are virtual communities, communities of people who similarly identify based on a number of facets and find a safe space to express group affiliation—-a community of professors, community practitioners, and so forth. A second relevant question might be, just what are the nutrients that a community needs to grow and develop? This book offers some answers to this question.

Thinking through this, a healthy community needs its citizens to be invested. It also needs kinship partners to invest in the community in concert with other citizens. In a physical community needs range from local small businesses, quality physical and mental health entities, grocery stores, parks and recreational facilities, schools and faith-based institutions, banks and social services, among so many other resources. What happens to a physical community when its needed resources are scarce or not available? Just like any living organism that does not receive proper nutrients, it does not remain healthy. How do

we enjoin with another community, as a community? This book offers one of the answers to this question as well.

The field of community psychology has international origins that vary across continents. In the United States a number of antecedents including the development of preventive perspectives in mental health, reforms in the mental health systems, group dynamics and action research, and movements for social change and liberation are evidenced (Kloos et al., 2012).



(image is showing Swampscott, Mass where Community Psychology was conceived as a discipline.

Born out of the optimism of society that surfaced after these social change movements of the 1960s took place, and the allied victory of World War II, a group of clinical psychologists were ready for a movement of their own. At a conference for psychologists in 1965, at Swampscott, Massachusetts, a group of clinical psychologists' voices were lifted and heard. The work which they were doing in communities and the implications of deinstitutionalization demanded a new discipline. One that spoke to social change in society and professionals becoming change agents starting within communities. Community psychology was born with the onset of community mental health training programs as well as one of the first clinical-community doctoral programs which began at DePaul University in Chicago in 1966. Another program began in 1966 at the University of Texas at Austin by Ira Iscoe. By 1975, 141 graduate programs existed to formally train community psychologists (Jason et al., 2019, p. ). Further community-based research and action took off and in the same year another important component was established, Division 27 of the American Psychological Association (APA) which is now the Society for Community Research and Action. Simultaneously, in response to systems of repression and political exclusion, forms of community psychology were being established in Canada, Australia, New Zealand, Germany, Puerto Rico, Venezuela, Mexico, and Cuba. In Italy, community psychology grew out of efforts to close psychiatric hospitals, and an overarching effort to shift educational, social, and health systems towards an emphasis on prevention, citizen participation and the reduction of victim-blaming (Santinello et al., 2010) and further

growth of the field was seen in South Africa in the 1980s as psychologists engaged in the fight against the apartheid regime (Yen, 2007).

Before we dig deeper into this collection of community psychology case stories, let's take a step back and look at the field of community psychology itself and how the role of a community psychology practitioner is different from other social service-based roles. By "social service" based roles we mean roles where the focus is on the health, wellness, and actualization of individuals, families, and communities.

There are many occupations in the social service sector: medical health professionals (e.g., doctors, nurses, medical technicians and supporting medical staff), educational professionals (e.g., teachers, scholar-activists, and child care workers), community infrastructure professionals (e.g. community center managers, policing, community developers and organizers, alderpersons, and community program coordinators) and identity health professionals (e.g., social workers, psychologists, school counselors, therapists). These lists are not exhaustive and there are many opportunities and situations where there is overlap and collaboration between all roles. That said, there is one role that includes all of these types of tasks and that is the role of the community psychologist.

Psychologists of all types are focused on identity construction and how an individual or group develops an identity and uses that identity as a framework for accomplishing goals, life tasks, and achieving their best lives. Many times psychologists work with individuals and groups they are trying to help to develop interventions, ways the system can be shifted and transformed in order for the individual or group to have the best opportunity to live their preferred lives with a sense of agency that demonstrates their understanding of the best version of their ideas about themselves or rather their identity.

For example, a clinical or family and practice psychologist uses talk therapy as well as other techniques like hypnosis or cognitive-based therapies (CBT) to help an individual better see how their understanding of themselves are constructed through their lived experiences within their environments and their family of origin. The psychologist might then help them diminish, dampen and overcome some aspects of those constructions about themselves as they bring forward and strengthen preferred aspects of the person they want to become and are becoming.

A social psychologist studies social norms and conventions and the influence and impact they have on the thinking and behavior of individuals. A social psychologist might devise studies that look at the correlations and consequences or stereotypes, prejudice or discrimination on individuals. Or they might look at how groups make certain types of decisions. The goal is to identify variables that might be leveraged to develop interventions that shift the social system toward more positive outcomes.

An organizational psychologist might look at similar phenomena as a social psychologist but within the context of the workplace. Organizational psychologists may devise studies that look at employee satisfaction and human performance in the workplace and devise interventions that optimize those outcomes.

Now, what about a community psychologist? The central focus of a community psychologist is on identifying, studying, and better understanding the dynamics and patterns of a community that impact individuals, families and our broader society. In addition, through this work community psychologists also seek to better understand a community's impact on individuals, families and our broader society. Community psychologists use social science research methods to understand these dynamics and patterns of influence. With this lens and framework a community psychologist seeks to also eradicate structural systems of oppression and inequity that negatively impacts individuals, families, and communities and seeks ways to eradicate these systems.

A community psychologist might conduct studies, specifically through participatory action research (PAR), phenomenological, ethnographic studies, or photovoice. The results of their studies can be used to inform interventions and promotion strategies that might take the form of a type of Community Action Program (CAP). This work can involve community psychologists applying for grants to conduct research and open the door for community agencies to apply for grants using the studies as data to inform action plans. This work might include a follow-up study that demonstrates that the proposed intervention or prevention strategy worked. In this respect, community psychologists are not just scientists, they are community activists, organizers, abolitionists, and change leaders.

A community psychologist's work has a specific applied focus such as conducting studies and developing interventions and prevention strategies alongside of individuals and families who comprise a community, they imagine new possibilities together to meet community challenges and co-create and promote environments where equitable resources can be realized sustainably.

While community psychologists often work in academic settings, others work in research institutions or governmental organizations, or as *community practitioners* in a number of roles including community developers or organizers, program evaluators, or within human services and nonprofit organizations. Community psychologists are often teachers or professors in academia *and* community practitioners! To learn more about the depth and breadth of this exciting and important field see Jason, Glantsman, O'Brien & Ramian Eds. (2019) Introduction to Community Psychology: Becoming an Agent of Change. This book is focused on the community psychologist as *practitioner* and is written to provide a glimpse into how practitioners carry out their work in diverse and complex communities and for pure motivation for all of us to get out and change the world!

The structure of Case Studies in Community Psychology: A Global Perspective is organized into four sections: Community Building, Global Perspectives, Evaluation Research, and Community and Public Health. Community Building houses three case stories from Dr. Jacqueline Samuel who authored *Cultural Development in Underrepresented Communities: Using an Empowerment and Citizen Participation Framework* giving the reader a well-spring of information on the positive linkage between the arts and community development. Next is *Dare2Dialogue*, where Dr. Amber Kelly and Kathleen McAuliff share important points on inclusivity among the disability community. Dr. Hoffman's *Green Space Programs as a Shared Growth and Communal Process: A Somali Gardener's Journey in Minnesota* combines the intersection of gardening and community building.




London, UK – June 17th 2020: A poster with the message Community is Strength on display near London Bridge station in London, UK.

In section three, Program Evaluations and Research the textbook provides case stories that depict what it looks like for community psychologists to work as consultants in program evaluations. Drs. Susan Wolfe and Kyrah Brown, et al. gives first-hand experiences including lessons learned in *Lessons from Conducting an Equity-Focused, Participatory Needs Assessment.* Dr. Patricia O'Connor's case story *Program Evaluation: A Fundamental Component in Effective Community Practice* is next in this section. The case story focus is on the importance of program evaluations in community psychology practice. A third case story in this section is Dr. Anna Pruitt et al., *Showing up and Standing With: An Intersectional Approach to a Participatory Evaluation of a Housing First Program on Oahu*. Pruitt et al., describes a five-year, ongoing participatory evaluation program between a housing program and stakeholders. The last section Community and Public Health is comprised of three case stories: *A Plan for Prevention: Measuring Equity from the Start* by Dr. Tonya Roberson who discusses the importance of using a collective-impact approach and culturally tailored data collection tools to advance health parity. Following Dr. Roberson's work is Dr. Dessie Clark's and Joshua Brown's work, *Working with Survivors of Gender-Based Violence.* The case story does a great job in highlighting how communities can be a tremendous source of support for gender-based violence. Our third case story in this section is Dr. Deidra Somerville's case story *Journeying Past Hurt: Creating and Sustaining Trauma-Informed Healing Practices With Lower SES Black Pregnant and Parenting Mothers* showing the process of development of a curriculum to address trauma among Black children and families. Along with these 11 great case stories, this textbook has some wonderful features that you will learn from and enjoy! The case

studies are meant to be a starting point in your journey of learning how to identify and study the different variables that drive the system of communities and how seasoned and new practitioners go about using their research, backstories, practice, and praxis in a practical way to engage all the parts of a community to achieve positive change. We use active links to web pages, articles, podcasts, videos, and more to provide an interactive experience that is sure to be a great learning journey! Go ahead, you're a click away!

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# CHAPTER OVERVIEW

## 1: Community Building


Section 1.1: Prelude to Community Building

Section 1.2: Cultural Development in Underrepresented Communities- Using an Empowerment and Citizen Participation Approach

Section 1.3: Promoting Inclusion Through Storytelling and Dialogue

Section 1.4: Green Space Programs as a Shared Growth and Communal Process- A Somali Gardener's Journey in Minnesota


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## Section 1.1: Prelude to Community Building

The concept of community building has no universal definition. However, this could be more positive than negative because having no universal definition also keeps the conception of community fluid, which we believe speaks more accurately to its diverse complexities. To have some idea of what we mean by community building we (the editors) start this overview of the first three chapters by first giving you a look at how we conceptualize or think about community. Community can be geographical, virtual, groups of people with similarities such as a community of community practitioners. Importantly, we see community overall as a way of being and doing or navigating life with others. Therefore community building means actively seeking ways and resources to bring forward co-liberation. This might mean we find ourselves building community by holding space for difference. For example, as editors of this textbook, we are community psychologists working in academia and the community, an industrial/organizational psychologist, and an instructional designer. Our commonality is our passion for social and racial justice. We believe that this passion also shows up in the case stories you will find in this section.




*IvilinRadkov (2019)* (Image is showing a heart drawn on a piece of paper with a red marker with a section torn showing the word "Community" )

The first case story, *Cultural Development in Underrepresented Communities: Using an Empowerment and Citizen Participation Framework* is offered by Dr. Jacqueline Samuel. Dr. Samuel's work illustrates community building with those who seek to use art and culture as viable avenues for building community. Students interested in arts and culture, and the health and well-being of communities of all types will find a plethora of information that might guide your journey, as using the arts to inform and reclaim power is not at all a far-reaching idea.

The second case story in this section is Dr. Amber Kelly's and Dr. Kathleen McAuliff's (2021) work alongside members of the disability community, seeking to advance inclusivity in all facets of community life. *Dare2Dialogue* brings awareness around negative stigma associated with a disability and ways to address these challenges through dialogue and centering and raising the voices of people with disabilities.

The third case story in this section is the work of Dr. August Hoffman. Dr. Hoffman's passion is visible as he comes alongside of a student using green space to promote communal experiences for the student completing an Individualized Studies program with an emphasis on *Gardening Development* at Metropolitan State University. The case study moves the reader through the student's experiences with growing healthy foods for the community as part of education, with the ultimate goal of helping children understand the benefits of healthier eating and the actual origins of the foods they consume.

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# Section 1.2: Cultural Development in Underrepresented Communities- Using an Empowerment and Citizen Participation Approach

This case story illustrates the significance of using the arts in community development work which not only speaks to aesthetics but to how we can heal communities and promote well-being.

## The Big Picture



*Photo courtesy of Dr. Jackie Samuel. Illustration by Kensey.* (Image is showing an African or African American woman wearing a green headdress with red earrings drawn by the artist noted)

In the late '60s, Chicago Black Theater companies began to grow during a time called the Blacks Arts Movement. There were several Black women, all iconic by today's standards that led the charge. First, there was the mother of Black Theater, *Val Gray Ward*. Val gave us Kuumba Theatre where I became a member in the early '80s. Val was the mother of Black Theater and mentored many. *Abena Joan Brown* former social worker, dancer, founded Ebony Talent Agency later becoming eta Creative Arts Foundation Theater. Then came *Jackie Taylor* founder of the Black Ensemble Theater (BET) Company whose mission was and still is today, to eradicate racism. All of these women participated in the Black Arts Movement including Illinois Poet Laureate *Gwendolyn Brooks*, and *Margaret Taylor–Burroughs* founder of the South Side Community Art Center (home of Black visual arts) and founder of the Du Sable Museum of African American Art. These Black Women were trailblazers and pre-community psychologists in their own right. If you were a performing, visual, or musical artist in Chicago between the 60's-2005, at some point you were touched by their grace and wisdom. The Black Arts Movement gave Black people a sense of community, pride, and voice by creating a space to tell our stories through the arts and cultural experiences. It was a holistic approach, led by several daring Black women with intentionality to use the arts as a tool for liberation.

> *This experience motivated my work as a performing artist, curator of multidisciplinary arts, in addition to being an art consultant. By 2004, I was working in three different communities: Albany Park (north side of the city), Humboldt Park (northwest side of the city), and South Chicago (the far south side of the city), all very culturally rich and diverse communities yet struggling in their own way to sustain their arts communities. This is where I learned that I had to know the history of each community. What I found was:*
>
> - ***Albany Park** is a cultural mecca, a trip around the world in one visit. It is a place where the average school has students that speak at least 50 different languages. The*

*community is so physically dense that finding space for cultural activities and artistic expression was difficult.*

- ***Humboldt Park** is the home of a large Puerto Rican community that was gentrified out of their original homes in Lincoln Park, an affluent neighborhood near the lakefront. Humboldt Park is art activism at its best; a community where grassroots artists use the arts for social justice practices. They are determined to never be moved again as the sculpture of the Puerto Rican flag hovers over the street and benchmarks the gateway into the community. Their challenge is sustainable funding and competition with larger arts organizations in the area.*
- ***South Chicago** is a proud industrial community, known for its economic heyday before the steel mills shut down. It is tucked under a toll bridge called the Skyway, a visual marker that indicates your geographic location in the city of Chicago. South Chicago is 75% Africian American and 36% Mexican. At the time it had plenty of artisists who lived there but they needed to be reclaimed to come home and work in their own community. They also lacked resources for art-making.*

In 2007, I returned to South Chicago in a new role. I became the intermediary with an arts background and the responsibility to support the implementation of a Quality of Life Plan (QLP) written by the residents and stakeholders of South Chicago. The QLP consisted of projects and program strategies that responded to social conditions that were a concern of the community. South Chicago identified economic development, safety, education, environment, food access, health, housing, youth development, and the arts as their strategic focus.

The challenge was to integrate the arts into community development practices. This meant bringing city government, residents, and other stakeholders to the table with the arts community. This project was complex because arts and cultural exchanges had never been used strategically in this fashion in Chicago. While working and navigating with a small team, a funder, an artist, and a scribe, I knew that we were too small to meet the masses and we would have to rely on a snowball effect in order for this concept to work. In each community, we were met by some form of skepticism. I learned that we had to wait to be invited into the community. When we allowed the time for relationship building we were eventually invited into each community. We engaged in cultural exchanges, tours, educational and reflective conversations as we broke bread in order to find our commonalities and deepen our relationships. Blending arts/culture and bricks/mortar is not an easy task when both groups do not have experience in working together. They both see their worlds in very different ways. However, the QLP provided the template for action and my past experience gave me the core knowledge I needed to engage both groups. What I did not realize was that I had more to learn.

### Cultural Development and Prompting Creative Responses

In the beginning of this work, my colleagues and I spent many hours in meetings discussing issues, reflecting on history, looking at data, mapping where issues occurred, and discussing root causes, but we were not getting anywhere. These discussions were important and useful in understanding the issues but they never seemed to change anything. It felt like we were stuck on information but didn't know what to do with it and how to move forward. Of course, we worked on collective behavioral and policy changes but it seemed more complicated when it came to social conditions deeply rooted in the community's culture, such as violence, mental health and the needs of Black women, who historically have been underrepresented. Of course, there were some wins in deescalating gang violence but domestic violence and its impact on women of color in the community

was much more complex. Domestic violence seemed to be a silent ill of society and difficult to detect and prevent from happening without witness support.

Mental health is similar, especially in communities of color where it is rarely addressed because of stigma. However, when we looked at issues impacting the community through the lens of art and culture there always seemed to be a stronger level of engagement from the residents. So we asked the question, how can we better engage the community to prompt quality responses that promote social change?The answer we were looking for was discovered after attending a conference on the facilitation of community meetings. I was introduced to the Art of Hosting (AoH). AoH is the practice of using different methodologies of discourse with groups of any size based on the context of the gathering. It is supported by principles that help maximize collective intelligence while being inclusive of diversity in addition to minimizing and transforming conflict. When utilizing AoH, the result is collective clarity, wiser actions, and sustainable workable solutions to the most complex problems. The approach ensures that stakeholders buy into the process because their participation in the design of the process is by definition transparent. This led me to change how I hosted the community as a community psychologist (Art of Hosting). To foster solutions, we followed the same processes as before. Together we would educate ourselves about the issue.



Image by mcmurryjulie from Pixabay Image is a clipboard with pencil with a circle as a background.

I hosted café style conversations where we would break up into small groups and respond to questions related to the social condition. We took the time to reflect and this method helped to give voice to all that participated. We were becoming active listeners. In addition, it increased our collective efficacy. By being in a circle, it erased the hierarchy and reduced conflicts and high expectations. We invited everyone that wanted to have a seat at the table: residents, elected officials, business owners, youth, law enforcement, faith-based leaders, and artists. We were no longer limited by our titles. Using a cultural development lens gave the artists a context of how the social condition impacted the community; everyone became more transparent about their feelings and they let go of their personal agendas. These community conversations changed my trajectory and experience of community psychology. Using AoH allowed me to bring my humility and willingness to experience what communities have to offer. We learned and healed together. It was restorative and engaging and broke barriers and unleashed our truths. Now we were ready for change by using AoH to inform our use of the arts for Healing Centered engagement. The term Healing Centered expands how we think about responses to trauma and offers a more holistic approach to fostering well-being (Ginwright, 2018). By using this approach, participants can use the arts as a tool to collectively address their trauma and restore their well-being.

### Arts and Healing Centered Engagement Promoting the Well-being Among Black Women

After one of our AoH café sessions, I recall several Black women expressing feelings of a lack of belonging in the community. They talked about feeling like outcasts because the housing complex where they lived was riddled with violence and trouble, and they felt that it reflected poorly on them and their families. I knew at that point I needed to connect them to something that would make them feel valued. The idea was to reduce and ease the impact of historical trauma by creating space through a healing-centered experience that encourages collective voice, the celebration of shared identity, and build a sense of community through belonging.

Historically, Black women have always taken on the weight of the family unit by taking on the challenges of caregivers. Without having any trusted support systems, Black women often forgo self-care. When self-care is ignored, so is your overall health. Lack of

self-care increases stress and leads to chronic health diseases that impair Black women's well-being. Therefore, participating in shared cultural engagement can play a significant role in defining good health and supporting ones' well-being, resilience, and healing. Experiences such as family connections, expressions through spirituality or music, reliance on community networks, and the church can be great sources of strength and support (Nami, 2020). Integrating the arts is a way of achieving these goals to wellness. I thought about putting on a play, but as much as I love theater, I knew that it would take way too long with the planning, auditions, rehearsals, staging, and finding the right play and location. It would take a considerable amount of time and cost to pull it off, but I wanted them to be a part of something. We needed a quick win; something just as powerful but more spontaneous, celebratory, and memorable. I felt it would be better to do another aspect of theater. I was thinking of a "spectacle". Something that would happen one time only and the process would unite us all through the effort of participating in it.

## Responding to the Needs of Black Women

### Assets

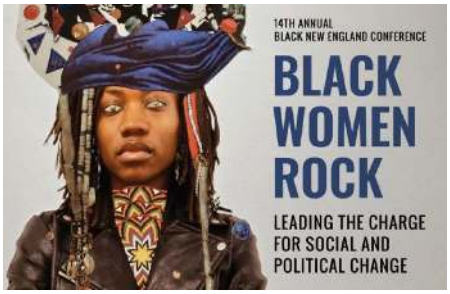



Image shares "Black Women rock" used for dramatic effect.

I believe the voices of Black women are powerful assets when used collectively. This assumption is supported by the *MeToo*, *GirlTrek*, and *Black Lives Matter* movements. Even politicians recognize Black women's power during the most recent election. The challenge is to center their voices universally. Black women today demonstrate that the road to their well-being is traveled by holding space and holistically sharing their hidden stories. These stories define the commonality and range of their lived experiences. When Black women gather in supportive settings, it creates a safe space away from the atrocities of abuse and assaults against their mental and physical health and stability. It occurs in meaningful ways. Some might revert back to ancient and traditional behaviors of their ancestors, such as hosting circles, Bible study, or something of a spiritual nature. They also use their creativity through cooking, art-making, writing, music, and performance.

They form groups such as book clubs, sororities, or auxiliaries. They also retain their childhood girlfriends by extending their relationships through social settings such as dinners or travel. The impact of COVID-19 has also increased gatherings through social media, for example, virtual panel discussions or talks, in addition to live internet events. Whichever way that Black women come together it provides them with a moment to collectively cleanse themselves of their griefs and sorrows, in addition to celebrating their shared identity and experiences.

## Needs



(Image is a woman who seems frustrated, holding her head in her hands.)

The core needs for Black women is suggested foster relief from Racial Battle Fatigue (RBF) to improve mental health. Racial Battle Fatigue or RBF comes from the impact of experiencing daily battles of attempts to deflect racism, stereotypes, and discrimination and the necessity to always be on guard or wary of the next attack they may face. Coupled with caregiving, work, and maintaining the household adds layers to this toxic stress. The result can be suppressed immunity and an increase of sickness that causes multiple illnesses from tension headaches to elevated blood pressure, among other factors (Goodwin, 2018). The challenge is that these gateway maladies left untreated over time can eventually lead to chronic illnesses. Although healthcare professionals have recognized how COVID-19 has added another layer to health disparities, particularly within communities of color, it is yet to be seen what actions will be taken to promote health equity. In the meantime, community-based healing-centered engagement can be an accentual component to inspiring collective self-care experiences. So now the stage was set. We hoped to improve the way the community communicates and implemented the QLP strategies. We needed to address the feeling of exclusion from the community for Black women that participated in our gatherings. Now our goal was to find the right event.

## When Black Women Gather: Gele' Day



*Photo courtesy of Ajani.*. Image is showing the head wrapper and one of the women taking part in the head wrapping ceremony.

When Black women struggle with acceptance of their body image it is also a result of RBF. Black women are judged by the color of their skin, the size of their lips and hips, and often by the way they wear their hair. The irony is that it is acceptable for others to artificially create these features through tanning lotions, Botox, and fashion statements such as the bustle of the 19th century or the

modern-day buttocks injections. However, for Black women, even how they wear their hair can potentially interfere with them keeping their job. The beauty of the Black woman has always been in question. Over the last decade, there has been more of a concerted effort to acknowledge the beauty of Black women in commercials. Actress Pilar Audain was featured in a Dove/Walmart commercial where Pilar walks down the street singing a song adorned in this beautiful head-wrap. Thus, was born Pilar's "Wrap Your beYOUty Movement":

One day after I was hosting a community meeting about trauma-informed care, Pilar shared with me about the desire to host an event in the parks called Gele' Day. It was a day to celebrate the beauty of Black women. When Pilar explained the event I was immediately sold. I had the resources to produce the project and Pilar knew the perfect location, a lakeside park on the south side of Chicago. Pilar shared how Gele' Day had been done before on a smaller scale. All that was needed was to identify a location for women of color to gather and we would meet in the park and symbolically celebrate womanhood through activities and providing beautiful fabrics to wrap around each other's heads. The adornment was called a Gele'. According to Pilar, Gele' Day is another way of saying that you are "atoning your spirit". However, there's another custom out of Africa which is called the mass dancers. The mass dancers come out to honor a secret society, the mother spirit of the universe. Taking on this idea, Pilar created Gele' Day for Black women in Chicago.

Black women vendors are featured at these events and sell their wares while other Black women provide performances, meditations, testimonials, prayer, and African dance exercises. Men are also welcome but mostly serve in a supportive role. At the end of the day, the women gather and rhythmically walk to the beach led by the elders and continue walking into the lake to cleanse themselves of all of life's challenges. Gele' Day sounded so beautiful I immediately agreed to support the next event. The event was held in Jackson Park on the south side of Chicago, and Pilar used the support of the women of her church to help set everything up for that day. I arrived early as an organizer and participant, to claim my spot and I brought my 91-year-old mother with me. We arrived, found our spot on the grass, registered, and immediately got in line to get our heads wrapped.



*Photo courtesy of Ajani.* Photo is Dr. Samuel's (author of this chapter) Mom.

The fabrics were beautiful and free of charge. There were women that were wrapping the heads of other women in the most nurturing way. Another special moment was the acknowledgment of our elders. My mom was 1 of 3 in their 90's and it made it a very special day for her. Women would come to my mom and kneel beside her and ask to shake her hand or for a hug. They praised her longevity and asked for her youthful secrets. At one point I think I was getting a bit jealous because I wanted the attention from my mom. It was very humbling. Later a sea of Black and Brown women filled the park while Pilar opened the day in prayer. They explained the meaning of Gele' Day and summoned a group of men to lead us in meditation as they played their Tibetan bowls during the most perfect summer day. There were performances by children, face painters, poets, musicians, and singers. We were also led in a group African dance exercise. We laughed, talked, shared our life experiences.

Near the end of the day, we rhythmically lined up by age as *Pilar is never short of giving back her time, guidance, and healing efforts to those that give and support her. There is an unspoken reciprocity noted between Pilar and her followers which I will call "the Village approach". Some call it, "paying it forward"*. we began to walk to the water. Since my mother was the elder in the group, my mom stood at the front of the line with Pilar. My mom looked at me and said, "Do I get in the water too?" I said, "Yes you do" with a smile wondering if they would actually do it. I didn't think my mom would do it but they marched right in that

water. People in the park would stop me and ask who we were and what were we doing as they watched us in awe. I felt like a queen. There was such beauty in the collective cleanse. When my mother and I walked backed to the car I could not help but kneel to clean the sand off her feet. I hope my mom felt as special as I did by being together on Gele' Day.

## Outcomes and Impact



*Photo courtesy of Ajani.*. After the women completed the head wrapping session, they joined together in Lake Michigan as a symbol of being cleansed, restored, and stress-free.

"Gele' Day" represented healing-centered experiences through spectacle by preserving culture in the way of sharing untold stories, promoting collective pride, acknowledging ones' ancestors, and influencing citizen participation in an open and safe space. The spectacle being both visual and performance-based, also successfully demonstrates that by utilizing the arts as a healing-centered tool, women can feel collectively empowered, cherished, and valued. As much as there is singing and laughter there is also an emotional release that is symbolically enacted by the rhythmic walk to the beachfront and actually manifests based on the reactions that you see and hear. There was inquiry of amazement from onlookers, demonstrations of love, respect and affection among the participants, and the collective response through engagement of the mindfulness activities. The experience was an overall movement, a metaphoric dance, and a holistic healing experience. As intended, it is an experience that one will remember for a lifetime.

A most powerful aspect of the "Wrap Your beYOUty Movement" is Pilar's skills and ability to use citizen participation to reach so many women without standard forms of marketing. Every year there is a noticeable increase in attendance to these events, resulting from a snowball effect–from word-of-mouth. There are no subscriptions, no brochures, no flyers, no posters, and no ads in periodicals. The communication style of the Wrap Your beYOUty Movement can easily be equated to a modern example of the traditional use of the beat of the African Drum to communicate to the Village. Gele' day represents Empowerment and Citizen Participation in its purest form. This can also be compared to the Black Arts Movement where space was also intentionally created to support and sustain the aesthetic voices of the Black Arts Community.

## Lessons Learned

### Community Engagement and Citizen Participation

It is important to identify the best approach in facilitation that works for you. I prefer the Art of Hosting (AoH) because it not only gives the participant a voice, it also offers different options of facilitation based on the needs of the community. When there are sensitive matters that need addressing such as listening to the victims of violence, we used methods that encouraged storytelling and active listening. When there were community disagreements (and there will be disagreements) there are methods for having courageous conversations that will help get the group back on track. Always keep an open mind to new methods, that is how I discovered AoH. As much as I feel comfortable working with community groups, I feel my lesson learned through this event is that you have to decide what methods of engagement work best for you in order to achieve the outcomes you desire.

### Collaborative Ways of Investing in Underrepresented Communities

There were two positions held in my life that influenced my work as a community psychologist, It was always a joy exploring a character in a play but it was temporary. However, exploring, connecting, and engaging with diverse populations and cultures in a community setting was more fulfilling.that of an arts consultant specializing in theater, and that of a community development

intermediary for a neighborhood in Chicago. As much as I enjoyed performing, I enjoyed working with people in communities even more. The combination of the two careers built my foundation and prepared me for community psychology. As a community psychologist, the arts provide a platform for collaboration while promoting social change and working at different ecological levels to address social conditions through a creative lens. My work covers many domains but the focus of this work is using arts and culture as tools to support underrepresented voices, specifically Black women to improve social conditions. I have been fortunate to observe best practices through my travels and engaging with creative people that have impacted the world.

## A Community Psychologist's Role in Disinvested Communities

It cannot be assumed that as a community psychologist one must take the lead, teach, or have power over the community. Although the role of a community psychologist can be subtle, it is imperative to be foremost an active listener and observer as this will guide your actions. Other best practices proposed are:

- Building your knowledge about the community that you are working with.
- Allowing yourself to be invited in and knowing the community's history before you enter.
- Building your networking skills and leveraging resources but never offering anything that you cannot deliver.
- Finding the commonalities to connect and build relationships with the people you plan to engage with.
- Be willing to adapt to the unexpected and watching for any influence that creates barriers for others.
- Reflecting on your work, reflecting with others, while making the effort to center and raise all voices.
- Bringing humility and willingness to experience what the community has to offer you. This helps to form relationships where lessons are learned, trust is restored, and engagement is sustained; and
- Acting with intentionality to promote social change.

## Recommendations

### Community Engagement and Citizen Participation

When working with the community, planning is important but I also believe in planning while having smaller events in order to build relationships in the community. Educate the community on the issue that you are addressing so that you are on the same page when you begin to address the issue. Research the multiple ways that you can host a meeting and determine what suits your leadership style. However, make sure your style of facilitation is open to everyone. If they live in the community they have every right to participate if they so choose, prepare to address conflicts, respect the time of others, and make sure meetings are engaging enough where people will want to come back for more.

Working with communities and diverse populations can be stressful, but an equitable representation of the community must be a part of the process. Identify the artists that live in and serve the community. Use their talents. Besides producing their work, I have hired artists to do graphic note-taking in meetings and have found it to be more detailed than writing notes (figures below). There is something about images that stimulates memory. Honor their talents by paying them. Their time is money. Make sure you are working with artists that enjoy working with the community. There are some great artists that prefer to create on their own. This type of artist might be more suitable for showcasing by creating themed pop-up galleries, performances in the park or public art. Artists that enjoy working with the community make great organizers. Engage them in every aspect of community planning and implementation. I have had stakeholders tell me that there are no artists in the area. I always laugh at that because artists are everywhere. If you can offer the use of free or shared space, believe me, they will appear out of nowhere. Just remember to do a contract or memo of understanding so that there are no surprises at the end of the day and everyone is on the same page.

Graphic notes from our community meeting




*Photos of both illustrations courtesy of Dr. Jackie Samuel. Illustrator: Kensey*. This image is showing the thoughts of the participants on how to use art to build community.

## My Work Relative to Community Psychology Practice

### Empowerment Theory

Through this case study, we have looked at underserved communities where Black women have felt undervalued and the communities discussed have been underrepresented. We looked at empowerment and citizen participation from a community psychology perspective to better understand how it was achieved in this case study. The *empowerment* theory comes to mind in this case story.

While there are many definitions out there for empowerment, I favor some of the tenets of empowerment that have been defined by the Cornell Empowerment Group (1989), such as *intentionality, ongoing process*, and *mutual respect*. For instance, intentionality is extremely important because it is the foundation of empowerment that gives the community psychologist their purpose. Intentionality is the reason behind the passion that fuels the action. In the Black Arts Movement, the iconic Black Women that led the charge to make space for Black artists recognized their absence in society, and then determined to create space for them. Their mentorship and coalition building was the driving force for sustainability. Many Black actors have trailblazed alone, but having a vision and recognizing that your needs are in common with others becomes the catalyst to mobilizing others for the cause. So when you are working with a community and you recognize that the group is at a stalemate, you use your influence to expose the group to new ideas and challenge their thinking. In South Chicago, we recognized that the arts were a great tool but it was AoH that unleased their voice and their truths.

The Wrap Your beYOUty Movement recognizes the beauty and value of Black women, so Gele' Day used its influence to help Black women see their beauty. The Wrap Your beYOUty Movement becomes a mirror to show and reflect the power of Black women. It also opens up space for others to see the Beauty of a Black Women. Remember how people inquired about the Black women walking to the lakefront. This means that the Black women's presence was no longer invisible. They were shown respect through acknowledgment. The care and nurturing, the ongoing process of wrapping the beauty of each woman commands mutual respect by being invited into the community of Black Women. When you enter, you enter with humility and a willingness to experience what the community has to offer. This reminds the community psychologist of ones' own vulnerability and we must treat everyone with care and compassion. This Empowerment Framework model is shown below:

Empowerment Framework Table

| | | | |
|---|---|---|---|
| Empowerment | Black Women in the Black Arts Movement | The Role of Community Psychology Building Communities Through the Arts | Wrap Your beYouty Movement for Black Women |
| **Intentionality** | To crate opportunities and recognize the talent and contributors of Black Artists | To use the arts as a tool for healing, empowerment, and citizen participation | Holistic healing, atonement, and collective empowerment of Black Women |
| **Ongoing Process** | The development of Black institutions dedicated to the uplifting of Black Culture | Program support and the reclamation of art as a community development tool | Annual tradition and celebration of Gele Day and She Through Me to promote collective pride |
| **Mutual Respect** | Engagement and mentoring of Black Artists | Inviting into the community and entering with humility and willingness to experience what the community has to offer | The reciprocity of sharing and celebration of each other's talents |

## Citizen Participation

Citizen participation is another aspect of Empowerment where knowing how to engage others over time requires skill. There is Critical Awareness that informs the purpose of the collective action. It is the social barriers that ignite the need for action. The Black Arts Movement recognizes the need to acknowledge the creative contributions of Black Artist. The Community Psychologist sees the inequities and disinvestment that challenges the quality of life of underrepresent communities. The Wrap Your beYOUty Movement recognizes the need to bring attention to the value of Black Women. Once the awareness is achieved then we must reflect on how we arrived to this this issue and what did we learn. This is where the skills of Community Psychology are needed. Organizing and the ability to mobilize others to bring awareness requires skills, relationship building, leveraging resources, and trust. Once this is achieved the commitment of others will follow. In South Chicago it was AoH that brought us to the level of commitment. This is where engagement becomes strong. In the Black Arts Movement, 3 Black Women are now the founders of theater companies. Gwendolyn Brooks breaks barriers and become the first Black Women Poet Laureate of the state of Illinois, and Margaret Burroughs opens a museum on city property that showcases Black excellence. South Chicago has a plan with a vision and mission to implement. Wrap Your beYOUty Movement starts with one day and becomes an annual event. Once all of this is steps are achieved then long lasting relational connections are made which leads to sustainability. The Citizen Participation Table is shown below.

Citizen Participation Table

| **Citizen Participation** | **Black Women in the Black Arts Movement** | **The Role of Community Psychology Building Communities Through the Arts** | **Wrap Your beYouty Movement for Black Women** |
|---|---|---|---|
| **Critical Awareness** | Recognizing the significance of Black talent and cultural | Attention to resources: finding space and disinvestment | Recognizing the significance of Black women in society |
| **Participatory Skills** | Mobilizing and building relationships with Black artist and audiences | Mobilizing and building relationships with community artists, residents, and stakeholders | Mobilizing and building relationships with Black women |
| **Participatory Values and Commitment** | Respect and honoring Black pride | Collectively respecting the writing and implementation of strategic plans (Arts and Quality of Life Plans) | Respect and honoring pride of Black women |
| **Relational Connections** | Mentoring actors and support of the artistic community | Hosting of the community in circle to share wants and needs; Active listening | Sharing of talent and resources to support celebration |

## Conclusion

I am hoping that by reading through this case story you are inspired to begin to think about ways you can use arts and culture in community psychology work or other work seeking to foster resilience and build community—leaning into advancing social and racial justice. I continue to do this work using my lived experiences and education as a community psychologist and educator. Here is a website with more on Gwendolyn Brooks: https://www.poetryfoundation.org/poets/gwendolyn-brooks

### From Theory to Practice Reflection and Questions

- Share with your classmates or others the ways in which the information in this chapter challenged or expanded your thinking about how the arts and culture can be used to build community.
- Provide and discuss examples of how gaining an understanding of an underrepresented community will affect your ongoing work.
- What questions does this chapter raise for you related to community psychology, community practice work, or other related fields of study?

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## Section 1.3: Promoting Inclusion Through Storytelling and Dialogue

The chapter will share insights on this innovative strategy for promoting inclusion *among individuals with a disability using community dialogue and events.*

### The Big Picture

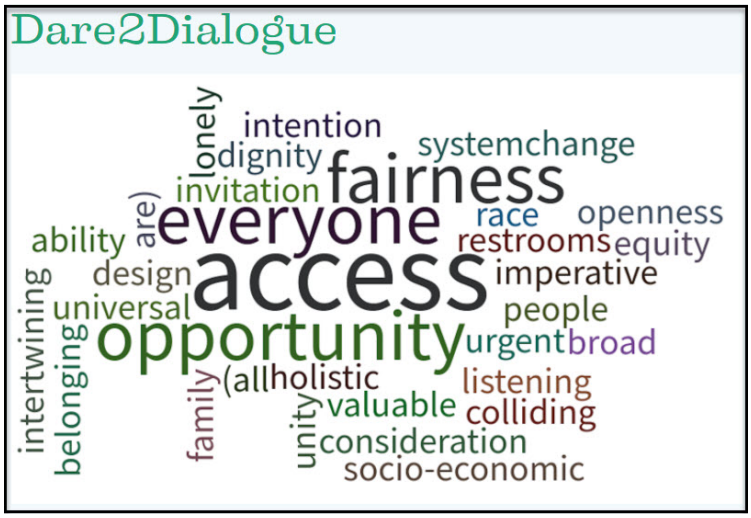



Image above is a "word cloud" or collage of words such as fairness, access, opportunity, ability…

According to the World Health Organization (WHO), more than 1 billion people live with a disability (WHO, 2017). Globally and nationally, disabilities are more commonly found in areas of poverty. Approximately 26% of people in the U.S. have a disability, with the most common disabilities being related to mobility or cognition (Okoro et al., 2018). As people live longer, they are more likely to experience a disability (Bialik, 2020). Although there is a higher prevalence of disability than some might guess, individuals with a disability still experience adverse outcomes when compared to individuals who do not have a disability, including reduced access to healthcare, educational, and employment opportunities (Okoro et al., 2018). While the causes of these adverse outcomes are multi-faceted, one potential avenue for positive social change is increasing visibility and educating the community about the experiences of people with disabilities. While overall perceptions are changing, there are still many myths about disabilities. One of the most common myths is that all disabilities and chronic conditions are visible.

In fact, 96% of people with a chronic condition do not have a condition that is visible, and 73% of people with a severe disability do not use a personal assistive device such as a wheelchair or walker (Disabled World, 2020). Educating people through first-hand experiences can help dispel these myths, and illuminate ways in which the community could change to promote inclusion for people with disabilities. To move our theoretical framework of awareness and storytelling to practice, we sought funding and begin to put the project together. See highlights below of **statistics regarding disabilities:**

**World Health Organization (WHO)**

Disability and Health, 1 December 2020

**Key Facts**

The number of people with disability are dramatically increasing. This is due to demographic trends and increases in chronic health conditions, among other causes.

- Over 1 billion people live with some form of disability.
- Almost everyone is likely to experience some form of disability - temporary or permanent - at some point in life.
- People with disbaility are disproportionately affected during the COVID-19 pandemic
- If health services for people with disability exist, they are invariably of poor qualty or under resourced.
- There is an urgent need to scale up disability services in primary healthcare, particularly in rehabilitation interventions.

The goal of Dare2Dialogue was to bring awareness and engage in storytelling around challenging topics to promote change, specifically focused on individuals with a disability as a means to remove the negative stigma that can be associated with a

disability. This goal was initially achieved by having two individuals who live with disabilities share their stories to highlight challenges and encourage dialogue among those who may have the privilege of not living with a disability. Subsequently, three community discussions (including one documentary screening) created an opportunity for 96 Dare2Dialogue attendees to challenge their thinking around inclusion. The chapter will share insights on this innovative strategy for promoting inclusion for individuals with a disability among community events.

## Community Needs

Traditionally, local organizations that serve individuals with a physical or cognitive impairment ensure that events prioritize ability. Some examples used in hosting events include using locations that are wheelchair accessible and having sitting space for caregivers. Organizations share a challenge of attracting others to attend that typically do not attend ability-focused events. Attendees are ability advocates, and there is an interest in broadening the audience's diversity when it pertains to interest in ability-related issues. One local initiative emphasizes inclusion through the medium of film (Over The Rhine International Film Festival, 2021). With an open door to help close this gap in initiatives that focus on living with a disability, there were opportunities to create additional events. Further, People's Liberty was a philanthropic lab that awarded 120 visionaries grants to impact their community in an innovative way. The five-year initiative focused on empowering individuals to help improve communities' well-being where they lived and thrived. At the 2.5-year mark of this initiative, People's Liberty hosted a midway celebration, "Intermission", which allowed for twenty grantees to host an innovative event in a storefront space. The first event using this storefront space was the pilot for Dare2Dialogue, and it was the only event during the series that focused on the inclusion of individuals living with a disability. It was one of the most attended events during the celebration, which prompted the development of additional events in ability.

### Collaborative Partners

When selecting collaborative partners, they should share the collective vision for promoting the inclusion of individuals living with a disability. Community Engagement Collective (CEC) partnered withStarfire, an organization focusing on empowering leaders to build community and inclusion alongside people with developmental disabilities and People's Liberty using their storefront building as the venue for all Dare2Dialogue events.

### Language Matters

Using language that does not demean a population is critical to consider for working within community settings. The disability field has evolved in terms of the preferred language and continues to grow. The American Psychological Association (2019) recommends using language to promote solidarity, respect, and ultimately honor all individuals as human beings. First-person language focuses on the individual, while individual first language emphasizes the disability. Dunn and Andrews (2015) make a case for using both first-person and identity-first language when doing work in the disability field and taking a flexible approach is respectful. Ultimately, using the term preferred by the individuals with the lived experience is the best option (American Psychological Association, 2019).

### What Does Inclusion of Individuals with a Disability Really Mean?

Inclusion ensures that people with disabilities have their voices and experiences heard by people who may not see the same barriers or opportunities that exist in a community. If only people without disabilities are making decisions, certain barriers and opportunities may not be identified, thus excluding vital community members. For example, a community may not offer physical public spaces which are ADA (Americans with Disabilities Act) compliant, or a library may not offer spaces for people with sensory processing disorders, such as autism spectrum disorder. As no two people without disabilities are the same, people with disabilities are not a monolith, even if they have the same type of disability. Different disabilities bring different strengths and challenges, so creating an inclusive environment where all voices can be respected and heard is critical. Because most people do not have a disability, openness to learning and listening is imperative to make our communities truly inclusive and create larger community change. Storytelling in diverse settings allows speakers to share their stories and make connections with others that may not have previously had the opportunity.

## Storytelling and Inclusion

One method of including individuals with disabilities is through storytelling. Storytelling allows people with disabilities to share their experiences in a structured format where participants actively listen to another person's experiences. One of the 10 principles, that is key to intergroup relations is to provide opportunities for members of different groups to get to know one another as individuals (ASDC for the Community Foundations/Intergroup Relations Program, 1999). Through listening to individual stories from people with disabilities, people without disabilities can put a face to an experience, rather than stereotyping. Additionally, it also provides an opportunity for people to build a sense of community with one another. Storytelling is a unique type of participatory action research method that empowers a participant to shape and share their own narrative, communicating the truth and emotional impact of their experiences (Bailey & Tilley, 2002). Without using prompts or being guided by a researcher's agenda, participants with disabilities can decide which event(s) and experiences they can share.

Community conversations are another method of bringing together people with disabilities and people without disabilities (Carter & Bumble, 2018). Community conversations use an asset-based focus, solution-focused framing, awareness building, and a shared commitment to improving the community for individuals with disabilities. While storytelling and community conversations are similar, storytelling was selected for this event so that the focus could be on the speakers with disabilities sharing their experiences and shaping the narrative to promote awareness, so that the community members could listen, reflect, and, for some, redefine the ways they perceived someone with a disability.

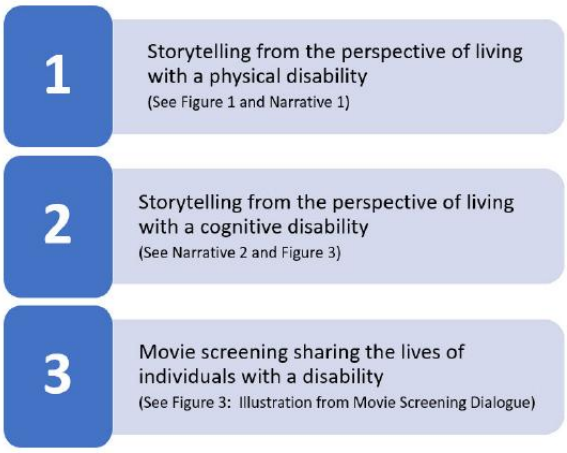
## Dare2Dialogue's Linkage to Community Psychology Practice

> *Empowering individuals with disabilities through creating spaces where they can shape the narrative and a community can listen is both an act of social justice and empowerment.*

Dare2Dialogue fused together community conversation and storytelling (Dare2Dialogue, 2021) through the use of multiple principles of community psychology. Community psychology explicitly states a sense of community, respect for human diversity, social justice, and empowerment/citizen participation as some of its core values (Prilleltensky & Nelson, 1997). This particular event is focused on fostering a sense of community through including and listening to the experiences of individuals with disabilities. As inclusivity is often lacking for people with disabilities, creating a sense of community where everyone feels like they belong requires community members to understand the ways in which they (individually, interpersonally, or as a community) may be excluding community members who have disabilities. Furthermore, as disability is a type of diversity, it is also important that people with disabilities are represented and respected in the community. As mentioned earlier in this case story, individuals with disabilities often experience adverse outcomes because of social injustices, such as reduced access to employment, education, and discriminatory practices.

### Description of the Project

Dare2Dialogue Series on Inclusion consisted of events where an individual (or individuals) with a disability shared their experiences with the larger community, including people without disabilities, in order to educate, enlighten, and promote dialogue about community inclusion for people with disabilities. The series included three distinct events which are: **(1) storytelling from the perspective of someone living with a physical disability**, **(2) storytelling from the perspective of living with a cognitive disability, and (3) movie screening sharing the lives of individuals with a disability.**




The above chart shows the three highlighted points that are written in bold above. The image is a combination of darker blue numbers with lighter blue bars. Font is black.

For recruitment, a snowball sampling strategy was used (Noy, 2008). A snowball sampling strategy is commonly used in qualitative research and involves one participant using their network (i.e., people they know) to recruit additional participants. It is particularly useful in populations that may be difficult to reach or recruit. In some cases, a researcher will ask the participant to provide the contact information for additional potential participants to facilitate recruitment. In other cases, the initial participant(s) will recruit the potential participants, as they already have an established relationship. This event used the latter method for recruiting participants. Each event took place in the same venue, located in downtown Cincinnati, Ohio, close to public transportation, and was accessible. The first event took place during lunchtime, and the second and third events took place in the evening. When arriving at the first two events, attendees received a card to complete **a word cloud**. For word clouds, the statement should allow for a one-word response only. The same prompt was used. Below is a picture of a cloud with the prompt in it which says, “in one word what comes to mind when you think about inclusiveness?




Attendees had the option of texting their response, completing via website link, or sharing their reactions with a volunteer. A Quick Response (QR) code on the card helped to make the connection to the link easier. The word cloud was shown on a projector for attendees to view. Before the community member spoke, the guests enjoyed free food and drinks since it was close to mealtimes. Attendees took the time to mix and mingle before each event to facilitate community building.

## Physical Ability

***Word Cloud from 1st Event***




Image above is a “word cloud” or collage of words such as fairness, access, opportunity, ability…

## Narrative One

**Speech from 1st Event**

Hello everyone, I would like to start by thanking everyone for showing up for our discussion on inclusion in a midwestern city. So for starters, what is Inclusion? According to Webster, it’s the act of or state of being included. That’s it, it’s just that simple. Now add people to inclusion and it becomes much more convoluted because every one of us is different. Just take a look around the room and you can see the diversity here. Every one of us has multiple qualities that make us unique, be it our physical differences such as our height, color of our skin, body shape, hair, you name it. But we also have different nonphysical qualities which aren’t so prevalent, such as our upbringing, education, and financial backgrounds, the way we process information, biases, etc. There is no cookie-cutter form of inclusion that will work for everyone so inclusion will look different in different settings. For example, at my job, I am the only person there who doesn’t have to walk anywhere. Steps… pssh I’m not walking up steps. I have my own way of getting around and it doesn’t cause me to burn much energy. Just look at this bad boy. 2 all-terrain front wheels, good for climbing obstacles, fog headlights, padded leather back and armrests, and a hydraulic system that’d put most low-riders to shame. It doesn’t get any better than this.

“This is an awesome chair but I haven’t always been this blessed, over 9 years ago I used to have to walk like you all until one morning as I was riding my bicycle to my job at the hospital and was hit by a guy making a left turn who didn’t see me”.

I spent the next 6 months learning how to breathe on my own again, I was determined not to have to be dependent on a ventilator for the rest of my life. So when they tested to see if I could breathe on my own, I’d do it until I couldn’t take it anymore. Each time I’d go a little longer. I relearned how to eat without choking because I was on a feeding tube for 3 months. You never know how much you actually miss chewing and tasting food until you can’t anymore. Just being able to suck on small pieces of crushed ice was a treat. Eventually, I learned to feed myself, and I was able to strengthen my muscles enough to go home.

All of these tasks were difficult but I would prefer them over not being able to see my daughters for 3 months. You see, my accident happened during “flu season” at the hospitals, and during that time children aren’t allowed past a certain point. Thankfully, I had my family who brought me pictures of them. It wasn’t the same as seeing them in person but it was better than nothing. My family helped tremendously with my recovery so when I think of inclusion, I think of FAMILY because to be included in a group sometimes can be like gaining a new family.

After my accident, I saw my city differently. I became aware of how inaccessible it really was. I have come across sidewalks that I cannot access so I had to ride in the street with busy traffic, businesses without a ramp or elevator. Transportation for wheelchair users is inconvenient. I began thinking of ways to improve the city in that arena, but I didn’t have to think I could change anything

alone nor did I have the resources, nor did I know where to start because all of this was still new to me, so my ideas were placed on the back burner. It wasn't 'til I interviewed at my job that I started back thinking about Inclusion. Because when I went for my interview, I needed help getting inside because there weren't any automated doors. My now Supervisor asked if I saw any obstacles for me to work there and the doors were my only issue. Within a few months, plans were in place for an automated door to be put in and now it is truly accessible all because of the pebbles I threw in the pond. So I've learned that little things can cause big ripples and that my city is ready for change.

## Cognitive Ability

### Narrative Two

**Speech from 2nd Event**

I was born 3 months premature. Doctors thought I would not be able to walk (paralyzed). I weighed 1lb. Mom said she could fit me in the palm of her hand). My disability is called cerebral palsy. I have 1 older sister and 2 younger brothers. It is hard being the oldest brother with a disability because I thought I would be the first one to do everything like drive. I do not like asking people to do stuff for me because I feel like I can do it all on my own. But we all need help sometimes.

***Elementary School***



Image is a classroom with wooden desks used some time ago.

My mom asked me did I want to go to a regular school or a school for people with disabilities. My answer was a regular school. I wanted to go to a regular school because I felt like I had to do it. I had a choice. Everyone does not have a choice. Sometimes people make the choice for you. When I came home from school one day, I asked my sister "Why am I different?" She did not have a response to my question. Her mind was puzzled. I asked her because I wanted to know what her response would be. Later, I was bullied in the 1st grade. A student at school picked on me. I stood up for myself. It felt good. Today, I do not like seeing people getting picked on.

I played football as a kid. I played football ages 7-12 (except age 9). It was important for my dad to coach me so I could feel like a regular kid. I loved having my dad coach me because he understood me. I loved playing football. When I was 10 years old, my 7-year-old brother played in a game with me. I remember I asked my brother did he want to fill in because we did not have enough players to play that game. He said "Yeah." I said, "These are 10-year-olds, you are 7, are you sure you want to play?" I asked him twice. He said "Yeah." He held his own and he made tackles. I was proud of my little brother. At 7 years old, I would fall to the ground so I wouldn't get tackled. I played basketball too and my dad coached me as well. I was a better basketball player than a football player.

***Gym Class Story***

This one particular afternoon in school, the gym teacher had asked me to jump rope. My response was no because I did not feel comfortable jumping rope in front of the whole class. I felt embarrassed to be put on the spot like that because she knew of my

circumstances. I was upset and that was the hardest thing I went through as a child. It felt great to have my classmates have my back. They asked the teacher why she had me jump rope in front of the whole class when she knew of my circumstance. She did not have a response.

***Junior High School***

When I first went to Junior High School, I was nervous because it was a new environment. I did not know how I would adapt to the new place. Being accepted in the National Honor Society was an excellent thing. It was great to realize that I was doing good in school. However, in the 7th grade, there was a teacher who did not want to modify the work for me in my social studies class. To avoid the problem, I just went to a special education social studies class instead. I was disappointed because I wanted to be in a regular social studies class with all of my friends.

***High School***

I had a wonderful person that scribed for me and helped me with my thoughts. She worked with me since junior high school. The gym teacher was nice. She was very understanding and helpful. My senior year was the most exciting out of my 4 years of high school because I got to participate on the football team. I wanted to motivate people and be an encourager. I did not let anything stop me from doing what I wanted to do. Graduation was emotional. I thought about all the things from elementary school from when teachers did not want to modify my work to graduating high school. I felt like I had completed my goal to graduate from high school.

***StarfireU***

I wanted to do StarfireU because it was exciting and a 4-year program. I was the youngest in the program. It helped me to learn how to communicate with others. It helped me realize how to be a good friend to people. I learned how to make sure everybody felt like they were included. I remember a few times in the building some people would ask me to pray for them. I would take them to a room and pray for them. This is how I found my calling.

***My Calling***

My calling is to preach in ministry. It was hard at first to accept the calling because I did not know if people would accept me because of my disability. There were a lot of sleepless nights struggling to accept my calling. Once I accepted my calling, it felt great. The goal of my sermons is to encourage people to be great. I want to let people know they should live life to the fullest and be great at what they do.

## Movie Screening

For the final event, a movie screening, which was a collaboration between two local nonprofit organizations Starfire and Community Engagement Collective took place. Partnering organizations shared the event on their social media platforms. Attendees enjoyed fresh popcorn and pizza before the movie. The previous event used in-person storytelling as the foundation; however, this event used movies as a form of art. The movie Wretches and Jabberers follows protagonists Tracy and Larry as they travel the world sharing their advocacy message for individuals with autism. After the movie, attendees discussed their reactions to the film in small groups. Some of the group sharing included statements like “Having my voice heard is life-changing,” “More like you than not,” and ” The humanity of acceptance.” (See Figure 3)

Figure 3 *Illustration from Movie Screening Dialogue*




The image shows in graphics the thoughts of the moviegoers.

## Outcomes and Impact

The goal of Dare2Dialogue was to bring awareness and engage in dialogue around challenging topics to promote change (See Figure 4). The purpose of the community discussions on inclusion was to bring awareness to the lack of inclusion of individuals with a disability using storytelling, community conversations, and movie screening. After the launch of the Dare2Dialogue inclusion series, the community partners collaborated on various initiatives including training, speaking engagements, and conference planning. The common thread of these initiatives focused on the inclusion of individuals living with a disability. Figure 4 below shows that in the program, there were 96 attendees, 3 events for the purpose of bringing awareness to the importance of inclusion.

Figure 4: Impact of Dare2Dialogue Inclusion Series




The image above shows in graphics that the 96 attendees in the project plus the three events were successful in bringing awareness to the matter of inclusion among people living with disabilities.

## Lessons Learned

We learned through this process three important factors: (1) Do not use identity-first language (e.g., disability), (2) partner with other organizations for hosting events, and (3) engage audience members in multiple ways.




The figure above shows the three lessons learned. They are highlighted in a bar chart with blue background and white font or letters.

Hosting three different events gave insight into how to plan future events that emphasize individuals of diverse abilities. When striving to foster inclusion within events, it is important not to label the event with disability or ability. This limits the diversity of audience members in attendance. In turn, the conversation's potential impact is limited because the audience members tend to understand the issues within the ability space. People are creatures of habit and tend to participate in events that address a topic of interest versus an unfamiliar issue. For instance, ability advocates are more likely to attend events that focus on ability. To target non-advocates, use terminology that describes the event's activities, not the storytellers and or community members. For example, if a storyteller is living with autism and is sharing gardening, emphasize gardening in marketing materials. In this example, the audience members will build connections due to the collective interest in gardening, not autism. Example words can include diversity, inclusion, conversation, storytelling, dialogue, and community connections in event marketing materials. Intentional marketing helps to reach a broad audience that may have been less likely to connect otherwise.

Partnering with organizations for event planning and implementation can achieve the following: (1) expanded outreach by marketing to multiple networks, (2) diversity promoted among attendees, and (3) combined resources can be more cost-effective.:




The image shows the progression of achievements through three arrows pointed right (or in a process).

Utilize multiple techniques to engage audience members at events such as word clouds, small group discussions, rotating group conversations, live polls, surveys, and narrative illustrations.

## Looking Forward/Recommendations

In order to promote inclusion for people with disabilities, it is imperative that we create spaces and opportunities in the community to make sure their voices are not only heard but are the focus of the conversation. Additionally, storytelling is a relatively straightforward participatory action research (PAR) method of creating knowledge and understanding of a phenomenon. Using PAR allows the participants to shape other peoples' minds with their own experiences, rather than the researcher doing so. As one speaker shared, telling their story was "life-changing." It is important for researchers to consider the power of storytelling from the perspective of the person with a disability. After periods of feeling excluded, being not only included but also respected and heard can help ameliorate previous pain and can foster a sense of community. Furthermore, attending a storytelling event permits attendees to reflect and think about ways in which they or their community can be more inclusive for people with disabilities. Consider the following suggestions as you move forward in your own practice:

## Strategies for Replicating in Communities

The storytelling method used in Dare2Dialogue is something that can easily be customized and implemented in other communities. Below are some strategies:

- Pick a community space that is accessible to all
- Use preferred language of the individual with the lived experience (e.g., first-person, identity-first etc.)
- Focus on a topic or interest that will engage community members with and without disabilities
- Promote community events in physical and virtual space frequeneted by people with and without disabilities
- Use community connectors to help market event
- Provide an option for attendees to reach out event coordinators for any accessibility needs (e.g., wheechair access in front of building, assistive technology, accessible parking and sign language interpreter)
- Apply recommendations of the DisABILITY Resources Tookbox (DART) for Practitioners for events (e.g., ensure access to building, provide accessible parking, use accessible modes of communication and create a welcoming environment)

## Conclusion

We must create and hold space for people living with disabilities whenever we can. We read somewhere that "diversity is inviting people differently in every facet (e.g. ethnically, age, religion or spirituality, physical or mentally diverse, etc.) to the party, but "inclusion" is when they show up, you ask them to dance. We understand that some people living with a disability cannot physically stand up to dance or cognitively grasp what this means, but in this context, we mean "dance" as a metaphor for "engage in "building a relationship or *community*."

**DisABILITY Resources Toolbox (DART) for Practitioners**

### From Theory to Practice Reflections and Questions

- What does the inclusion of individuals living with a disability mean to you?
- What feelings surface for you when you think about becoming involved in community building alongside people living with any type of disability?
- In order to promote inclusion for people with disabilities, it is imperative that we create spaces and opportunities in the community to make sure their voices are not only heard but are the focus of the conversation. How would you create spaces and opportunities in the community to make sure their voices are not only heard but are the focus of the conversation?

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# Section 1.4: Green Space Programs as a Shared Growth and Communal Process- A Somali Gardener's Journey in Minnesota

This case study narrative describes the personal growth process, learning experiences, *and development of a young Somali-American woman (Amian) through the lens of a community gardening and green space program located in St. Paul, MN.*

## The Big Picture



*Photo courtesy of August John Hoffman* (Image is of two young women of Somali descent holding vegetables).

Amian[1] is currently completing a graduate program in Individualized Studies with an emphasis in Gardening Development at Metropolitan State University and actively participates in developing healthy foods at several gardens in the Twin Cities region. Her focus is providing members of underrepresented groups with greater access to food plots and enabling them with resources in growing healthier foods. Community growth, collaboration, and communal development of healthy foods is the central thesis of this paper, and how one young woman's efforts to provide access to healthier foods to underserved and marginalized community members gradually became realized through her work at the Inver Hills – Metropolitan State Community Garden during the Summer 2020 growing season. Amian's long-term goals include promoting food justice to marginalized groups residing in the upper Midwest region and developing a more sustainable ecosystem that promotes autonomy and healthy living conditions. This case study identifies important psychosocial factors such as community engagement, collaboration, inclusion, and superordinate goals as vital concepts in not only helping to produce a successful community garden but perhaps more importantly how these intersectional qualities can help us to better understand one another and coexist within a more harmonious society.



*Figure 2: Vegetables Grown by Students at Metropolitan State University Photo courtesy of August Hoffman*

Community gardening, natural outdoor and green space activities have recently gained empirical support in providing a broad range of health-related benefits, including reduced obesity (Ornelas, et al., 2018), ecological resilience among indigenous populations (Shava, et al., 2010), social capital (Alaimo, et al., 2010) and increased community resilience among immigrant populations (Okvat & Zautra, 2011). While community gardens, green space, and natural environments have long remained popular activities among individuals and family members living in both rural and urban environments, only recently have these

environments been examined as providing specific benefits such as psychological well-being (Soga, et al., 2017) and improved quality of life among younger populations such as adolescents and children (McCracken, et al., 2016).

More recently, current research has identified activity and participation within community gardening and green space environments as particularly beneficial to immigrant and refugee populations (Hartwig & Mason, 2016). Community gardening and environmentally sustainable green space activities support fundamental principles shared by community psychologists in that they provide unique opportunities for diverse groups of individuals to work collaboratively and establish a stronger sense of community inclusion, engage in social change, and promote psychosocial health (Fetterman, 2015).

## The Inver Hills – Metropolitan State University Community Garden

The Inver Hills – Metropolitan State University Community Garden was established in 2010 for the purpose of providing healthy foods to low-income families of the Dayton's Bluff area located in St. Paul, MN. The garden was established primarily as a cooperative between two higher educational institutions of the Minnesota State System (Metropolitan State University and Inver Hills Community College) and provides an environmentally sustainable learning environment for students from both institutions to work collaboratively in producing a broad



Figure 3: Aerial View of the Inver Hills – Metropolitan State Community Garden. Circa 2017. Photo courtesy of August Hoffman

range of healthy foods for community residents. The community garden (approximately one-half acre) is located on the southeast portion of the Inver Hills campus which is located in Inver Grove Heights, MN. The garden is comprised of three separate components or divisions: A cooperative garden area where students work in producing healthy foods for local food banks; a fruit tree orchard (over 60 fruit trees) consisting of over 16 different apple tree cultivars (i.e., Honeycrisp, FrostBite, Haralson, etc.); and the final segment consists of 40 vegetable garden plots (10' X 10') designated for community residents. Since 2010, the Inver Hills – Metropolitan State University Community Garden has produced over 15, 000 lbs. of a variety of fresh vegetables and over 3,000 lbs. of apples which have been donated to local charities and food distribution centers throughout St. Paul and Minneapolis. The purpose of this current case study is to provide a personal and in-depth description of how a young Somali-American woman (Amian) has participated and worked in several community gardens in the upper Midwest region (i.e., Big River Farms located in Marine on St. Croix, MN, The Interfaith Garden located in Minneapolis, MN, and The Inver Hills – Metropolitan State Community Garden).



*Figure 1: Vegetables Grown by Students at Metropolitan State University. Photo Courtesy of August Hoffman*

The current case study will focus primarily on Amian's work in developing her own community garden at the Inver Hills – Metropolitan State Community Garden located in Inver Grove Heights, MN. An interesting component of this case study review is in understanding how one individual uses her personal experiences in witnessing malnutrition and food insecurity as a young child in Somalia as both a transformational and motivational process in growing healthy foods for underserved populations in the Twin Cities region. Amian's primary initiative in green space development and community gardening activities has been her early childhood experiences while growing up in Somalia, where food shortages and other natural resources (i.e., potable water) remain increasingly in short supply. Amian comments: "My goal [at the garden] is to grow food for the community specifically for the elders as well as teach healthy food options … and encourage health and wellness during these difficult times." Additionally, we hope to provide useful information to other immigrant families who would like to participate in community stewardship programs such as community gardening and forestry programs to improve access to healthier foods.

## Community Gardening, Social Integration and Health Promotion among Immigrant Families

Given the rapid increases in the populations of individuals living in impacted and urban environments, the benefits of both green space and community gardens are becoming both necessary and important activities that help in sustaining optimal physical and psychological health. For specific refugee and immigrant populations, often just having access to potable water and minimal amounts of sustainable foods are challenges that are faced on a daily basis. According to recent estimates published by the Food and Agricultural Organization (an international agency devoted to promoting healthy foods to impoverished families throughout the world), over 153 million people or approximately 26% of the population of sub-Saharan Africa will suffer from starvation or food insecurity (Food and Agriculture Organization of the United Nations, 2016). The need to promote community gardening programs and skills in producing healthy foods that are similar to the refugee's native homeland and food environment is critical to the successful transition to the United States (Gichunge & Kidwaro, 2014). In Amian's personal experience as a child growing up in Somalia, she experienced firsthand how food shortages can have serious negative consequences on the health and welfare of community residents, and how immigrants and POCI populations here in the United States often face disproportionate levels of food insecurity. More specifically, as the frequency of refugee and immigrant populations arriving in the United States have increased over time researchers have discovered that access to native foods through horticultural (i.e., community gardening) and green space programs play a critical link in successful adaptation, assimilation, and improved mental health (Hartwig & Mason, 2016; Wilson, et al., 2010).

Communities that educate how native foods are grown and provide tools and resources within those environments that facilitate a successful harvest can help immigrant families adapt to their new communities more successfully and also improve both psychosocial and physiological



Figure 4: Vegetables Grown by Students at Metropolitan State University (July 2020). Photo Courtesy of August Hoffman

measures of optimal health, including a greater "sense of identity with their former selves" (Hartwig & Mason, 2016, p. 1158). Measures of improved physical and psychosocial health included greater access to organic foods (Carney, et al., 2012), reduced cardiovascular disease, depression (Tracey, et al., 2020) and body mass index (BMI) (Soga, et al., 2017). Recent data suggests that community gardening programs have been associated with the development of healthier and more sustainable lifestyles (i.e., connection with nature, social health, and increased physical activity) that are compatible with ethnically diverse families who are currently living in urban environments (Tharrey, et al., 2019). Additionally, recent topics of research within the discipline of

community psychology have identified green sustainable programs such as community gardening as a viable approach in promoting wellness and mental health especially among vulnerable populations (Androff, et al., 2017).

Communities that provide residents with opportunities to share knowledge and their own personal experiences in the development of a community garden not only improve food security but have also been identified as providing other numerous benefits to the community, such as increased social capital, resilience and empowerment among those residents who live within those neighborhoods (Alaimo, et al., 2010). Indeed, communities providing residents with an opportunity to participate in green space and community gardens are perceived as desirable



Figure 5: Cucurbita Legenaria Squash (Common name: Winter Squash) from Africa

living environments that contribute to a greater sense of psychological well-being, social cohesiveness and trust (Spano, et al., 2020). Amian immigrated to the United States when she was eight years old and has had a life-long passion to provide healthy foods to the community members where she currently resides in Minneapolis, MN. Growing up in a drought-stricken community in Somalia, food and potable water have never been taken for granted and are considered precious commodities. Amian has seen families struggle in just maintaining enough food to survive and has commented that she would like to see a more "collective effort from the community" in participating and contributing to the development of increased sustainable gardening programs. The culture from which Amian is accustomed to is just that – collectivistically oriented to groups working together in promoting a better way of life for survival. In the United States, Amian has commented that people are more dispersed, competitive, and more concerned about getting ahead at the expense of others rather than working collectively to share benefits with each other. "I came from a communal environment" Amian explains, and "when families experience a crisis, such as a death in the family, the first thing we do is to bring food. Food has a wonderful way of bringing people together especially during times of stress and grief."

## Growing Food for a Healthy Community as an Educational Process

An important component of growing healthy foods for the community is education. Part of Amian's goal in developing a healthy foods program is in helping children understand not only the benefits of healthier eating, but also the actual origins of the foods they consume. Amian is convinced that when children play a role in the development and maintenance of a community garden they are improving their knowledge about food but also are more likely to consume the foods that they have helped propagate. This is especially important with vegetables (i.e., leafy greens) that are healthy but are often less preferential and palatable for younger children (i.e., broccoli, spinach, and kale). In more collectivistically-oriented environments, groups of individuals (of all ages) work together and share the benefits of common goals that are vital to the survival and well-being of community members. Perhaps more importantly, younger populations of children who share in the responsibility of growing healthy and sustainable foods such as mulching, cultivating, planting seeds, and harvesting learn the delicate balance of sustainable eco-systems and the human responsibility in respecting the fragile and finite resources of the environment. Amian has indicated that she is "committed to serving the refugee and immigrant community in Minnesota because . . . I have seen first-hand from my own experiences [in Somalia] coming from an immigrant family. I know that I cannot do this alone, and that is why I have partnered with Big River Farms and The Interfaith Garden."

Community gardening programs, green space, and natural environments are unique in that they provide numerous health benefits to community residents in both urban and rural areas. Adapting to a new environment as an immigrant or refugee can be very stressful, and providing



Figure 6: Haralson Apple Tree (Malus Domestica) located at the Inver Hills-Metropolitan State Community Orchard. Originated 1922 MN Horticultural Research Center, Charles Haralson (Zone 3 species) (August 2020) *Photo Courtesy of August Hoffman*

native foods from one's homeland can be an effective stress-coping mechanism that holds numerous benefits to individual health among vulnerable populations (Tracey, et al., 2020). Minnesota is rapidly becoming a common settlement worldwide among refugees and immigrants who are escaping a number of threats to their personal safety and well-being, including malnutrition, oppressive governments (i.e., ethnic genocide), and persecution for religious beliefs. Currently, Minnesota ranks as the 13th leading state within the United States in resettlement for refugees primarily from Sub-Sahara Africa and Southeast Asia (Hartwig & Mason, 2016, p. 1154).

## A Greener Vision for the Future

An important scope and general purpose in community gardening and green space programs is the future itself and how to get more community members involved in participating in sustainable and healthy foods production. Several of the student participants in the community gardening program indicated that they enjoyed working with other students and community participants in providing healthier foods for low-income families. One of the student participants (Abdiaziz) commented that he "loved every minute of working outside to help produce healthy foods for the community members. Providing people with these kinds of opportunities gives us an opportunity to get to know each other better and help people who are less fortunate than us." Amian has indicated that she is trying to help community members work with immigrant families in a more collaborative process that will not only teaching participants the nutritious benefits of her native foods from Somalia, but that most food-related problems (i.e., shortages of healthy foods) is actually preventable and human-related. "When I started growing my vegetables in the gardens



Figure 7: Somali students from Metropolitan State University harvesting vegetables. Photo courtesy of August Hoffman

I noticed how much food is wasted here in the United States and that hunger is actually a 'man-made' phenomenon." If she is provided with the resources and opportunities, Amian plans to build an even larger sustainable foods program in southeast Minnesota (Kenyon) up to 20 acres. Amian has indicated that some of her most formidable challenges have been in finding

community stakeholders who are willing to help provide resources in the continued development of sustainable green space activities and community gardening programs.

Providing opportunities for immigrants to work in a more collaborative process in the development and proliferation of ethnic foods is an empowering process that can help people from all backgrounds to better understand different cultures. Community psychologists can help facilitate the process of bridging cultural gaps and reducing racial stereotypes by serving as advocates in the development of sustainable green space environments such as community gardens. Amian has found the process of developing sustainable community gardens and providing healthier foods from her native homeland of Somalia personally a very rewarding and intrinsically satisfying experience. Her long-term goals are to provide healthier and organic foods for vulnerable Somali populations and older adults who are currently facing economic hardships. Amian has recognized that "the



Figure 8: Metropolitan State University students cultivating a pepper garden at the Inver Hills – Metropolitan State University Community Garden (circa 2019). Photo courtesy of August Hoffman

voices within the community need to be heard and . . . I would like to see more families eating healthier foods together and growing their own foods." Amian's proposal includes planting native seeds from her native homeland Somalia including leafy green vegetables, beans and even fried bananas for families with low incomes in the United States, including immigrant families from Somalia, Ethiopia, Kenya and Southeast Asia. Amian is also concerned about increasing global environmental pollution (i.e., the proliferation of plastics) which directly impacts the quality of soil and water used for agricultural purposes. Her future plans include working in environmentally sustainable projects in the St. Paul and Minneapolis areas and promoting greater access to healthier foods among Somali and other underrepresented populations in these areas. Additionally, Amian is trying to reduce the impact of global pollution through the education and practice of simple environmentally-responsible behaviors, such as recycling, composting, and developing rainwater irrigation systems for garden sites.

## Conclusion

The benefits of community gardening cannot be understated. Results of evaluations and studies offer clear evidence that community gardens provide numerous health benefits, improved access to food, related nutritional needs, and improved mental health. An important aspect that can be overlooked is its promotion of social health and community cohesion, both essential aspects of a healthy community.

Read more at: https://nccommunitygardens.ces.ncsu.edu/resources-3/nccommunitygardens-research/

### From Theory to Practice Reflections and Questions

- Community gardening and environmentally sustainable green space activities support fundamental principles shared by community psychologists in that they provide unique opportunities for diverse groups of individuals to work collaboratively and establish a stronger sense of community inclusion, engage in social change, and promote psychosocial health (Fetterman, 2015). Share with your classmates or others at least one other way, outside of formal education, that can foster a sense of community, engagement in social change, and the promotion of psychosocial health?
- This case story mentions that a challenge in doing social justice work involving food has been in finding community stakeholders who are willing to help provide resources in the continued development of sustainable green space activities and community gardening programs. Consider and provide examples of how you might address this challenge.
- In addition to physiological well-being, what are some psychological influences of food on one's sense of community?

Note:

[1]The person centered in this chapter summary, Amian (name changed), is aware that this chapter is being published and has provided her consent. Due to cultural restrictions of her native country (Somalia) she has requested to remain anonymous.

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# CHAPTER OVERVIEW

## 2: Global Perspectives


Section 2.1: Prelude to Global Perspectives

Section 2.2: Better Together- Creating Alternative Settings to Reduce Conflict Among Youth in Lebanon

Section 2.3: Promoting Community-Driven Change in Family and Community Systems to Support Girls' Holistic Development in Senegal


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# Section 2.1: Prelude to Global Perspectives

When we use the term global we are referring to both physical regions, communities, and spaces around the world, as well as viewing everything from a global lens—which in turn broadens our perspectives and strengthens our foundational truths and helps all to live authentically. Abdul Kalam (n.d.) offers that living globally means, "… to take into consideration the cultures, ethnicity, religions, and living situations of everyone around the world…" (para. 1). From this foundation we bring to the reader two case stories from outside of the United States. We believe you will be enlightened and importantly drawn just a little closer to human lives, that may seem so far away.




*Pixabay.com* (Image is part of a world map with passport and camera in the foreground).

The first case story is B*etter Together: Better Together: Creating Alternative Settings to Reduce Conflict Among Youth in Lebanon.* Upcoming community psychologist Ramy Barhouche shares a case study of an effort in Lebanon within the Nongovernmental Organization (NGO) sector to collaboratively create alternative and preventive settings to reduce discrimination and prejudice and develop collaborative living and conflict transformation among youth and young adults. Barhouche provides important historical context and rationale for using a process-based relational approach to develop the relationships for collaboration.

The second case story is *Promoting Community-Driven Change in Family and Community Systems to Support Girls' Holistic Development in Senegal*. Dr. Judi Aubel draws you into the country of Senegal, Africa where you get to see the lives of a place often called, "The Gateway to Africa". The case study describes an innovative program designed to address the issue of female genital mutilation (FGM) a seldom-discussed subject, but here we are going beyond the most popular topics and centering and raising the voices of Senegalese girls and women. Come with us. You'll never be the same again.

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# Section 2.2: Better Together- Creating Alternative Settings to Reduce Conflict Among Youth in Lebanon

This case story illustrates community psychology in action within the region of Lebanon, where a collaborative partnership worked to create alternative settings for youth to reduce conflict.

## The Big Picture



Image above is a family in Lebanon with a Lebanese soldier and an internal security guard in the background.

Community psychology in action can be seen through program implementation by Non-Governmental Organizations (NGOs – Nonprofits) and Civil Society in much of the international community. There are two main broad subcategories of NGOs: Humanitarian Aid and International Development. Humanitarian Aid responds to an incident or event (e.g., conflict, natural disaster, poverty, or mass human displacement) and focuses on short-term disaster relief and meeting the immediate needs of the impacted communities. However, these services often take much longer periods than expected due to systemic dysfunctions. International Development programs, on the other hand, respond to long-term systematic problems and focus mainly on economic, social, and political development. It does so through human rights, diplomacy, and advocacy programs; as well as, economic, infrastructure, and capacity development. Both fields, along with others, often are implemented interchangeably and are impacted by and impact local realities.

Lebanon, for example, experienced an influx of Syrian refugees (a quarter of the population) due to the ongoing 2011 Syria conflict. As a result, the country also experienced an influx of International Non-Governmental Organizations (INGO) and Humanitarian Aid funding to support the refugee population. The situation eventually increased tension between host communities and refugees, and between different Lebanese sectarian groups, which can be attributed to the following factors shown below:

### Factors Increasing Tensions

- Lebanon is a country of multiple minority groups with a fragile socio-politico-economic system and power-dynamics that can be impacted by minimal demographic changes.
- Lebanon has a history of long-term mass resettlement (e.g., Armenian, Palestinian, and Iraqi).
- Lebanon came out of a gruesome 15-year civil war, which involved local and external forces (Lebanese, Palestinian, Syrian, and Israeli), ending in 1990, with two occupations. After the end of the Israeli (2000) and Syrian (2005) occupations the country was left even more divided, polarized, and with increased corruption, creating the perfect environment for foreign influence (e.g., US-Saudi Arabia vs Iran-Syria).
- Much of the population still has resentment and ongoing fear from the Syrian occupation and influence, which was displaced towards the Syrian refugees.
- The Lebanese economy was impacted by the regional situation and tension, which also led to the increase of unemployment and poverty. Thus, creating more sectarian divide and resentment towards the refugees, which were seen as getting unlimited aid and taking Lebanese jobs.

- The Sectarian system and political elite has been threatened by secular civil society movements, which led to the increase of the sectarian and xenophobic rhetoric; and
- The international community preferred to fund initiatives to support the refugees in Lebanon, Turkey, and Jordan, while restricting their movement to Europe and other neighboring and western countries.

Taking this overview and factors together, this case study will focus on a 2014 project that I (author Ramy Barhouche) worked on, to empower Syrian and Lebanese youth, reduce prejudice and discrimination, and create a culture of dialogue, collaboration, and conflict transformation.

## Community Assets/Needs

In the business development process of the project proposal, no formal community assets/needs assessments were conducted. Instead, a brief literature review of past reports, projects, and context were conducted to better understand the situation and needs. In addition, the proposal was developed in consultancy/collaboration with local partners.

We found that youth and young adults in Lebanon have been facing a high level of unemployment. Thus we determined there was a need for capacity development to support prospective job seeking. In addition, we identified a growing market for the arts/entertainment field with little to no opportunities to further develop certain skills. Importantly, there was a rise of tension, prejudice, and discrimination, as mentioned above. As a result, the project team, through local partners, reached out to youth and young adults between the age of 15 to 25, from multiple socio-economic backgrounds (e.g., nationality: Lebanese, Syrian, Palestinian; Religion: Muslim, Christian, Druze; and economic class). With these factors in mind, the project was then designed to: (1) empower youth and adults, (2) develop skills that can be used in future careers, (3) reduce tension in certain areas, (4) reduce prejudice towards Syrian and Palestinian refugees, and (5) develop professional, interpersonal and collaborative relations between participants and their communities.

- Empower youth and young adults
- Develop skills that can be used in their prospective professional career in arts and entertainment (e.g., acting, drawing, filming/audio-visual, singing/playing instruments)
- Reduce tension in certain areas
- Reduce prejudice towards Syrian and Palestinian refugees
- Develop professional, interpersonal and collaborative relations between the participants (directly) and their communities (indirectly).

Some of the participants had previous experience with the designated arts (i.e. acting, drawing, filming/audio-visual, singing/playing instruments), while others had interest but never had the opportunity to be exposed to them. The project hired Lebanese, Syrian, and Palestinian coaches/artists to mentor the participants. The project also asked some of the more experienced participants (active volunteers in local organizations and those with experience in the arts) to act as peer mentors.

## Collaborative Partners




SEQ Figure * ARABIC 1: Map of Lebanon – Two red stars pointing to the areas of the project implementation (Bekaa in orange and South in yellow). Source: Maps.com

The project team included a project coordinator, a project associate, and a monitoring and evaluation coordinator from the lead partner, as well as, the coaches and the implementing

partners' teams. We worked with two main local partners that were well established in the South and the Bekaa areas. Their relationship with the communities allowed us to better understand the local context and gaps/needs, reach out to Syrian and Lebanese youth and their parents, and recruit interested participants. The partners were part of the strategy team and were also responsible for the local implementation, support, and follow-up with community members, and logistics. The coaches and the coaches-artists came from Lebanese, Syrian, and Palestinian backgrounds and were responsible for teaching and mentoring participants in the four arts/entertainment skills: acting, drawing, filming/audio-visual, singing/playing instruments.

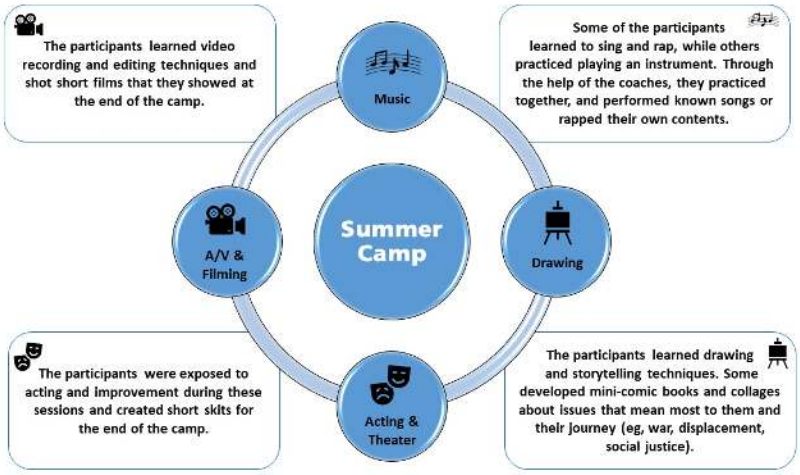
### Description of the Project

With the foundation in place, the project was set to begin. The following discussion describes the components of the project:

## The Summer Camp

Participants were invited to a one-week summer camp in each of the two areas. On the first day, the participants went through orientation and were matched with youth from different communities, and then were assigned separate tents. The sessions began the next day, and 100% of the participants went to all art sessions to explore and decide which to focus on. The sessions had a theoretical and practical aspect. Figure 1 below shows the model used for the summer camp.

**Figure 1: Summer Camp Model**




Model of summer camp components shown in a cyclical process leading to the summer camp in the center. Components included: Music, Audio-Visual & Filming, Drawing, and Acting & Theater.

The participants also went through several sessions that focused on social capital and conflict transformation. They were exposed to activities related to the topics, and then had a chance to discuss and reflect on these issues, while linking them to their life experiences, which included narratives on Identity and Perception and Perspective shown below:

**Identity - Reflections and discussion included:**

- The complexity of identity and its multi-layered nature.
- The fluidity of identity and the inherited vs acquired aspects of it.
- The commonality of identity with those we view as the other vs the indifference that we might experience with those closest to us.

| Perception and Perspective - Activities to further explore this topic, and build on the reflections from identity included: | |
|---|---|
| Leadership | We reflected and discussed what it means to be a leader, in relation to the other, to our communityes, and to the self. We also further discussed what are the ideal characteristics of a leader. |
| Conflict transformation and common ground approach | We reflected and discussed positions vs. interests vs. needs, dignity, empathy, active listening, and practiced conflict transformation. |

The project team also provided individual psycho-social support with a relational needs approach[1]. The participants shared things related to their struggles as refugees, family, relationships, life, as well as to issues that arose because of the camp. We also made sure to address every conflict that arose during the camp and had sessions with the individuals and/or groups that were involved in them. At the end of the day, the team also conducted debrief sessions for the participants and the project team (organizers + coaches) to reflect and assess the day and discuss possible changes.

## After the Camp

A similar model was implemented the remainder of the year, where participants met regularly and continued their sessions while collaborating together to develop their art and content. After the year ended, they presented their work to their communities.

The following year, new participants were recruited, while some of the previous ones were asked to be peer mentors for the incoming ones. Meanwhile, the project included a monitoring and evaluation aspect that recorded all the progress of the participants, activities, and impact.

### Outcomes and Impacts

We began seeing signs of possible reduced prejudice by the end of camp. This assumption was determined from the following observation:

- During the first two days of the camp, the participants had avoided hanging or socializing with people outside of their in-groups.
- We began seeing a shift on the third day. where people from different backgrounds (nationality and class) began spending time with each other. By the end of the camp several youth had plans together outside of the project context.

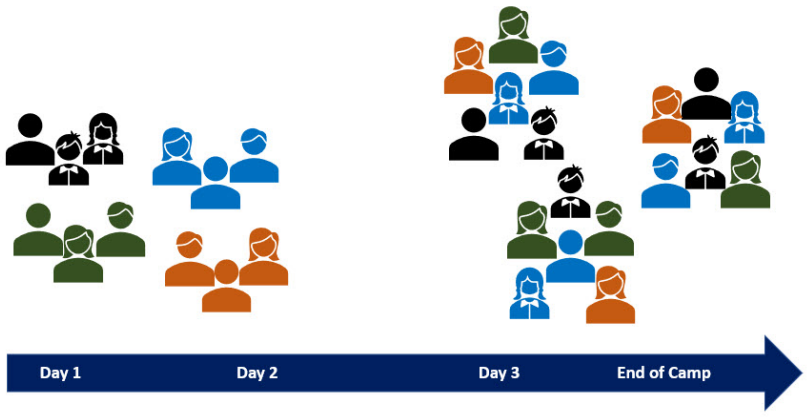



Figure above show outcomes and impact by the use of small images depicting people.

The participants continued building their relationships throughout the year, where they continued meeting regularly for the sessions and collaborating. They also continued meeting outside of the project context, even after it ended. The information about ongoing relationships is based on their social media accounts, as many followed the project team and stayed in touch. This is significant to us because many youths initially reported not having any friends or romantic relationships outside of their socio-economic background. Some of the participants today still collaborate on art and entertainment projects, while others took an NGO and civil

society path. The participants have been actively involved with issues related to social justice, human rights, and anti-racism and gender equality campaigns.

Little impact was noticed within local communities or nationally. During the events held at the end of the project, some of the participants' family members stated that their views changed due to their children's relationships with others. However, no long-term or in-depth follow-up has been made for clearer results. In fact, in the following years, sectarian and xenophobic rhetoric increased, likely due to multiple reasons. At the time of this case story, we do not have the data at hand that sheds light on the reasons. However, as shared in the Lessons Learned and Recommendations section, moving forward, a summative evaluation on long-term changes should, if possible, be included in the program design.

## Lessons Learned and Recommendations

The programmatic components of the project had some observed successes with the youth. The process allowed the participants to feel heard and be open to the experiences of others. Meanwhile, they were guided through the process and given tools to explore their realities and emotional well-being. Through the reflection sessions, the youth discussed topics related to their personal, relational, and systematic struggles and possible ways to overcome them and collaborate. This process was extremely important to provide the youth with some tools to further explore their perspectives, build relations with the other, and seek alternative options.

> *It seems that the project did a good job with relational-based changes, however, with little to no evidence of systematically impacting local communities or nationally.*

Importantly, it must be noted the project did not apply a multi-dimensional lens, especially when it came to policy and systematic change, and power dynamics. Rather, the project mainly focused on discrimination prevention and reduction, and cohesive living through interpersonal relationship building (e.g., conflict transformation) skills. This approach comes with the assumption that if the right tools are given to individuals and community members, they do learn to transform conflict and collaborate to achieve common interests. That perspective might work if ideal conditions are in place, however, unfortunately, there are too many factors at play that hinder such ideals. That was seen on several occasions in Lebanon.

The NGO I (Ramy) worked with had several projects running simultaneously, some worked with the community as a whole and municipalities, while others focused on youth, women, police, and/or refugees. We began seeing more leniency and openness towards Syrian refugees and collaboration with some of the communities we were working with. However, the sectarian and xenophobic rhetoric rose again due to the socio-politico-economic situation in the country and the region. This was especially seen with the rise of unemployment, decreased sense of security, and during political and economic crises. Further, with the recent rise of secular/social justice movements and revolution threatening the sectarian political elite and system, the bigoted and fear-based rhetoric has become more of a norm. Thus, working in the field came with limitations due to realities outside of the project team's control. However, programming and organizational structure and process could be accommodated to better meet the needs of the communities, despite these circumstances.

Creating alternative and preventative settings needs long-term planning and multi-level and multi-dimensional collaborations. However, this is extremely challenging to do with the structure of industrial non-profits/NGOs and the current socio-politico-economic systems in place. Challenges include: (1) limited grants for projects, (2) difficulty in conducting long-term need and asset assessments, and (3) not having the appropriate systems in place.

- Grant-based projects often come in a pilot format and are rarely funded for more than one year.
- This makes it difficult to conduct long-term need and asset assessments to plan for long-term programming and impact.
- This points to not having the appropriate systems in place to conduct long-term follow-up evaluations.

Additionally, it leaves NGOs in a constant cycle of seeking and applying for funding, which takes up much of their focus. At the same time, this forces the organizations in adapting and adjusting their program objectives and proposals to attract grantmakers and increase their likelihood of receiving grants. In addition, the bureaucratic structure of

NGOs often forces program teams to focus on administrational tasks and reporting, leaving less time to focus on the programs and communities' needs.

The overall budget and two-year duration of the 'Better Together' project helped some with implementation and allowed for more support. The project team included a project coordinator, a project associate, and a monitoring and evaluation coordinator from the lead partner, as well as, the coaches and the implementing partners' teams. However, their capacity was spread thin, due to most people working on several other projects at the same time. Furthermore, there were challenges with the partnership's distribution of tasks and communication, which created several obstacles along the way. Thus, more relationship building, clearer tasks, and conflict resolution processes are needed to be further developed and agreed on prior to the project.

Moreover, grants often come with predetermined objectives, agendas, and/or restrictions that better meet the interests of the international donors (e.g., governmental agencies, INGOs, foundations). The donor determines where and whom to work with or exclude and the structure and limitations of the program. Consequently, this restricts freedom for truly meeting the communities' needs, sincerely taking into consideration local knowledge and lived experience, and is a form of imposing soft-power (neo-colonialism) on the country; which creates a vicious cycle. For example, for much of the duration of the war, European and U.S. donors rarely diplomatically attempted or funded peace initiatives in Syria, due to their opposition to the Assad Syrian regime and the complexity of the conflict. Rather, they focused their funding relief programs in host countries, such as Lebanon, Turkey, and Jordan. This funding later included more social cohesion and international development programs, as the war continued for years.

Looking deeper into the context, the situation in Syria and the region was caused by multiple factors, from foreign interference (geopolitics) to internal injustice, and water drought (climate change). Similarly, regional instability can be traced to the involvement of the U.S. and allies in the middle east long before the current Syria conflict. Their actions facilitated the creation of many extremist groups such as ISIS, which prolonged the Syria conflict. The same regime that the U.S. and allies oppose today, was endorsed to occupy Lebanon in the early 1990s because the regime supported their efforts against Saddam Hussein during the first gulf war. The Syrian Regime, in turn, used intelligence, brutal force, and collaboration with/overseeing Lebanese public agencies/government to control and oppress the people. This dynamic also created more division (Sunni vs Shia)[3] and more corruption in the country. Thus, much of the Lebanese were traumatized by a 15-year sectarian civil war, two occupations, and a corrupt system that did not allow the country to sustainably grow. In turn that trauma and anger were displaced toward the other and those most vulnerable, other sectarian groups and Syrian refugees.

Thus, the donors and countries that are trying to support and fund international development, are the same ones that had a hand in creating the current conditions that led to conflict and division in the region. When we discuss issues surrounding social justice and community psychology we should include geopolitics, coloniality, and global power dynamics. Coloniality in the Middle East takes multiple forms. Sometimes it looks Euro-U.S., while other times it takes the face of regional powers (i.e., Iran, Russia/USSR, Egypt, Israel, Saudi Arabia).

Other times it takes an ideological form (e.g., religion, pan-Arabism, communism, capitalism). This cycle often creates more local divisions and injustices. The reason this narrative regarding historical context is included is that to better support and collaborate with communities, we need to understand their context, history, struggles, and needs. While on the project in this case study, we barely had the chance to do so; and that seems to be indicative of most NGOs.

> *It is unfortunate that foreign aid and international development funding often serve the interests of those in power.*

Although the funding is needed to support those lacking resources and the means to support each other, the funding often acts as a band-aid rather than a transformative solution. Other recommendations include thinking through how to design and implement preventative programming, along with the creation of alternative-based NGO structures that include multidimensional community and participatory-based programming. This programming should include process and relational-based aspects, as well as policy and systemic advocacy and change, in addition to communication and outreach aspects. This would include, human rights and social justice, education, investing in local economies, and long-term local and regional stability initiatives. It is also important to monitor and evaluate these efforts before, during, and after their implementation for learning opportunities.

## Looking Forward

I (Ramy) decided to move away from the NGO and nonprofit field for the time being. I am continuing my higher education earning my Ph.D. in Community Psychology. My applied research interests focus on social movements, power dynamics, social transformation, and decoloniality. I will be working in communities in Lebanon and North America, with a multi-disciplinary, decolonial, intersectionality, non-binary, and non-hierarchal approach.

## Conclusion

Community psychology practice is integrated into four levels in this case study. The objective of the project was to create alternative and preventive settings that would reduce discrimination and prejudice, and develop collaborative living and conflict transformation. The project used a process-based relational approach, which was important to begin the conversation and develop the relationships for collaboration. Lastly, the program exposed participants to new perspectives, many of whom sought roles and activism opportunities related to social justice, gender equality, LGBTQ+ rights, as well as entertainment and arts.

However, it was important that the project did not include a policy, systemic, and advocacy-based approach. If included, this could have created tension with the local and/or national government, according to the NGO's perspective. In addition, the project raised the team's awareness of local contexts, but not international power dynamics or the structure of the nonprofit field. Therefore, this case study highlights the impact and the need for critical applied research of the impact and structure of NGOs, funders, geopolitics, and systemic change.

### From Theory to Practice Reflections and Questions

- The case study shared that the summer camp participants engaged in training sessions covering the topics of social capital and conflict transformation (Barhouche, 2021). What does social capital mean for you and how would you cultivate it?
- Why does funding that NGOs or nonprofit organizations in the U.S., receive sometimes create a "band-aid" approach versus accomplishing true individual, family or community healing and change?
- Consider what, if anything, you would have done differently when trying to support the reduction of conflict, tension, and highly prejudice bigotry in the context of the Lebanese refugee community? If you would have done something different, what resources would be needed to make that happen?

## Endnotes

[1] An approach that is based on the premise that everyone has relational needs (acceptance, approval, affection, appreciation, attention, respect, security, comfort, support, encouragement). Those needs can only be met by having an interdependent community, and with the golden rule of "treating others as they like to be treated". Link: https://www.relationalcare.org/

[2] Pettigrew, T. F. (1998). Intergroup contact theory. *Annual Review of Psychology, 49*, 65–85. https://doi.org/0066-4308/98

[3] Lebanon has a confessional democratic system that represents the sects/religious groups in the country. The situation has often created fluctuating power dynamics and alliances that have been used by geopolitical powers for their benefit. Traditionally the Sunni Muslims have been the main power in the Middle East for centuries, with Shia, Christians, Alawites, Jews, and other minority groups being treated as second class. The situation changed with the creation of Lebanon, moving the leadership to the Christian Maronites, which created tension between them and the Sunni and Druze, which traditionally ruled the Lebanon region, and eventually led to the 1975 civil war. The Ta'if Agreement ended the civil war, by redistributing power which allowed the rise to the

Sunni and Shia leadership, and weakening the Maronite leadership and role in the government. The Sunni leadership was supported by Saudi Arabia (Sunni) and the US, while the Shia leadership was supported by Syria's Assad regime (Alawite Muslim) and Iran (Shia). Thus, this situation created more rivalry and division.

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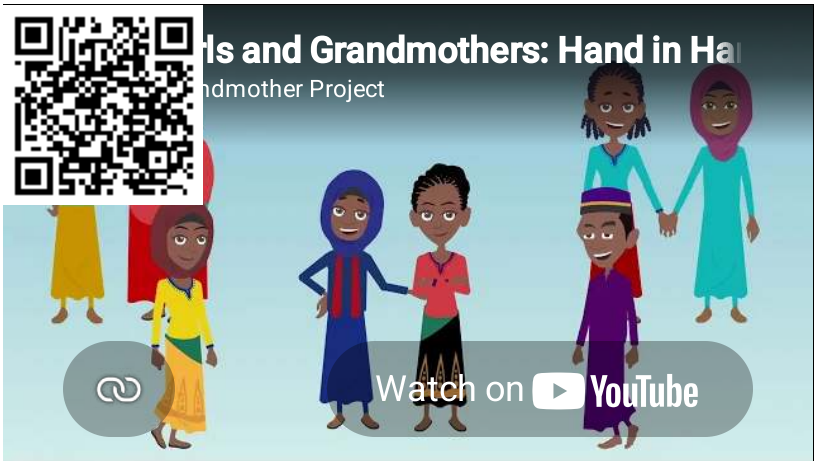
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# Section 2.3: Promoting Community-Driven Change in Family and Community Systems to Support Girls' Holistic Development in Senegal

This case study takes a look at an innovative intergenerational approach to promoting girls' rights and development in Senegal.

## The Big Picture

This is the story of the Girls' Holistic Development Program designed and implemented by the non-profit organization, Grandmother Project – Change through Culture, in Southern Senegal starting in 2010 and evaluated on several occasions by outside researchers. The case study describes this innovative program, the results, and the lessons learned that are relevant to other African contexts, and to other collectivist cultures in the Global South or Global North. This author is the co-founder and Executive Director of the Grandmother Project initiative.




### The Grandmother Project's Mission

> *…is to improve the health and well-being of women, children, and families*
>
> *in countries in the Global South, by empowering communities to drive their own development*
>
> *by building on their own experience, resources, and cultural realities.*

### Senegal Community Context




Senegal. Encyclopædia Britannica, Inc. (Map of Senegal and surrounding areas on the continent of Africa.)

The American and Senegalese non-profit organization Grandmother Project – Change through Culture (GMP) works mainly in Senegal, on the west coast of Africa. GMP's work is in southern Senegal, a rural area where farming and cattle raising are the main economic activities. This area is severely economically challenged and one of high migration of men to the capital city and in some

cases to Europe. The quality of health services and of schools is generally poor. Only very young, inexperienced health workers and teachers tend to work in this area that is a 10-hour drive from the capital, Dakar. Only about 5% of all teachers in the area are women. Very few communities have electricity which makes evening studying very difficult even for very motivated students.

More than 95% of Senegalese people are Muslim. People's lives are influenced by Muslim and African values that include respect for elders, solidarity, generosity, and interdependency. While western societies value individual rights and achievement, African cultures are built on collectivist, or relational, values and accord greater importance to interdependency and support of group values and achievement than to autonomy and individual accomplishment.

Like other African countries, in Senegal families and communities are organized hierarchically with men having more power and influence than women and with elders having authority over younger family members. The role of elders is to transmit cultural and religious values to younger generations. An often heard saying in Senegal, and across Africa, says, "What an elder can see sitting on the ground, a young person cannot see even if she/he is on the top of a tree".



Image depicts African proverb: "what an elder can see sitting on the ground, a young person cannot see even if he/she is on the top of the tree"

Intergenerational relationships were traditionally very strong, however, nowadays, in many cases, they are strained by a breakdown in communication between elders, parents, and children. The lives of Senegalese people are very much influenced by non-western, collectivist values, many of which differ markedly from those of western societies. In the Velingara area in Senegal where GMP is working, extended families predominate, and multi-generational decision-making and caregiving of younger family members are prevalent.

Growing up in this context is full of challenges, especially for girls. Some deep-seated social norms greatly limit their opportunities for growth and development. Most families prioritize boys' education over that of girls, and early marriage of girls, sometimes as young as 12, is prevalent, often with families playing a major role in identifying a spouse for their young daughters. For girls who stay in school beyond puberty, teen pregnancy is another very problematic phenomenon.

Female genital mutilation (FGM) is practiced by some ethnic groups in Senegal. A study in 1988 by the Environmental Development Action in the Third World (ENDA) revealed that approximately 20 percent of the female population had undergone an FGM procedure (para. 2). Other estimates suggest the figure is between 5 and 20 percent. Among the Halpularen (Peul and Toucouleur) populations in rural areas of eastern and southern Senegal DHS statistics from 2017 indicate that 50% of women age 15 to 45 underwent the practice. These figures refer to the total population, not the Halpulotas practice.

## Background of the Girls' Holistic Development Program in Senegal

At the outset, the international non-profit organization World Vision asked the Grandmother's Project to develop a strategy to specifically address female genital mutilation (FGM) in the Velingara area of Senegal. The World Vision Director told me (Dr. Aubel) that their earlier efforts discourage the practice using traditional health talks had not been effective and they wondered if involving the grandmothers participating in our programs might be a good way to address the issue. I (Dr. Aubel) told them that FGM is a very complex issue and that there are no simple strategies to promote the abandonment of this harmful practice and I proposed an initial Preparatory Phase composed of two activities to understand communities' attitudes toward the practice, and then three additional components: Implementation and Learning Phase, Program Evaluation Phase, and Development of Lessons Learned for a total of four components. This process, was carried out over a 12-year period as an iterative action learning process.

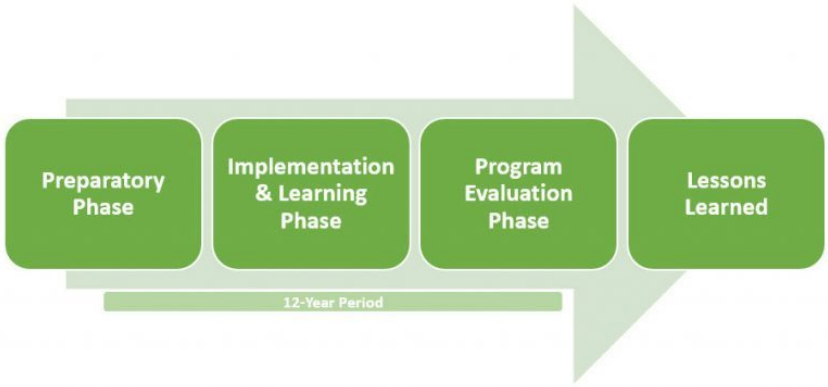



Image shows through an arrow pointed to the right indicating process, the following phases: Preparatory Phase, Implementation and Learning Phase, Program Evaluation Phase, and Development of Lessons Learned.

## Preparatory Phase

To develop the Girls' Holistic Development Program, the two initial activities under the proposed Preparatory Phrase were: a *participatory* and *rapid qualitative* assessment and a series of dialogue forums to discuss the results of the assessment with community actors.

### Participatory and Rapid Qualitative Assessment



Image of a group of grandmothers sitting in front of a hut in Senegal and participating in an exercise of the roles of different family members in FGM.

As it is important to foster an environment where community members are viewed as the experts of the situation in their own communities. The initial assessment sought to first, understand families' priorities and concerns regarding girls' education and upbringing; and second, to understand the attitudes, roles, and experiences of community members and of health and development workers related to FGM. This assessment was conducted by the author (Dr. Aubel) in conjunction with members of the Grandmother Project Team. A participatory approach was used consisting of small in-depth group interviews with traditional community male leaders, religious leaders, grandmothers, men, women, local authorities, health workers, and other Non-Government Organizations' (NGO) staff working in the area.

The rapid qualitative assessment provided critical information on the attitudes of both community and health and development workers toward FGM. However, of greater significance was the information that revealed community members' concerns regarding the education and upbringing of children, and specifically of girls. Three main themes emerged from the interview data related to families' concerns regarding 1) the breakdown in communication between elders, parents, and children; 2) the resulting decrease in transmission of moral, cultural, and religious values and traditions to children, e.g. showing respect for elders and story-telling; and 3) families' concerns regarding children's attitudes and behavior that conflict with priority family and cultural values.

> *"We should go back to our roots. We need to recognize what is positive within our culture and hold on to it jealously."*

***Demba, NGO community development worker***

> *"If we lose our cultural values, we will be forced to replace them with other people's values."*
>
> ***Abdoulaye, Teacher***

These insights into community members' concerns regarding children's education and development were critical in subsequently developing an intervention that would respond to their concerns while at the same time catalyze reflection on an issue that we viewed as a problem, but that they did not.

### Series of Forum-Dialogues



A group discussion between older and younger adults during a community forum dialogue.

The second activity in the Preparatory Phase consisted of forum dialogues held in four communities. Each forum involved 25 participants, male and female elders and parents, many of whom were community leaders. The objectives of the forums were: to share the results of the community study; to elicit dialogue on how cultural values and traditions being lost could be revitalized in families and communities to ensure the development and well-being of children, and specifically of girls, and to identify strategies to promote discussion of FGM in communities. Based on participatory adult education principles, the team developed a training design for the forums to encourage open discussion related to these objectives recognizing that FGM had never before been discussed in a public setting.

In Africa, community resistance to many social programs is engendered by the fact that they are critical of and aim to change certain ingrained cultural norms and practices. A fundamental principle that shaped the forums and subsequently the entire GHD program, is the idea that programs that promote change in certain harmful traditions, e.g. FGM, should simultaneously promote positive cultural values and traditions.

A key idea that shaped the discussions during these initial forums was a profound statement by Amadou Hampâté Ba, a Malian philosopher (1901-2002), a member of the same Halpular ethnic group as forum participants.

> *"Become rooted in yourselves. Preserve positive traditional values and let the abusive customs disappear."*

He studied for many years in France and upon his return home, in a letter to African youth he urged them to "Become rooted in yourselves. Preserve positive traditional values and let the abusive customs disappear". This important quote by a respected Malian intellectual was used in the forums to catalyze community reflection on the relevance of different cultural values and traditions for today's children.

The forum dialogues consisted of two days of discussions, often based on small group exercises. The first day dealt with communities' expectations and concerns regarding girls' education and development and the second day focused on FGM and community ideas on how to catalyze discussion of this issue within the wider community. On both days, community members formulated recommendations for actions to be taken by families, community leaders, teachers, and NGO partners.

Feedback from forum participants in all four sites was similar and very positive. Many participants expressed appreciation for the respectful way in which culture was addressed and for the non-directive approach used which, they said, contrasts with the directive techniques often used by other NGOs.

> *"The approach is very good because the discussion took place in the cultural context and was based on the idea of promoting what is good and discouraging what is negative. In the past, development workers would come only to criticize our traditions and propose strange ideas. You have begun by appreciating what exists in our tradition and not criticizing it directly."*
>
> ***Bassirou, Community Health Volunteer***

> *"Even though we didn't go to school, we understood everything, we shared our knowledge and everyone appreciated our ideas."*
>
> ***Fatamata, Grandmother Leader***

Traditionally in community meetings, there was no open communication between men and women. The inclusive nature of the forums, with men and women of different ages and statuses within the community, was appreciated by almost all community members. However, a few of the elders said that they felt uncomfortable being in the same meeting with people much younger than themselves.

> *"There is often a constraint in community discussions because different categories of community members do not openly speak up. It is good to bring together men and women of different social classes and ages so that everyone can learn from each other."*
>
> ***Mballo, Former National Parliamentarian***

> *"In other workshops, we grandmothers were criticized for our traditional ideas. That's why, before coming, we were afraid. But we are happy that we could contribute to the discussion without being criticized."*
>
> ***Oumou, Grandmother Leader***



Image of grandmothers, and girls standing in front of a hut. They are wearing Senegal typical clothing.

During the forums, there was much discussion on the central role of grandmothers in families and specifically in the lives of girls. Participants stated that any efforts to promote the well-being of girls and to discourage FGM should involve grandmothers first because they are responsible for preserving cultural norms and second because they have a close relationship with the cutters and hence, they have the greatest possibility of discouraging them from continuing this practice.

The combined results of the initial community assessment and forum dialogues provided substantive insight into communities' priorities and concerns regarding the development and upbringing of children, especially of girls, and specific information on community views on FGM. Based on these results, as well as key principles from community development, adult education, anthropology, and community psychology, the GMP team identified a set of concepts and priorities that informed the design of the GHD intervention. These objectives included:

- to promote multiple facets of girls' development related to positive cultural values and traditions, not only FGM, in order to increase both program relevance to communities and their involvement;
- to address both community and NGO concerns related to GHD;
- to promote positive cultural values and traditions while discouraging harmful ones;
- to relate program goals and activities to religious values and to include religious leaders;
- to build on existing community resources, or assets, in terms of experience, knowledge, and influential roles of community actors;
- to actively involve elders, including traditional and religious leaders on an ongoing basis;
- to strengthen communication between the generations e.g. elders, parents, and adolescents, and between men and women;
- to acknowledge and strengthen the role of grandmothers in families and communities as key transmitters of cultural values and as allies of young girls;
- to strengthen relationships between girls, mothers, and grandmothers;
- to strengthen the skills and commitment of community leaders, both male and female, and of three generations, to work collectively to promote positive change for girls in their communities;
- to use participatory adult learning approaches that catalyze reflection and community consensus-building for change.

Another critical factor related to the interface between the GHD program and communities was the development of respectful and ongoing relationships between GHD staff and community leaders and groups. Understanding of and sensitivity to local cultural values and traditions, and humility, were key parameters for the selection of DHF staff. In African societies, positive relationships are the basis for all interaction and collaboration.

Conceptually the GHD program draws on several disciplines namely, community psychology (especially the work of Foster-Fishman et al., 2007; Trickett et al., 2011; Hawe et al., 2009; Schensul & Trickett, 2009; O'Donnell & Tharp, 2011; Zimmerman et al., 2011); community development (especially Lasker & Weiss, 2003; Chaskin et al., 2001; Hughes et al., 2005); anthropology (Airhihenbuwa, 1995); adult education (Freire, 1972; Brookfield, 1984; White, 1999) and social work (Hartman & Laird, 1983).

### Partnership with the Ministry of Education (MOE)

The GHD program is implemented in close collaboration with the District Education Office in Velingara. All of GMP's objectives are related to priority concerns of the MOE related to children's education and development, and specifically, that of girls, concerning girls' education, child marriage, and teen pregnancy. GMP's long-term objective is for the MOE to integrate the GHD intergenerational and grandmother-inclusive approach into their programs with communities.

## Implementation of the Girls' Holistic Development Program

### A Holistic Approach for Systemic Change

### GHD Model

The first funding for GHD came from World Vision and their initial concern was only FGM. However, based on the insights obtained during the Preparatory Phase regarding community concerns and priorities we proposed an approach to address girls' needs holistically. The GHD circle, which has been widely used with communities, teachers and partner organizations, presents the key facets of girls' development that are important to local communities, namely: moral, cultural, intellectual, spiritual, emotional, health, physical, and civic responsibility. Unfortunately, many national and international programs in support of girls ignore some other aspects of girls' development that communities value related to their moral, spiritual and cultural development.

### Program Goal and Objectives

The goal of the GHD program is to strengthen community capacity to promote girls' health and well-being, with two general objectives:

1. To strengthen communication and social cohesion within communities and families in order to promote systemic change in harmful social norms related to girls education, child marriage, FGM, teen pregnancy and FGM; and to
2. To promote positive cultural roles, values, and practices that contribute to girls' development and upbringing.

Implementation of the GHD program began in 2008 in the Velingara area in southern Senegal and has evolved over the past 12 years through iterative action research and learning process. It has involved testing, evaluation, revision, and expansion of the program in response to strong support and input from communities and local elected officials.

### Holistic Focus on Girls' Rights and Needs

Many international programs to improve the lives of girls address the four priority GHD issues (see objective no. 1 above), all widespread problems across Africa. The predominant pattern in such programs is to target girls, either primarily or solely, in a linear fashion based on the assumption that if they are empowered they will be able to catalyze change in families and communities. From the perspective of both anthropology and community psychology, in African societies, girls are embedded in family, community, and cultural systems, as visualized in the Onion Model (Aubel & Rychtarik, 2015). And those systems impose expectations on girls while at the same time providing them with critical support as they grow up and are faced with life's challenges.

The Onion Model (Figure II) presents key facets of the context in which Senegalese girls are embedded and have several implications for the design of programs to support them: adolescent girls are not isolated and rarely make decisions on their own; various family members are involved in decisions affecting their wellbeing and options in life; grandmothers play a central role in the socialization of young girls, and grandmothers typically have more influence on men's decision-making within the family than do mothers of young girls.

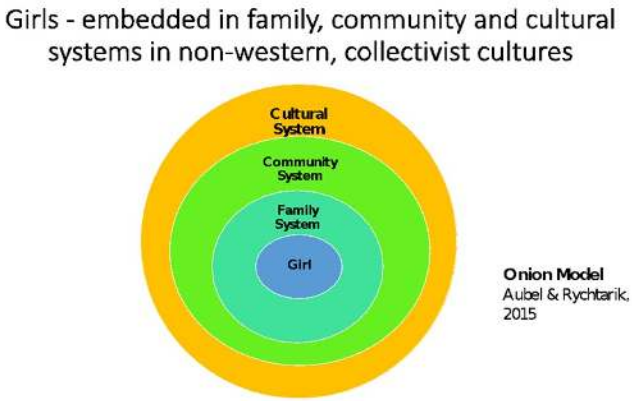



Figure 2: The ecological onion model above show the three systems impacting girls in Senegal. The model clearly suggests that in order to promote change for girls, key family and community actors must be involved.

GHD aims to create an *enabling environment* around girls so that they can flourish. This is achieved by directly supporting girls while at the same time encouraging community-wide consensus building for the adoption of social norms and attitudes that are more supportive of girls. This two-pronged strategy is presented in the simplified *Theory of Change* in Diagram I below.

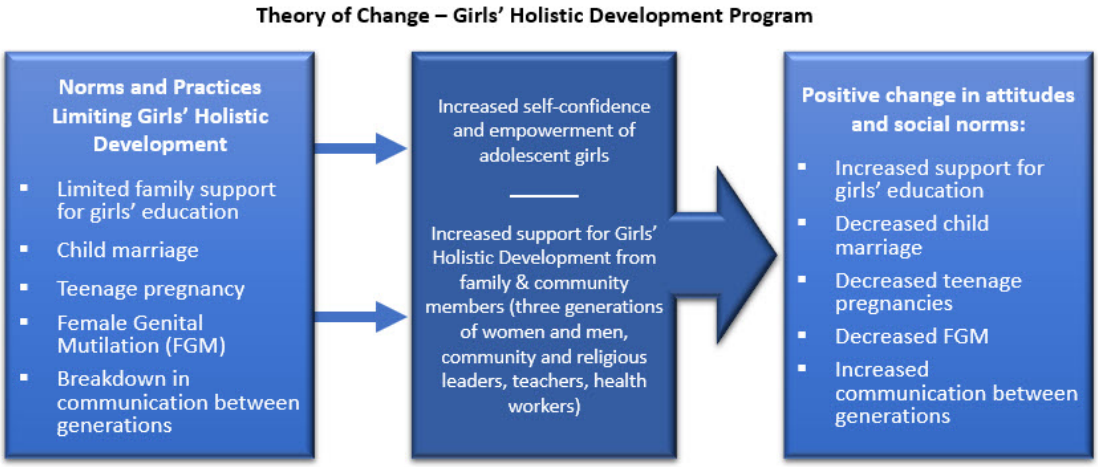



Diagram I above shows a flow process and the progression of the Girls' Holistic Development Program based on the "theory of change".

## Building Communication Relationships

To promote community-wide change, key community actors must be involved. Also, strong communication relationships between them are the foundation for open dialogue and reflection on existing social norms and on alternative concepts and practices. In the initial assessment and forum dialogues, community members discussed the serious breakdown in communication between generations that exists in virtually all communities.

The following quote from a community elder illustrates the importance of communication relationships and the situation that existed in many communities at the outset.

> *"Communication is the foundation of life for any group. Without communication and understanding, there will never be any development. Many interventions failed in our communities because there was not enough dialogue and understanding between people. As long as there is a conflict or the absence of communication, the community will not progress."*
>
> ***Diallo, Community Headman***

## Involvement of Community Leaders

A prerequisite for the success of any effort to improve community life is the existence of committed leadership, strong relationships between leaders and other community members, and a sense of solidarity often referred to as social cohesion. In light of the role and influence of both formal and informal community leaders, the GHD activities primarily target leaders of three generations (elders, adults, and adolescents), male and female, as well as recognized traditional leaders.

## Building on Cultural and Religious Roles and Values



Oustav Balde, a key resource for the GHD program.

In all communities, there are leaders whose roles are determined by cultural and religious values and structures, and they have moral authority and influence on the attitudes of other community members. In the Velingara area, more than 98% of the population is Muslim. Traditional leaders and local Imams share responsibility for ensuring the well-being of their communities. In each community where the GHD program was launched, the GMP team first identified and established rapport with local formal and informal leaders.

A very erudite and respected imam, Oustaz Balde (in the photo on left ), has been a key resource for the GHD program. He has participated in many key activities and he is able to articulate the need to create a bridge between "traditional" cultural and religious values and more "modern" ideas related to various aspects of GHD including girls' education and FGM.

> *"Through a participatory approach that encouraged communication between people, the GHD program has reinforced the sense of celebration among community members and acceptance of those with different opinions. Before, there was a real breakdown in communication between neighbors, within families, and between generations. GHD has encouraged introspection and self-critique. It seems that GHD has brought about an incredible reconciliation between the generations who now accept each other, understand each other, and are more tolerant of each other."*
>
> ***Oustaz Balde, Imam, Velingara***

## Program Components

## Change through Culture Process of Change

For designing any community change strategy there are two fundamental concepts, iterated in both community psychology and community development regarding the importance of *building social cohesion within communities* and specifically between community leaders and groups; and adopting an *asset-based approach* in which existing social resources, e.g. elders, leaders of all ages, are identified and strengthened. In Diagram II below, key elements in the *Change through Culture* process of change are laid out with both of those concepts (in the first column) along with the initial weaknesses in the cultural and community context (second column) identified during the Preparatory Phase.

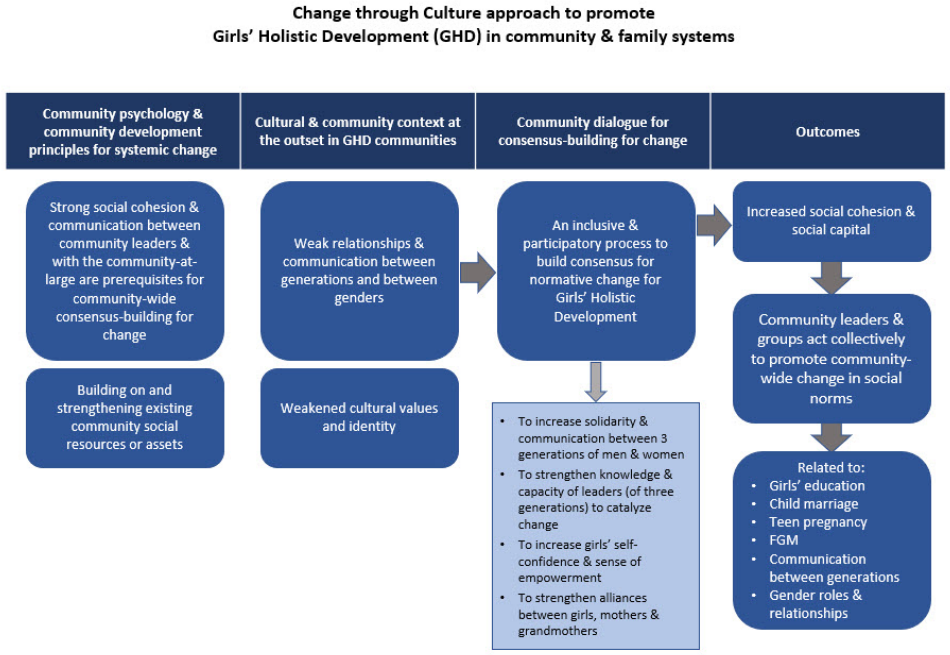



Diagram 2: Illustrates the flow of the *change through culture* approach including key elements related to both of the concepts principles for systemic change (in the first column) and the initial weaknesses in the cultural and community context (second column) identified during the Preparatory Phase.

## Community Dialogue for Consensus-Building for Change

In order to promote community-wide change, a Community Dialogue for Consensus-Building approach was developed to involve various community actors in a series of participatory activities to elicit discussion on different facets of GHD. The objective of these activities was to catalyze dialogue and reflection, primarily between formal and informal leaders of both sexes and of three generations, first, to develop a consensus regarding the need for change, for example, to abandon child marriage, and second, to collectively decide on actions to be taken to promote change in existing norms and practices.

In light of the initially weak communication relationships in all communities where GHD has been introduced, an initial and ongoing priority in the GHD program is to strengthen those relationships in two ways: first, to strengthen existing relationships within communities, for example, between girls and grandmothers, and second, to encourage the creation of new communication relationships for example, between fathers and adolescent daughters. The objective is to create a synergistic effect through discussions of the same GHD issues by different community groups that can lead to a community-wide consensus on actions to be taken to promote GHD.

The core elements of the GHD program are a series of dialogical activities that involve different categories and combinations of community actors, of three generations, of both sexes, traditional and religious leaders, teachers, and local health workers. In all of these activities, grandmothers are key actors. Along with other community members, they participate in dialogue and debate, and their involvement strengthens their capacity and commitment to lead positive change.

**These key activities are briefly described below in terms of its purpose and participants.**

**1) Intergenerational Forums**

This is the foundational activity in GHD. Participants include leaders of both sexes and of 3 generations, traditional and religious leaders, teachers, and local health workers. The two-day forums build solidarity between participants through a series of carefully designed small and large group exercises, all involving dialogue, problem-solving, and consensus-building. Key topics addressed include the 4 priority GHD issues, intergenerational communication, cultural values, and identity.

> *"The intergenerational forums are very important as they help to re-establish dialogue between elders, parents, and youth. In the recent past, elders and adults didn't listen to young people's ideas and underestimated them. Thanks to the forums there is now more communication between older and younger community members."*
>
> ***Grandmother Leader***

> *"The forums have increased women's confidence in themselves. Before, they didn't dare express themselves in front of men. During community meetings, only men were allowed to speak. But now men know that women also have good ideas and encourage them to speak up."*
>
> ***Young mother***

> *"Before there was not enough discussion between men and women in families. It was a problem that separated them and was the root of frequent misunderstandings and arguments. The intergenerational forums have helped to solve this problem."*
>
> ***Young adolescent boy***

> *"We never before had the opportunity to sit all together and discuss like this although it is the best way to promote the development of our community elder leaders"*

**2) Days of Praise of Grandmothers**

The purpose of these events is to celebrate grandmothers' role and commitment to promoting the wellbeing of children, especially girls. Participants in these one-day gatherings include grandmother leaders from 8 surrounding communities, traditional and religious leaders, local musicians, local elected officials, and teachers.

Songs of Praise of Grandmothers are used during these events and provide relaxed interludes of singing and dancing.

These special days of recognition of grandmothers reflect the ideas of psychologist, Carl Rogers, on *Unconditional Positive Regard* (1980). The concept is that when GMs are recognized and their self-confidence is reinforced, they will be more open to revisiting their existing attitudes and practices. The following quotes reflect community attitudes toward these events.

> *"This is a very important day because we are here to honor the grandmothers who are the teachers of young couples and of children. Before this project, the grandmothers were practically dead in the village and now they have been revived. It is since the grandmothers have resumed their role that teen pregnancies have greatly decreased."*
>
> ***Mamadou, Village Elder***

### 3) GM Leadership Training

GMP realized that in all communities there are natural grandmother leaders who are recognized by other community members for their dynamism and selfless commitment to promoting community well-being. Through discussions with grandmother groups, five natural grandmother leaders were identified in each community to participate in the under-the-tree GM Leadership Training. The objectives of the training were to: increase GMs' knowledge of adolescence, improve their communication with girls, and to empower them to act collectively to promote and protect girls, building on their status and authority at family and community levels. The training lasted for 8 days, divided into 4 two-day modules conducted over a period of 6 months.

Four months after the leadership training was completed, individual in-depth interviews were conducted with 40 grandmother leaders to assess the outcomes of the training Analysis of interview responses revealed three key results:

1. Strengthened relationships between grandmothers,
2. Strengthened relationships between girls, mothers, and grandmothers, thereby constituting a source of power and influence to protect and promote girls' rights and well-being in a culturally consonant way, and
3. Strengthened relationships between grandmothers and other influential community actors.



Image of grandmother leaders participating in a learning game dealing with girls' education and development. They are sitting on a mat and wearing typical Sengalese clothing.

> *"Since we participated in the grandmother leadership training, the relationship between us grandmothers has changed. Now there is a permanent dialogue between us. Whenever one person has an idea of what we should do regarding our girls, we get together to discuss. Since the training, the relationships and communication between us have been strengthened".*
>
> ***Grandmother Leader***

> *"Thanks to these training sessions, I have become more confident. I no longer hesitate when there is something that needs to be said or done. I no longer bow my head when speaking before a group of men.*
>
> ***Grandmother Leader***

> *"Before we used to scold our granddaughters all the time and they were rather afraid of us. Through the training, we realized that that is not a good way to communicate with them. Now we talk softly to the young girls and they listen to our advice with regards to sexuality and other things."*

> ***Village headman's wife***

**4) Teacher workshops on "Integrating Positive Cultural Values into Schools" (IPCVS)**

Many families do not have a strong motivation to send their children to school nor to let them stay in school for many years. A major reason for families' reticence is that schools do not teach cultural values that are important to communities. In 2019 one of the priorities defined in the Ministry of Education's five-year plan was to expand the teaching of cultural values in schools. In partnership with the District Education Office in Velingara GMP developed the Integrating Positive Cultural Values (IPCV) into Schools strategy. The initial activity in launching this strategy in schools consists of teacher workshops to increase teachers' commitment to developing children's knowledge of cultural values and traditions, in addition to the "modern" knowledge inscribed in the official curriculum, and to strengthen their relationships with communities. Local education officials are very supportive of this strategy as suggested in the following quote.

> *"These workshops support national priorities to increase children's understanding and adoption of positive cultural values and to strengthen teacher-community relationships and communication".*
>
> ***Amadou Lamine Wade, District Education Office Director***

**5) Grandmother-Teacher Workshops**

Both teachers and grandmothers have frequent contact with and influence on children, and specifically on girls related to their education, child marriage, and teen pregnancy. However, in most communities, direct contact between teachers and grandmothers is very limited, and teachers often have a sense of superiority over illiterate grandmothers while these guardians of tradition suffer from a sense of inferiority toward well-educated teachers. The objective of these workshops is to strengthen relationships between teachers and grandmothers in order to increase their collaboration to promote both the teaching of positive cultural values in schools and in the community and to promote GHD. These innovative workshops are strongly supported by education officials, teachers, and grandmothers.

> *"Teachers alone do not have all of the knowledge that children need to learn. They also need to learn about positive cultural values and behavior. I don't know of anyone else in the community who is more knowledgeable regarding the values that children should acquire. That is what justifies the presence of the grandmothers here today. And increased communication between teachers and grandmothers is very beneficial to children, especially to girls."*
>
> ***Mr. Ba, Supervisor, District Education Office***

> *"We are honored to have been invited to participate in this workshop along with teachers and school directors. We are going to work together with the teachers to encourage all children, those in school and not, to learn the values that are important in our culture."*
>
> ***Maimouna, Grandmother***

An important component of the IPCVS strategy is the participation of grandmothers in classrooms to facilitate value education sessions with children. This further contributes to strengthening relationships between schools and communities.

**6) Under-the-Tree Sessions with Grandmothers, Mothers, and Girls**



Image of a grandmother, sitting with a group of girls to discuss girls lives and challenges.

Building on grandmothers' traditional advisory role with adolescent girls, it is primarily grandmothers and girls who are involved in these sessions, but also mothers. A major activity in GHD is frequent participatory dialogue and learning sessions to strengthen communication between the generations and discussion of topics related to girls' education and development. A variety of activities using stories, songs, games, and discussion pictures are used to elicit dialogue and increase understanding between the generations.

**7) All Women Forums**

An activity that was initiated in 2019, these two-day forums: strengthen communication between girls, mothers, GMs, and female teachers; promote collective empowerment of girls; and catalyze dialogue on concerns to both girls and their mothers and GMs. During these forums, a variety of participatory exercises encourage girls to express their feelings, concerns, and ambitions related to school and life beyond and encourage mothers and grandmothers to listen to, empathize with and encourage girls. This activity aims to strengthen the collective sense of responsibility that mothers and grandmothers have not only for their own daughters but for all girls in their communities.



Photograph of the grandmothers, mothers and girls at the end of a two-day all women's forum.

Below are several comments by adolescent girls who participated in under-the-tree sessions with grandmothers and who also attended the All Women Forums.

> *"There is a change in our relationships with our grandmothers. Before, we preferred to go to dancing parties or to watch television instead of being with them. Now, we spend more time with the grandmothers, listening to their stories that teach us about important values".*
>
> ***Adolescent girl***

> *"We are closer to our grandmothers now. If we have questions related to sexuality we can discuss them with our grandmothers, more easily than with our mothers. Now we are comfortable talking to the grandmothers".*
>
> ***Adolescent girl***

**8) Days of Dialogue and Solidarity**

In all communities where GHD is implemented, elders play an important role in families and communities and they have a big influence on the social norms that define acceptable attitudes related to many aspects of life. Many facets of GHD, e.g. girls' education and FGM, are influenced by the attitudes of the elders, specifically the elder men in each family, traditional community male leaders, Imams, and grandmothers. These are the community actors who are involved in the Days of Dialogue and Solidarity. The purpose of this activity is to elicit reflection by the elders from several adjacent communities on the role that they can play to promote GHD. As with other GHD activities, the idea is to strengthen the knowledge and the role played by existing community actors. In other terms, the elders constitute a community resource, or asset, that can be strengthened to promote the programs' objectives. In each of these events, participants articulate their plans for actions they can take in their respective communities.

> *"This meeting has been very useful because it has allowed us to discuss important issues with others from our same village and with people from other villages. In our community we plan to organize meetings with all generations, to discuss what we can do together to prevent child marriage and FGM."*
>
> ***Moussa, Village Headman***

> *"These meetings are very beneficial because they encourage communication and understanding between us. During this meeting, I realized that FGM is not recommended by Islam. Many Imams were present and none of them support the practice".*
>
> ***Cissé, Grandmother Leader***

Referring back to Figure 3, I think that you can see how the various dialogical activities organized by the GHD Program created a synergy between the different community actors by promoting community-wide discussion of various issues related to GHD.

## GHD Theory of Change and Program Results

At the outset of the GHD Program in 2008, a Theory of Change (TOC) was developed with the GMP team in Senegal. However, during the ten years of development of GHD, there was a conscious effort to encourage a process of continuous learning. To support this learning process, a series of evaluations and studies were conducted by external researchers, in collaboration with GMP staff for two purposes: 1) to understand communities' attitudes and response to the GHD Program, and 2) to identify changes that may have come about as a result of the GHD program. Several external evaluations looked broadly at program results. The additional studies focused on: family decision-making related to child marriage; the process of abandonment of FGM/C in some communities; communication between the generations; changes in gender roles and the status of women; the effects of the grandmother leadership training; and the relationship between the culturally-grounded program and community engagement in it. And in 2019, the Institute of Reproductive Health (IRH) at Georgetown University, in collaboration with the University of Dakar, conducted extensive quantitative and qualitative research to evaluate the results of the GHD program.

Based on the conclusions of the various evaluations and studies, and the GMP team's lived experience with communities carrying out the program, we revised the Theory of Change to reflect what has happened as a result of implementing the program.

Diagram IV (below) synthesizes the relationship between the GHD program and its intermediary and long-term results. We can also refer to this sequence of events as the *pathway to change*.

As the diagram indicates, the implementation of the GHD Program was initiated through the development of respectful relationships between GMP facilitators and community actors. Those relationships were the foundation for a series of dialogical activities addressing GHD. Intermediary results of the GHD Program are observed first, in terms of increased communication and social cohesion between generations and between the sexes. Strengthening those communication relationships supported the subsequent changes at the community level and with schools in support of girls, and of children more broadly. The combination of those changes has supported change within families, related to family roles and communication which ultimately has had a positive impact on girls. These multi-level results are contributing to long-term changes which are taking place related to increased community capacity to collectively promote GHD in an ongoing fashion and changes in social norms to support girls related to their education, marriage, teen pregnancy and FGM/C.

## Georgetown University Evaluation of the GHD Program

The most extensive research on the GHD Program was carried out by the Institute of Reproductive Health (IRH) in the context of the USAID-funded PASSAGES project. Between 2017 and 2019, IRH provided support for several smaller studies (mentioned above) and for the larger Realist Evaluation conducted in collaboration with the University of Cheikh Anta Diop in Senegal. Key conclusions of the two-part IRH research are presented below. They are (1) The GHD program created safe spaces for dialogue and consensus building (2) it provided a space for community discussions, (3) decision making in families and communities became more inclusive and gender equitable, (4) the program reestablished grandmothers as traditional family counselors and advocates for girls in Senegal, (5) relationships between grandmothers and girls was strengthened and girls improved their confidence levels, (6) grandmothers demonstrated more openness and support for girls' education, (7) social changes were visible, and (8) programs should equally focus on family members and communities.

## Key conclusions of the Georgetown University of GMP's Girls Holistic Development Program

- The GHD Program has created safe spaces for dialogue and consensus building between the three generations, e.g., elders, adults and adolescents, as well as between men and women. The inclusive strategy has contributed to increased communication between the sexes and between age groups.
- The dialogue-based approach has provided a platform for the community to discuss norms and practices that are harmful to girls and to identify their own solutions through consensus-building.
- Decision making in families and communities has become more inclusive, more participatory and more gender equitable.
- GHD reestablishes grandmothers as traditional family counselors and advocates for girls. The approach has increased grandmothers' role and power in family decision-making related to all issues concerning girls.
- In GHD-supported communities, relationships between grandmothers and girls have been greatly strengthened and girls have greater self-confidence to discuss and seek grandmothers's advice and support on a variety of issues including sexuality.
- Grandmothers who participated in leadership training demonstrate more open, progressive attitudes and support for girls' education, delayed marriage and pregnancy and abandonment of FGM/C.
- GHD promotes change in culturally embedded social norms and practices related to girls' education, child marriage, extra marital teen pregnancy and female genital mutilation by both empowering girls and creating an enabling environment where family and community actors support change for girls.
- Most programs promoting GHD primarily target girls. Based on the experience of the GHD Programs, interventions that focus more on involving community and family members than adolescent girls can have greater impact on changing norms and behaviors that affect girls.

## Lessons Learned from the Girls' Holistic Development Program

Based on the various studies and experience of the GHD team working in southern Senegal, a number of lessons are identified that have wide application for other programs addressing GHD across Africa and elsewhere in the Global South where societies are hierarchically structured, elders are respected and have influence, and where grandmothers play a role in socializing and supporting adolescent girls.

1. In all African communities, elders have status and power over younger generations and determine the social norms that structure family and community life. When an approach based on respect and dialogue is used, they are not automatically opposed to change.

2. When programs respect and build on cultural and religious roles and values that communities cherish, community actors are more receptive and more engaged. The opposite is also true.
3. In non-western cultural contexts, where extended family networks are stronger, grandmothers play a role in all aspects of the upbringing and development of children, especially girls. Using an assets-based approach, programs should acknowledge and build on this cultural resource.
4. Families are concerned about all facets of girls' upbringing and development. Communities are more receptive to programs that address various facets of girls' development, rather than single-issue strategies.
5. Community involvement in programs is greater when programs supporting girls' development address issues that are of concern to communities in addition to the priority concerns of development organizations.
6. Communication between three generations (elders, adults, and adolescents) should be strengthened in order to promote harmonious change within family and community systems rather than creating conflict between generations with differing opinions.
7. Both formal and informal leaders, of all three generations and both sexes, should be involved in all efforts to promote change in communities. Given their influence with their respective peer groups, they are powerful gatekeepers who can either support or block new ideas and behaviors.
8. Communication and education methods used with community groups should be based on adult education methods which elicit critical reflection among community actors rather than on persuasion and messages disseminated to passive beneficiaries, or audiences, to convince them to adopt expert-identified solutions.
9. Communities are more open and engaged in programs that adopt an asset-based approach where positive roles, values, and practices are encouraged and reinforced while harmful ones are discouraged. This lesson builds on Carl Rogers' concept of Unconditional Positive Regard.
10. In any program, it is important to determine at the outset what the roles and influence are of different family and community actors in order to involve all categories of people who influence or who could influence the issue being addressed.

## Conclusion

The GHD Program was primarily initiated through the development of respectful relationships between GMP facilitators and community actors. These relationships served as a foundation for a series of dialogical activities addressing GHD. Intermediary results of the GHD Program were observed first, in terms of increased communication and social cohesion between generations and between the sexes. This work made us even more aware of an asset- versus deficit-based approach, no matter the context.

### From Theory to Practice Reflections and Questions

- As you think through this case study, identify one or two ways it can be challenging to work alongside different generations of individuals and families.
- We all have differences of opinions and worldviews on social issues facing our world. What are your thoughts on how we advance social and racial justice internationally when worldviews diverge regarding what is culturally appropriate?
- We believe that all work involving social and racial justice should begin with engaging in introspection and self-awareness processes. What are some ways you have engaged in self-reflection concerning working across groups who have different customs and beliefs from your own? Share at least two ways you will do so moving forward.
- The Girls' Holistic Development Program was developed and implemented in Senegal. We believe that the concepts and methods used in Senegal are relevant to other African settings and that many are relevant to other contexts in the non-western world and also to communities in the global north.

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## Note

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# CHAPTER OVERVIEW

## 3: Evaluation Research


Section 3.1: Prelude to Evaluation Research

Section 3.2: Lessons from Conducting an Equity-Focused, Participatory Needs Assessment

Section 3.3: Program Evaluation- A Fundamental Component in Effective Community Practice

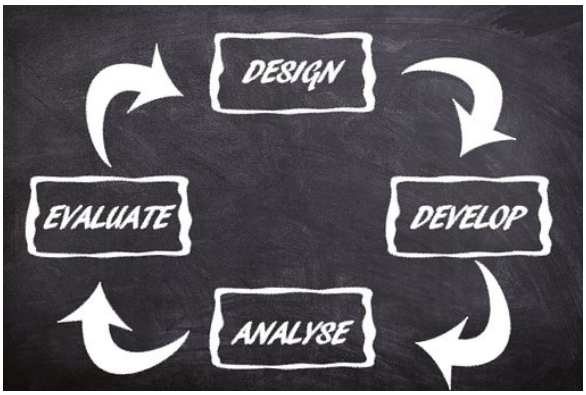
Section 3.4: Showing up and Standing with- An Intersectional Approach to a Participatory Evaluation of a Housing First Program


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# Section 3.1: Prelude to Evaluation Research

?QuestionPro refers to evaluation research, also known as program evaluation, as research purpose instead of a specific method. Evaluation research is the systematic assessment of the worth or merit of time, money, effort and resources spent in order to achieve a goal. Additionally, evaluation research is a type of applied research, and so it is intended to have some real-world effect. Many methods like surveys and experiments can be used to do evaluation research. The process of evaluation research consisting of data analysis and reporting is a rigorous, systematic process that involves collecting data about organizations, processes, projects, services, and/or resources. Evaluation research enhances knowledge and decision-making, and leads to practical applications.




The three case studies found in this section provide real-world evaluation research for you to see how community psychology practitioners conduct this work in community settings. In *Lessons from Conducting an Equity-Focused, Participatory Needs Assessment*, Brown et al. describe their process of engaging in community-based collaborative work with the LGBTQIA community in North Texas with a partnership that consisted of a full-time community psychology practitioner, an academic partner, and other stakeholders.

*Program Evaluation: A Fundamental Component in Effective Community Practice* contributed by Dr. Patricia O'Connor, expands the traditional single-case study format to include multiple mini-case studies from which "lessons learned" are highlighted through evaluation-based practice of community psychology (CP). In this study, CP practitioners and relevant stakeholders who work together to design and implement needed community-based programs.

Our third case story, *Showing up and Standing with: An Intersectional Approach to a Participatory Evaluation of a Housing First Program on O'ahu*, contributed by Dr. Anna Pruitt takes us to the lovely O'ahu and captures the work conducted in an ongoing five-year participatory evaluation partnership between Housing First program participants, staff, and community psychologist evaluators in the multicultural context of the Island of O'ahu in Hawai'i. Using an intersectional lens (Crenshaw, 1989; Weber, 2009), this case study explores the challenges and successes of building this partnership among individuals from diverse racial and ethnic backgrounds with varying degrees of power, housing experiences, and mental and physical health issues.

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# Section 3.2: Lessons from Conducting an Equity-Focused, Participatory Needs Assessment

*This case story focuses on the authors' work to conduct a comprehensive Ryan White HIV/AIDS needs assessment in North Texas. We highlight three key issues from a community psychology perspective.*

## The Big Picture




Image is a "word cloud" or collage with words such as identity, approaches, assessment structural, buy-in, and more.

In the United States, an estimated 1.2 million people are living with the human immunodeficiency virus (HIV). Men who have sex with men (MSM) and bisexual men of color, African American heterosexual women, and Latina heterosexual women continue to be disproportionately impacted by HIV. For thirty years, service organizations funded by the Ryan White HIV/AIDS program have been mandated to conduct comprehensive needs assessments every three years to help planning councils develop and implement strategies to improve access, reduce barriers, and enhance service delivery and satisfaction. This case story focuses on the authors' work to conduct a comprehensive Ryan White HIV/AIDS needs assessment in North Texas. We highlight three key issues from a community psychology perspective.

***First***, in most cases, previous needs assessments have consistently demonstrated needs and barriers influenced by structural or political forces; yet the service landscape largely focuses on first-order strategies whereby individual behaviors, knowledge and attitudes are the target of programs and services.

***Second***, consultants leading previous needs assessments in this community have rarely used participatory approaches which are known to enhance buy-in, trust, and participation, especially among people living with HIV who are further marginalized based on race/ethnicity and/or gender identity.

***Third***, previous needs assessments have failed to incorporate an equity perspective that includes the impact of sexism, homophobia, racism, and intersectionality on prevention and intervention.

### About the Community or Big Picture Concerns

In the United States (U.S), an estimated 1.2 million people are living with the human immunodeficiency virus (HIV). Although overall HIV rates have declined in the U.S., persistent disparities exist based on race/ethnicity, gender and gender identity, and sexual orientation. Black heterosexual women, transgender women of color, and others continue to be disproportionately impacted by HIV. For example, although Black people make up 13% of the U.S. population, 43% of U.S. adults living with HIV are Black

and 42% of new HIV diagnoses are Black people. An estimated 14% of transgender women in the US are estimated to be living with HIV, for Black transgender women, the figure is 44% (Lancet, 2020).

Disparities persist within the HIV care system as well. For example, in the Dallas metropolitan area, 79% of people living with HIV were linked to care after diagnosis in 2018 (Wolfe & Brown, 2020). When disaggregated, fewer Black (76.3%) and Hispanic people (77.8%) were linked to care after diagnosis compared to White people (83.1%). In 2018, 72.9% of people living with HIV were retained in care, but lower retention rates were observed among Black people (68%), youth and young people (ages 13-24; 24-34), and people whose mode of transmission was intravenous drug use (67%). Retention in care is associated with viral suppression (i.e., the amount of HIV in the blood was at a very low level) and is an important determinant of health. Overall, 64% of people living with HIV in the Dallas metropolitan area were virally suppressed in 2018. Black (57%) and Hispanic (64%) were less likely to have viral suppression than White people (72%). Also, compared to men who have sex with men (66%), viral suppression was relatively lower among people whose mode of transmission was intravenous drug use (56%). Youth ages 13-24 (51%) and young adults ages 25-34 (57%) also had lower viral suppression compared to older adults and the overall population (Wolfe & Brown, 2020). Much of these disparities are attributable to system-wide inequities in access to health and behavioral health care (as well as gender-affirming care), housing stability, and economic stability (Lancet, 2020).




Image above medication bottom and pills and the words PrEP for HIV protection

In this work, it is important to recognize that systems of oppression (i.e., racism, classism, transphobia, homophobia) operate in a mutually reinforcing manner to produce inequities in HIV risk, testing, infection, and mortality (McGibbon, 2012; Ford, 2017; Gee & Ford, 2011; Wilson et al., 2016). Structural racism is a system of oppression and is a key driver of persistent poverty or pay inequity, unequal educational attainment, mass incarceration, residential segregation, and housing instability. In the U.S., Black people are less likely to be prescribed pre-exposure prophylaxis (PrEP), less likely to have access to healthcare, and underrepresented in clinical trials. Additionally, healthcare providers are less likely to discuss PrEP with Black patients. In addition, income inequality and socioeconomic deprivation are two key socioeconomic drivers for HIV diagnosis and transmission. The authors of a study (Ransome et al., 2016) found that income inequality and socioeconomic deprivation were associated with higher rates of late HIV diagnosis in unadjusted models. Black racial concentration robustly predicted late HIV diagnosis. Black residential segregation was positively correlated with HIV incidence. The white racial composition was among neighborhoods across quadrants of low-high inequality and HIV, neighborhoods with above 50% black racial concentration were in low inequity-high.

From a societal perspective, people living with HIV systematically experience disparate health and healthcare outcomes depending on their proximity to oppression and privilege (McGibbon, 2012). For example, in the U.S., Black men who have sex with men (MSM) are closer in proximity to systems of oppression based on race compared to white MSM; with white MSM systematically experience better health and health outcomes. Community psychologists have interrogated these systems by examining the historical narratives behind the HIV movement and the crediting of white gay men as the victors of the social and political response to the HIV epidemic (Wilson et al., 2016). Consequently, such narratives fail to acknowledge the diverse and intersectional identities (and experiences) of people living with HIV; and thus, these groups are further marginalized.

For thirty years, service organizations funded by the Ryan White HIV/AIDS program have been mandated to conduct comprehensive needs assessments every three years to help planning councils develop and implement strategies to improve access,

reduce barriers, and enhance service delivery and satisfaction. Eligibility for Ryan White HIV/AIDS Program funding is based in part on the number of confirmed HIV/AIDS cases within a specified metropolitan area, which is characterized by a central urban area surrounded by other urban areas that work together economically or socially. The Dallas eligible metropolitan area includes eight counties with the city of Dallas representing the largest population of people living with diagnosed HIV infection.

The findings from a comprehensive needs assessment also helped to identify and address persistent health disparities in the population. In fact, the Ryan White HIV/AIDS program emphasizes the importance of focusing on high-priority populations, such as Black MSM, heterosexual Black women, and transgender men and women, in the needs assessments.

The needs assessment we describe in this chapter includes a seven-county area, although the largest share of people living with HIV/AIDS (PLWHA) in North Texas reside in only one of the seven counties (Dallas County). This is likely attributable to resource allocation, whereby most of the services and specialized health care are in the City of Dallas, with little or no HIV/AIDS specific services available in the outlying, rural counties. In fact, in 2018, 81% of people living with HIV resided in Dallas County (Wolfe & Brown, 2020). Further, the Pew Research Center found increasing income and racial segregation over the past three decades in the Dallas Metro Area, with most low income, predominantly non-white households located in the southern part of the city of Dallas, particularly south of Interstate 30. Most of the health care and other services for PLWHA are located north of Interstate 30.




https://texasalmanac.com/topics/gove.../dallas-county – Image shows communities around the Dallas, Texas area.

## Background of How We Came to Work with this Community Partner

Prior to receiving the contract to conduct the needs assessment, the community consultant (SMW) and academic partner (KKB), both trained community psychologists, had a history of strong relationships with organizations throughout the Dallas metropolitan area. In particular, the community consultant's company is a woman-owned firm located in the Dallas metropolitan area. For over 10 years, her firm has partnered with organizations and foundations in the area to build their capacity for evaluation, program development, and coalition building. In addition to having conducted resource and needs assessments in other communities, the community consultant had a history working with Dallas County HHS and the Dallas County public hospital system.

In early 2019, Ryan White HIV/AIDS Program (RWHAP) issued a request for proposals (RFP) for their 2019 Comprehensive HIV/AIDS Needs Assessment. After the initial deadline passed with no proposal submissions, the community consultant was informed by a community colleague that the RFP deadline was extended and encouraged her to submit a proposal. The community consultant invited an academic partner (also trained in community psychology) at a local university (KKB) to collaborate and form the evaluation team.

The evaluation team consisted of the:

- community consultant as the lead,

- the academic partner,
- three student assistants (TB, JS, & CJP) who worked as paid project assistants, and
- over 15 trained undergraduate and graduate public health students who assisted with needs assessment data collection and data entry.

### Evaluation Team and Positionality

The **consultant** (SMW) is a white, cisgender, heterosexual woman from a blue-collar, working-class background with a PhD. She has over 35 years of experience working with programs and systems change initiatives that are addressing health, education, and other racial and ethnic disparities. She explicitly recognizes her positionality and privilege as she engages in this work.

The **academic partner** (KKB) is a Black, cisgender, heterosexual woman from a middle-class background. She has a PhD and over 10 years of experience working in diverse community and organizational settings as well as academic expertise in health equity, racial and ethnic health disparities, and women's health.

**TB** is a cis gender, heterosexual Black woman from a lower middle-class background. She has a Master's in Social Work with a concentration in Mental Health and Substance Abuse. Her background includes research surrounding maternal child health and postpartum depression. She also has experience in community health and mental health working with individuals living with HIV/AIDS. She previously served for seven years in the United States Air Force.

**JS** is a Black, heterosexual woman from a working-class background. She is an Air Force Veteran with eight years of exemplary service. Her experience includes qualitative research in maternal and infant health, food deserts, PTSD in low-income communities, and drug and alcohol abuse among veterans that received a dishonorable discharge.

**CJP** is a Black, cisgender, heterosexual man from a middle-class background. He has a Bachelor of Science in Public Health and is currently pursuing his Master's degree in Public Health. He has experience working with different populations including women's health and people living with HIV/AIDS. He also works internationally to help women in Haiti to engage in healthy behavior to prevent pregnancy complications.

### Collaborative Partners and Our Approach to this Work

Dallas County Health and Human Services (DCHHS) Ryan White HIV/AIDS Program and the Ryan White Planning Council (RWPC) commissioned this needs assessment project. Therefore, our evaluation team worked closely with RWPC as its primary collaborative partner, which is a community group consisting of 33 people living with HIV (PLWH), an HIV service provider representative, and other community members. Our evaluation team also worked closely with the RWPC Health Planner (JMH) who shares responsibility with the RWPC to oversee the planning and implementation of the needs assessment. The RWPC's mission is to optimize the health and well-being of people living with HIV/AIDS through coordination, evaluation, and continuous planning to improve the North Texas regional system of medical, supportive, and prevention services. Our evaluation team met on a bi-weekly basis with the RWPC Health Planner and on a routine basis with the RWPC committee members based on their existing meeting schedule. Although not directly involved in the planning, there were also more than 60 individuals (many of whom were PLWH) and HIV health and service organizations in the care continuum who assisted with implementation in many ways including scheduling of data collection activities, serving as points-of-contact for data collection activities, and sharing information about the needs assessment.

Through initial discussions, our evaluation team and the RWPC determined that a participatory evaluation approach, guided by the evaluation team, was most appropriate for this project. A participatory evaluation approach ensures that community partners are involved in a collaborative and meaningful way throughout every phase of the needs assessment. Our evaluation team did discuss the importance of an empowerment approach whereby community members and RWPC members could be trained and take ownership of needs assessment activities. However, the final decision for a participatory approach was made because the amount of time to complete the project was shortened due to system delays, the implications of not meeting the timeline (e.g., loss of federal funding), the RWPC's desire to be engaged in the planning and implementation in such a way that did not exceed their own capacity, and the fact that our evaluation team was hired to ensure the completion of the work as contracted. The RWPC was empowered in that they had the authority to fire us at any time during the process if we did not provide what they needed, and they had oversight authority for our work as well. We discuss the nature of this participatory approach later in this case study (also see Table 2).



https://www.cdc.gov/socialdeterminants/index.htm (Image shows diverse families with respect to ethnicity sitting in a park)

During the process of gathering background information in preparation for this collaborative work, our evaluation team reviewed the comprehensive HIV/AIDS needs assessment reports from the previous cycle (Dallas County Department of Health and Human Services, 2017). We identified three key shortcomings from a community psychology perspective and tailored our approach to addressing them.

***First***, the prior needs assessment failed to incorporate a health equity perspective, which involves understanding and acting on the relationships between social determinants of health, health inequities, and health disparities (or population-based differences in health outcomes). Health equity requires a justice orientation and commitment to addressing avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. Community health needs assessments that lack a health equity perspective can unintentionally increase inequities (which result in greater disparities). Community health needs assessments are used to guide community action; and when the factors that drive inequities are left unacknowledged, this can inadvertently lead to them being unaddressed. Consequently, our evaluation team applied a health equity lens by:

1. supporting honest dialogue with collaborative partners about the community's history and systems of oppression that marginalize various groups of people living with HIV,
2. engaging in informal conversations with marginalized consumers (e.g., Transpeople of color, heterosexual women) to ensure that their voices were included across multiple data sources and the final report, and
3. continuously framing the needs assessment within a health equity lens when engaging in conversations with providers and HIV service organizations.

***Second***, the prior needs assessment failed to frame the identified community assets and needs from an intersectional perspective. An intersectionality perspective holds that people's social and political identities (and the socially constructed meanings tied to those identities) interact to create contextualized experiences of oppression and privilege. This perspective holds that people's intersectional experience is "greater than the sum" of racism, sexism, classism, and other forms of oppression (Crenshaw, 1989). Accordingly, our evaluation team was committed to preparing a report and community presentation that explicitly considered how the lived experiences of people living with HIV is shaped by their proximity to oppression and privilege along the lines of health status, (dis)ability, gender identity, and expression, race, class, sexuality, language and so on. We used the available data to identify and report the varying needs of sub-populations of people living with HIV and provided tailored recommendations for these groups.

For example, we made sure to triangulate focus group data and consumer survey data to create an infographic of perceived assets and needs among the following priority sub-populations:

- Black men who have sex with men,
- cisgender heterosexual Black women,
- Latina/o/x people,
- Transgender people,
- youth and millennials,
- senior adults, and
- rural residents.

This approach was appreciated because early on in the process, we were informed by heterosexual Black women as well as Transgender women and advocates about concerns related to being unheard and overlooked in broader HIV prevention efforts.

***Third***, the prior needs assessment did document service needs and barriers shaped by structural and political factors. However, the discussion of these factors was perfunctory and recommendations focused heavily on first-order rather than second-order

changes. There was also no mention of structural oppression and its contribution to the disparities identified across populations. This is problematic because improvements in HIV prevention and treatment cannot be accomplished by focusing exclusively on the individual level (i.e., providers and consumers). There is a need for more enduring solutions situated in systems and policy. The social-ecological perspective recognizes individuals as embedded within larger social contexts and considers the complex interplay of individual, interpersonal, community, institutional, and societal factors (Bronfenbrenner, 1979; Lewin, 1936; Kelly, 1966). Accordingly, our team applied this perspective to frame the community assets and needs from the needs assessment. This was important because, in the HIV/AIDS health and social service system, the biomedical model of illness remains a predominant paradigm that often reinforces victim-blaming and fails to consider how institutions and systems shape health risk and health behaviors. It was important to our team to apply a social-ecological perspective to help us place more emphasis on the policies and systems beyond the individual that impact people living with HIV. Therefore, during the data analysis and reporting phase, we organized the results regarding assets and needs into three multi-level categories: individual/interpersonal level, socio-economic level, and systems and structural level. We also made sure that our recommendations were organized in this matter to assist the community partners with system-wide action planning.

## Description of Project

At the beginning of August 2019, our evaluation team was awarded the contract to conduct the comprehensive HIV/AIDS Needs Assessment. The project period was August 2019 to January 2020 with the final report due in early February 2020. The image below highlights the report:




The figure above gives title captions for the project, the date of the final report and includes a list of key activities: an epidemiological profile, community survey of people living with HIV, focus group quantitative data, number of key informative interviews, a resource inventory, and a profile of provider capacity and capability.

Based on the scope of work, the project period for the comprehensive needs assessment needed to be at least 15 months. Our evaluation team communicated initial concerns about the timeline and the limitations of completing this amount of work within such a tight timeline. Under different circumstances, we would recommend re-scoping the work; however, our team agreed to take the project on because (1) the RWPC had prior experience and competence in planning and implementing a comprehensive needs

assessment, (2) our evaluation team had the human and material resources needed to accomplish the task, and (3) our participatory approach allowed for diffusion of some planning and implementation activities needed to get the work done.

### Initial Planning Phase

Our first step was to convene the RWPC and other community partners to define roles for the project. During the planning phase of the HIV/AIDS needs assessment, we met with the RWPC, our primary collaborative partners, to identify their needs and assets. Our meetings focused on discussing the following questions: What did you dislike about the product or process of the last needs assessments? What does a successful needs assessment look like? How do you hope to be able to use the information from this needs assessment? What human, technical, or financial resources do you currently have that may help contribute to the success of the needs assessment? What additional human, technical, or financial resources are needed to make this needs assessment successful?

Our biggest surprise during this process was when we learned that the prior consultants, who were located in another state, had relied upon the RWPC and service providers to collect all of the needs assessment data. This included scheduling data collection activities, administering surveys at local sites, conducting the focus groups at sites, manually entering data from paper surveys. This process was problematic because it placed an undue burden on the community partners, which took away time from service and care provision. As we discussed assets and needs amongst ourselves, our evaluation team assured the community partners that our team would handle the 'heavy lifting' with these activities while emphasizing that they could be as involved in the process to the extent that they were able.

Based on discussions around these questions, our evaluation team was able to identify pertinent information about partners' perceived assets and needs which would help inform the planning and implementation of the needs assessment (see Table 1). The benefit of identifying assets and needs among community partners before the start of the needs assessment was that everyone on the team understood the strength that they brought to the team and was clear about what role they had on the project. After these initial discussions, our team drafted a document that outlined each partner's role on the project (see Table 1).

**Table 1. Community Partner Assets and Needs**

| Assets | Needs |
|---|---|
| • The Ryan White program had a community advisory board which consisted of community members living with HIV/AIDS<br>• Ryan White program staff and community advisory board members had strong relationships within the community and among people who were out of care (not receiving HIV/AIDS care or services)<br>• Ryan White program staff and other partners had exisiting relationship with health and social service system prodivder sites where data collection could occur<br>• The Ryan White program had staff availble who could support the coordination of site visits for data collection<br>• The Ryan White Program had a budget and tracking system availble for the discernment of gift cards for participants | • The Ryan White program and stakeholders expressed a need for data collection software and analysis tools<br>• The Ryan White program and stakeholders expressed a need for technical expertise in data collection sampling and analysis<br>• The Ryan White program and stakeholders expressed a need for a needs assessment report that could be used to inform action by stakeholders |

Our community partners, the RWPC and the RWPC Health Planner had prior experience with planning and implementing needs assessments. They developed the survey questions and the focus group questions. Our team worked collaboratively with them to make modifications to the length, added skip-logic instructions, created an online version of the survey, and provided a Spanish version of the instruments and flyers. All final changes to the data collection tool and recruitment material were reviewed and approved by the collaborative partners before data collection started. The implementation of the needs assessment was characterized by our evaluation team and the community partners completing activities in a complementary manner (e.g., RWPC would help schedule and recruit people for focus groups; RWPC partners would provide trusted interpreters for data collection activities) and a collaborative manner (e.g., both RWPC partners and members of our evaluation team would set up at local sites to

recruit for surveys or to conduct focus groups). Although the evaluation team took the lead on data analysis and preparing the report, the RWPC was involved via progress meetings to review the information and provide feedback along the way. Table 2 below provides a breakdown of the roles and responsibilities each of the partners played.

**Table 2. Approach to Key Needs Assessment Activities**

| Key Activities | RWPC Partners | Our Evaluation Team |
|---|---|---|
| Bi-Weekly Meetings and Updates | X | X |
| Develop data collection tools (survey, key informant, focus group questions) and materials | X | X |
| Develop the Epidemiological Profile and Resource Inventory (There were partners who assisted with providing information needed to complete this task) | | X |
| Conduct key informant interviews | | X |
| Disseminate information about needs assessment (e.g., sharing flyers, word-of-mouth, social media posting) | X | X |
| Coordinate incentive distribution (gift cards) | X | |
| Scheduling and Making On-Site Visits for Data Collection | X | X |
| Data entry and management | | X |
| Data cleaning and analysis | | X |
| Report and presentation preparation (including provision of ongoing feedback) | X | X |

During this comprehensive needs assessment, we sought to understand the diverse perspectives within the communities of people living with HIV by working closely with the local Ryan White planning council whose members included consumers. With any needs assessment, prior to starting data collection, it is important to ensure everyone shares common definitions of key terms. In this instance, we needed a clear definition and conceptualization of what we meant by “assets” and “needs.”

## Defining and Conceptualizing Assets and Needs

The field of community psychology emphasizes the importance of adopting an asset-based perspective, which means building on existing skills or resources rather than fixating on community deficits. Accordingly, we were intentional about balancing the discussion of community assets and needs in the HIV/AIDS needs assessment. To ensure a comprehensive understanding of need, our team incorporated Bradshaw’s taxonomy of need [13]. According to this taxonomy, need may be defined based on (1) the extent to which groups within a community meet a standard of health that has been established by experts (normative need), (2) the extent to which one group experiences a greater health burden compared to another group within a community (comparative need), (3) the extent to which groups within a community use (or do not use) available services or programs (expressed need), and (4) the explicit input from groups in the community who have a related lived experience (perceived need). For the HIV/AIDS needs assessment, our team collected a variety of primary and secondary data sources to capture the community assets and needs (see Table 3).

**Table 3. Data Sources and Strategies**

| Data Source | Strategy |
|---|---|
| Assets/Strength | Our team conducted a survey of Ryan White funded and non-Ryna White funded organizations to identify the scope of availble services and capacity. We also conducted key informant interviews with Ryan White funded providers to gather additional information. |
| Normative Need | Our team used epidemiologic data collected from the department of state health services, the U.S. Census Bureau, the Centers for Disease Control and Prevention, and other official data sources to identify trends in HIV infection and mortality, and other health status indicators. |
| Comparative Need | Our team used epidemiologic and demographic data collected from the Texas Department of State Health Services, the U.S. Census Bureau, the Centers for Disease Control and Prevention, and other official data sources to identitfy disparities in HIV infection, mortaility, modes of transmission, and other health status indicators.<br>Our team conducted focus groups to gather additional information about groups that experienced a greater health burden compared to other groups within the community. |
| Expressed Need | Our team used epidemiologi and demographic data collected from the department of state health services to examine trends related to the number of people living with HIV/AIDS who were linked to care after diagnosis and were retained in medical care.<br>Our tean used survey data collected to understand what services consumer reported using. |
| Perceived Need | Our team used survey data collected from HIV/AIDS service providers to identify provider-reported needs sucha as barriers to successful linkages to care, and prevention challenges.<br>Our team used targeted focus groups and survey data collected from people living with HIV to service utilization patterns, perceptions of most important services. |

## Conducting a Consumer Survey

The consumer survey was designed to collect information about socio-demographics, health history, medical care, health behaviors, intimate relationships, use of prevention and intervention services, and barriers to services. A cover sheet explained the purpose of the survey, risks and benefits, planned data uses, and consent.

We calculated the sample size based on the current total HIV prevalence for the Dallas Eligible Metropolitan Area (2018), with a 95% confidence interval at a 5% margin of error. Eligibility criteria included individuals who were age 18 years or older, live in one of the Dallas EMA/HSDA counties, were diagnosed with HIV and/or AIDS, and have not already completed the survey. Efforts were taken to over-sample in rural locations, youth (via social media), and those out-of-care. However, the two-month timeframe for data collection presented a key challenge.

We administered consumer surveys at pre-scheduled sessions at Ryan White HIV/AIDS Program provider sites, housing facilities, and specific community locations and organizations. Staff contacts at each location were responsible for session promotion and participant recruitment. Out-of-care consumers were recruited through flyers, word-of-mouth, social media, and staff promotion. Surveys were self-administered in English and Spanish, with staff and interns available for verbal interviewing for individuals who needed assistance. There were also bilingual staff and/or interns who provided verbal interviewing when needed. Members of the evaluation team and RWPC administered surveys asked each survey participant if they would prefer to have the questions read to

them or to complete the survey on their own. This ensured that individuals with literacy challenges or visual impairments would be able to participate without having to disclose their disabilities. In fact, during data collection, there were many instances of our teams assisting consumers with their surveys in this manner. Our evaluation team consisted of individuals who were fluent in English, Spanish, and French, and French-Creole. Participation was voluntary, anonymous, and monetarily incentivized ($15); and respondents were advised of these conditions verbally and in writing. Most surveys were completed in 20 to 30 minutes. Surveys were received on-site by trained staff, interns, and the evaluation team for completion and translation of written comments. Completed surveys were logged into a centralized survey database. Online survey participants were provided with an auto-generated unique code at the end of the completed survey. Participants were instructed to contact the Ryan White Planning Council Health Planner to provide the code and arrange a time to retrieve their gift cards.

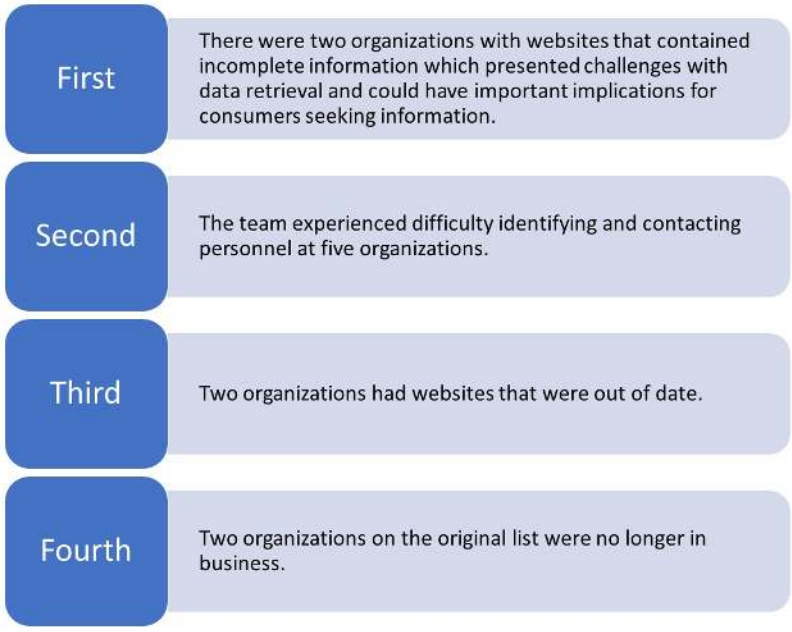
In total, 421 consumer surveys were collected from December 2019 to January 2020 during 10 sessions at six survey sites (including one rural location and one housing facility). The final sample size was 392 after eliminating ineligible cases.

A major limitation was that we used a convenience sampling strategy, rather than random sampling, for this portion of the needs assessment. As a result, the majority of the sample represents PLWHA in urban settings (Dallas County) and in care receiving Ryan White Program services. This sample is less representative of youth (18 to 24-year-olds), transgender women and men, heterosexual women, individuals experiencing homelessness, and individuals living in rural settings. A longer project timeline would have allowed the team to overcome these challenges. For example, our team had on-site visits in several rural communities where we would spend several hours set up to recruit individuals. But, those facilities had so few walk-in consumers that more visits would have been needed to recruit enough people from those communities.

### Creating an Inventory of HIV Service Providers and Assessing Service Capacity

To conduct the inventory of HIV service providers, the evaluation team trained a group of five graduate public health students to generate a resource inventory of agencies serving people living with HIV and/or AIDS without Ryan White HIV/AIDS Program funding. These students were required to engage in this project for their graduate course and were able to fulfill their course requirements by completing this project. Using the resource inventory template, students performed internet searches and made phone calls to organizations to verify key information. The student team used a snowball sampling technique to identify additional organizations.

There were **four** key challenges during data collection: (1) two organizations with websites that contained incomplete information, (2) difficulty identifying and contacting personnel at five organizations, (3) two organizations had websites that were out of date, and (4) two organizations on the original list were no longer in business. The image below highlights these challenges.




Highlighted in the figure above are four challenges that surfaced during project implementation.

The Ryan White Planning Council Health Planner provided the evaluation team with a list of nine organizations funded by the Ryan White HIV/AIDS Program along with contact information. The Ryan White HIV Service Provider Capacity Survey was administered to these nine organizations. Eight of the nine organizations (88%) completed the survey. Once data collection was complete, services information from the non-Ryan White funded organizations was combined with services information obtained from the provider capacity survey.

The evaluation team experienced some challenges with obtaining responses from providers. It is possible that the nature of some of the questions (e.g., number of unduplicated clients served by service type) posed a challenge for respondents which delayed survey completion. Additionally, it is possible that some providers interpreted certain questions differently than others. For the next administration of the survey, the evaluation team will address survey question specificity and clarity. Also, the evaluation team used the provider capacity survey from previous years. This version of the survey does not capture detailed information about service capacity. Therefore, steps will be taken to ensure that the survey is designed to address this topic.

### Key Informant Surveys

The Key Informant Surveys were conducted by the community consultant. The RWPC provided the community consultant with a list of organizations, contact names, and contact information for individuals who play a key role in the development and provision of services to PLWHA in the Dallas EMA. Organizations represented housing services, health care services, mental health services, children's health services, consumers, policy and advocacy services, transgender services, and other service providers serving PLWHA in the Dallas EMA. Nineteen respondents served Dallas County and one respondent served a rural area.

Email invitations were sent to individuals from 27 different organizations requesting their participation. Recipients were asked to click on a link to Sign-Up Genius to select a date and time slot to schedule their interview. Follow-up invitations were sent to non-respondents after the sign-up deadline passed. Twenty-three individuals responded and signed up to be interviewed. One individual was unable to participate at her designated time due to an unforeseen event; one had to cancel because of a conflict and did not reschedule, and another did not show at the scheduled time. The final number of interviews was 20 key informants.

The interview was conducted using a semi-structured interview protocol via Zoom conferencing technology on the computer or telephone. All Key Informants agreed to have their interviews recorded. Interviews averaged one hour. Three interviewees were unable to complete the entire interview because of scheduling conflicts or other time limitations.

We also prepared the focus group and key informant interview protocols using questions that were developed by the RWPC. Our goal was to ensure that we answered the questions they needed to be answered and obtained the information they needed for

planning.

### Consumer Focus Groups

We conducted 12 in-depth focus groups with various groups including transgender individuals, youth (18-24), Black heterosexual women, aging MSM, MSM of color, and Latina/o/x people to gain an understanding of their experiences and worldviews. A major gap in previous work has been a lack of participatory approaches, insufficient attention to African American and Latina heterosexual women and transgender individuals. For example, there are strong sentiments among African American women against being categorized as "women of color". Also, transgender individuals, especially transgender people of color, can be especially marginalized within the LGBTQIA+ community. Our partners provided an interpreter for the groups with Latina/o/x people since many spoke Spanish as their first or primary language. At the time this needs assessment was conducted, a number of Black transgender women had been murdered in this community, and therefore safety was a concern. Our team honored the need expressed by the Black transgender community to protect itself from the threats of structural violence and accepted that we would not be able to recruit many Black transgender women for focus groups. Although not a planned data collection strategy, our team did have informal conversations with some transgender women of color and advocates for the transgender community informally in an effort to capture their voices in this process. This reality illustrates how systems of oppression shape marginalized communities' feelings of safety and ability to share their voices on matters that directly impact them.

To demonstrate respect for this community we were careful about language and dynamics within the community of PLWHA. We made sure to listen carefully to program staff and consumers about the language and focus that they desired for this needs assessment. Most importantly, we did not go in using our Dr. titles, nor did we position ourselves as "experts." We conducted focus groups at sites chosen by the group and at times that were most convenient for them, mostly during the evenings. Our partners provided snacks or meals (depending on the timing and the group) and we stayed to socialize when the group invited us.

Five of the focus groups were conducted by the Care Coordination Ad Hoc Committee or a researcher from the local public hospital system before the consultants were retained and the remaining seven focus groups were conducted by our team. All focus groups used a standard, semi-structured protocol. Eleven of the 12 focus groups were recorded. Participants were asked if they consented to record and one participant in one group asked that the focus group not be recorded. Participants were asked to sign an informed consent form and each participant received a gift card as compensation for their time and input. All focus groups were arranged by the RWPC in collaboration with service providers.

As mentioned earlier, one of the focus groups consisted of transgender men and women. The team member who facilitated the group was a heterosexual, white woman in her 60's. The facilitator built trust and comfort in several ways.

***First***, the group was arranged by a trusted health care provider in a space that was familiar to the group.

***Second***, the facilitator arrived early which offered an opportunity to engage in casual conversations with participants who arrived early. One was a transgender woman of a similar age, well-known and respected within the community, who had been an activist for the transgender community for many years. The facilitator enjoyed an opportunity to hear of the history of activism and the methods that had been employed, in addition to the rich stories that were shared. By the time the remaining three participants arrived, she had built rapport and trust with this key individual.

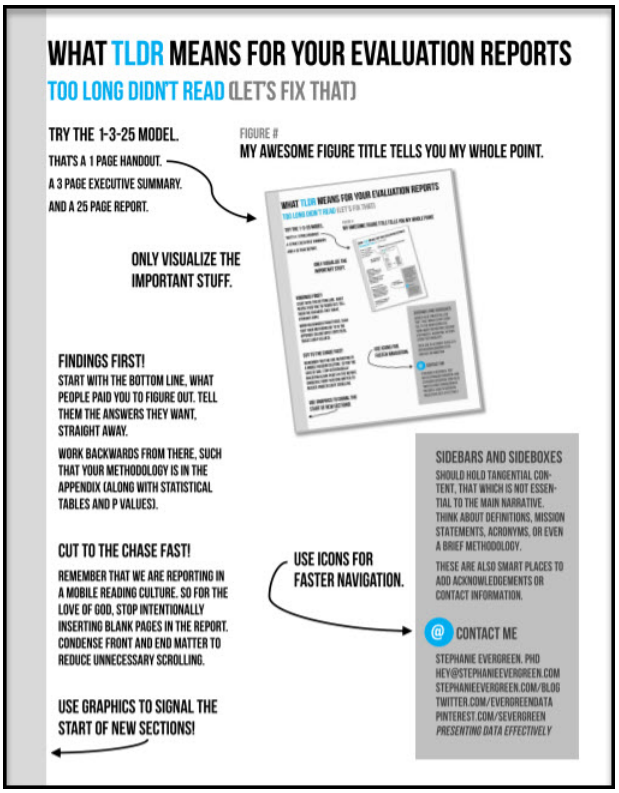
***Third***, the facilitator had many years of experience conducting such groups and interviewing individuals that were different than herself. She has developed the ability to listen carefully and a level of comfort with difficult conversations.

When the focus group was completed, she shared a meal with the participants and continued with more casual and social conversations about topics such as hobbies, jobs, and food.

## Outcomes or Impact

Despite the challenges encountered during this needs assessment, we were able to successfully complete it on time. In alignment with our focus on health equity, we wanted to ensure that the needs assessment results were presented in a manner that was equitable so that anyone from the general community could consume the information. We accomplished this by delivering a user-focused needs assessment report that was informed by design best practices. During early conversations, our collaborative partners expressed their desire for a report that was easy to understand and navigate; and one that could be used to effectively inform action. Our team studied prior HIV/AIDS needs assessments completed by different consultants and reviewed examples from other

communities. Our team initially planned to apply Stephanie Evergreen's 1-3-25 reporting model wherein reports consist of a one-page handout, a three-page executive summary, a 25-page report, and appendices that include more detailed information (i.e., description of the methodology, larger tables, and figures, etc.). While our team was unable to limit the report to 25-pages, we did limit it to 80 pages (162 pages including references and appendices). This was in stark contrast to prior needs assessments which had page counts that ranged from 300 to 400 pages in total.




We also divided the 80 pages into sections using additional design principles to facilitate easier reading and navigation. For example, we color coded sections so that headings, icons, and graphs within each section were the same color. We minimized text to the extent possible and used visual representations such as infographics and graphs wherever possible. We de-cluttered graphs as much as possible so results from quantitative data were easily digested. We also used data visualization design principles to create and present a presentation to community members. We created a presentation that showed easily interpreted graphs and key findings.

Finally, a student member of our team was producing Infographics to share with community members, but this work was disrupted when the student contracted COVID-19 and her recovery period went beyond the time period for this project. However, as of January 2021, our team is working to complete the infographics in collaboration with the RWPC partners.

The COVID-19 pandemic significantly disrupted action planning and community engagement activities based on the needs assessment. At this point, we are not able to necessarily assess the longer-term impact of the needs assessment. However, as of March 2021, the RWPC is preparing to engage in data-driven action planning using the data and recommendations provided in the needs assessment report. Also, our team has maintained a relationship with the RWPC partners through ongoing communication, and hopefully, partnership in future needs assessment cycles.

The key findings and conclusions presented in this needs assessment were written to guide solutions targeting structural change and to address disparities at a systemic level. We described needs in a way that put the onus on the health care and service providers to make changes to improve access and availability, as well as to decrease stigma within healthcare systems and communities and to reduce other systemic barriers. We avoided describing our findings in ways that would suggest individual-focused interventions such as educating the PLWHA or changing their behaviors in some ways.

In terms of intermediate impacts, the needs assessment was effective to identify key findings that will help to guide further system-wide action planning. More information about the needs assessment is publicly available (Wolfe & Brown, 2020), we will share that the needs assessment did reveal the following key findings:

| Key Findings | | |
|---|---|---|
| While HIV/AIDS rates were declining in the *larger Dallas eligible metropolitan area*, the following are rates of new diagnosis. | | |
| **Living with HIV**<br>Black people<br>**OVER**<br>**5x**<br>White people | Youth (ages 13 to 24)<br>Young people (ages 25-34)<br>**HIGHER**<br>**vs**<br>Other age groups | **11%**<br>Live at or below federal poverty level<br>**72%**<br>Living with HIV use Ryan White services live at or below federal poverty level |
| The most common mode of transmission was through men who have sex with men, followed by heterosexual sex, and with intravenous transmission remaining steady. In sum, the needs assessment data **highlighted racial, economic, age, and other disparities**. | | |
|  | There was a lack of data available on how many HIV-positive transgender individuals were living in the community, whether they were aware or using Ryan White services, and whether those services met their needs. Based on focus groups with transgender individuals, there were barriers related to a lack of data fields to document transgender individuals as well as limited providers that provide preventive and specialized care specifically for transgender individuals. | |
| **Identified Consumer-reported Barriers** | ▪ Stigma<br>▪ System-level issues (more likely to report):<br>• amount of time it takes to get linked to care<br>• paperwork burden<br>• appointment wait times<br>• lack of flexible hours<br>• lack of clinic options with holistic care approaches (rather than treating only HIV)<br>• lack of staff with cultural or linguistic competency, and geographic barriers related to transportation (urban and rural areas)<br>• scarcity of services in suburban and rural areas<br>▪ Consumers also reported having higher order needs such as housing instability, unresolved trauma (mental health service needs) and transportation. | |
| **Identified Care Retention Efforts** | Needed to be tailored for:<br>▪ Black people living with HIV<br>▪ Youth and millennials<br>▪ People who inject drugs<br>▪ Latina/o/x people | |
| **21**<br>**Organizations**<br>Provided a spectrum of HIV-related services | Those funded by Ryan White provided:<br>• more flexible hours,<br>• extensive language services,<br>• diverse payment options,<br>• and services for youth<br>compared to those without Ryan White funding. | **1**<br>**Organization**<br>Provided language interpretation services |
| **These results suggest that the Ryan White program support to organizations plays a crucial role in the provision of accessible and quality services.** | | |

The table above shows key findings of the project. They range from numeric data to qualitative data.

## Lessons Learned

It is important to recognize that when community organizations such as local health departments commission the funding for projects they determine the timelines, plans, and resources. The Community Psychologist has to adhere to the designated timelines, resources, and plans. Our case study of this work has broader implications that can advance interdisciplinary work in community psychology and public health. Based on our work, we recommend that community psychologists conducting needs assessments (or other community-based evaluative work) advocate for longer timeframes if possible, to employ participatory and empowerment approaches and to build trusting relationships. There is a responsibility to educate communities about the time and resources that may be needed to undertake such work in a way that is truly inclusive.




Image by Dirk Wouters from Pixabay (Image shows a diagram of three components of evaluations: time, cost and quality.

The needs assessment covered a vast target area—much of it rural and without many resources or other centralized organizations where the target populations would be found. Additional time was needed to develop strategies and identify avenues to reach more PLWHA in the rural areas via surveys and focus groups.

It is also important to go beyond singular categories and recognize the role intersectionality impacts on needs and incorporate it into the data collection plan. As an example, if we had simply looked at males as a group, we would have missed all the unique needs of gay Black males, gay and straight Hispanic males, transgender individuals, and adolescent males.

We recognized the importance of acknowledging our own positionality as PhDs. The education level of our partners and the focal population varied widely. Even though the members of the RWPC had the authority to delegate responsibilities and even fire us, we still need to acknowledge the perception of the “expert” power we hold in this society. Additionally, the consultant is white. In the past, we relied on being “culturally competent” and more recently on exercising “cultural humility,” and this is insufficient. As a white heterosexual woman working in LGBTQIA+ communities of color and Black communities, deep reflection and additional work was required. This includes developing a deep understanding of concepts that include white privilege and white fragility, heterosexual privilege, anti-racism, and the impact colonization practices have had on different communities. It also requires ongoing, consistent reflection of what this means, and how, as a white person, the consultant may be (even unintentionally) upholding systemic racism and supporting oppressive systems. Most importantly, it requires recognition that this learning and reflection isn’t one-and-done. It is ongoing and must be persistent as no matter how “woke” we may be, we are all capable of saying or supporting racism, heterosexism, and other forms of oppression. We need to be ready to be called out, and when we are, acknowledge what we have said or done.

We also learned about the need to engage with and be present in the focal communities. This includes a need to spend more time in rural, outlying communities where LGBTQIA+ and HIV-positive individuals who need Ryan White services are not easily identified. There was little information obtained from six of the seven counties for this needs assessment. We were unsure whether it was because most of those who are affected by HIV or HIV positive reside in urban areas that are closer to services, or if the individuals are residing in rural areas, but remain hidden because of the stigma of HIV or being LGBTQIA+.

## Recommendations

Be ready to start where the community is and adjust expectations to what is, not what should be in an ideal world. This project had a limited timeline which required our team to be less participative than desirable. We did not have time to pilot instruments and test strategies and had to hit the ground running with what we had. The budget was also limited which required that we find the best way to stretch the resources that were available.

Work with partners to teach them how they can get better results by engaging the consultant earlier. Spent time clearly defining roles and responsibilities. Provide partners with adequate resources so they are not overly burdened by adding needs assessment tasks to their already busy schedules.

Partner with community members and community-based organizations to reach populations that may be otherwise inaccessible. Consider the role of intersectionality when you are thinking of the different populations you need to reach. We found substantial

differences between White and Black gay men and Black men and women in regard to needs and accessibility of assets, demonstrating that identifying by a single category will yield insufficient and potentially misleading results.

Ensure there are resources for translation services for surveys and to conduct focus groups and interviews. The prior needs assessment consumer survey was translated by a Spanish-speaking staff member at one of the partner organizations. RWPC members reported that it had not worked well because the individual had translated using a local dialect rather than a universally understood standard Spanish language. It is important when selecting translation services that they are professional services with linguistic and cultural translation expertise.

## Needs and Resources as Participatory Research Projects

Community needs and resources assessments have many uses across community psychology practice. They are frequently requirements of funders and the Affordable Care Act and produce information that is useful for planning and writing grant applications. They are also useful for identifying policy needs and developing policies to meet them. By focusing on disparities and inequity, they can also support anti-racism and racial justice initiatives. Community psychologists are specifically skilled at participatory methods. The participatory process ensures higher quality results. Consumers know how to best reach the focal population, can provide endorsements that help to build trust, and provide expert advice for everything from what questions to ask to how to word the questions so they are understandable.

This, and the majority of needs and resource assessments require interaction with multiple races, ethnicities, and cultures. Cultural humility ensures that questions are appropriate to the focal population; that participants are not subjected to macroaggressions and other discomfort or potentially traumatizing treatment; and that results are interpreted accurately. Additionally, community psychologists must be ready and willing to serve as advocates by consistently identifying and calling out racism, homophobia, coloniality, and other behaviors and practices that support oppressive structures. Doing so requires prior introspection and acknowledgment of their own positionality.

## Looking Forward

In summary, needs and resources such as the one presented here present opportunities for community psychologists to conduct meaningful work that has potential for impact. The data gathered will be used as the basis for planning services in this community for PLWHA for the next three years while ensuring that the needs of specific groups are considered. We recommended that the RWPC retain a consultant and begin the work at least a year before the report is due, ideally 15-18 months before. With more time we would have been able to increase data collection efforts, engage graduate and undergraduate student interns, create course projects to provide more meaningful evaluation experiences and make more connections to generate a more representative sample.

## Conclusion

Community psychologists work in a number of areas in the community, where many work within the research evaluation or program evaluation field. Organizations and companies call on community psychologists in this area because they have been trained to see through a lens of co-creating health and wellness together with others than being the expert in the space. With this framework  community psychologists hold space for difference and play integral roles in the continuation of fostering and nurturing community resilience and healing.

### From Theory to Practice Reflections and Questions

- In this case study, Brown et al. (2021) shared the importance of recognizing that systems of oppression (i.e., racism, classism, transphobia, homophobia) operate in a mutually reinforcing manner to produce inequities in HIV risk, testing, infection, and mortality (McGibbon, 2012; Ford, 2017; Gee & Ford, 2011; Wilson et al., 2016). When you consider this statement, share with others what immediately comes up for you.
- How, if at all, did this case story challenge your beliefs or thinking about people living with HIV or programs serving them?
- As you think through the importance of research or program evaluations, what new considerations will you take away from this case story?

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# Section 3.3: Program Evaluation- A Fundamental Component in Effective Community Practice

This case story expands the traditional single-case study format to include multiple mini-case studies from which “lessons learned” are extracted through evaluation-based community psychology practice.

## The Big Picture




*pixabay.com* (Image is the word “strategy.”)

In this chapter I modify and expand the traditional single-case study format to include multiple mini-case studies from which I extract “lessons learned” through my evaluation-based practice of community psychology (CP).

Program evaluation plays an important, structural role in its contributions to the assessment of the intervention work of change agents, here CP practitioners, and relevant stakeholders who work together to design and implement needed community-based programs. My aim here and in all of my work is to encourage an evaluation mentality in CP practitioner-change agents. If these change agents develop interventions with an evaluation mentality, that is, with program evaluation as a core part of planning, design, and implementation, the resulting evaluative feedback can provide validation of the effectiveness of programmatic efforts, and thus, of change agents, or illustrate the need for substantive changes in aspects of the intervention efforts. The inclusion of evaluation strategies can assist program implementers/change agents in identifying the critical elements to ensure meaningful interventions and to provide evidence of the viability of replication. Additionally, we must recognize both the CP-based values (social justice, sense of community, empowerment, etc.) which underlie the development of community practice interventions and the critically important role of a change agent who incorporates a program evaluation mentality into the design of those interventions. Program evaluation thus becomes an essential tool in the practice of CP.

The overall aim of community psychologists’ work is the improvement of participants’ quality of life; some examples include Beauregard et al. (2020), Lin et al. (2020), O’Connor (2013), O’Shaughnessy and Greenwood (2020), Stewart and Townley (2020), and Suarez-Balcazar (2020). Improving quality may range from enhancing individuals’ sense of well-being to ensuring needed supports; some examples include DaViera et al. (2020), Goodkind et al. (2020), Maleki, et al. (2020), Shek et al. (2017), and Wadsworth et al. (2020). However, confirming the value of such work or appropriately modifying it can only be accomplished through the inclusion of community-based program evaluations. The essential questions for program implementers or change agents are whether a proposed program is appropriate, whether the implemented program is as planned or how it has changed, and whether the program outcomes are as hoped for or as expected. Thus, developing and implementing interventions must be paired with evaluating the initial designs, implementations, and/or outcomes of those programmatic interventions, all of which can improve participants’ quality of life.

My work and my career focus have been two-fold: as a professor in a small college in upstate New York teaching a program evaluation course in a master’s program, and as an evaluation consultant, engaging in numerous small, primarily local and large, state-based and national program evaluations. From that work, I have identified seven lessons regarding the use of program evaluation strategies that are offered as guides to those in the CP practice of evaluating community-based programs. I also provide three principles that serve as guides for program evaluators. The seven lessons, with illustrative mini-case studies, are based on two kinds of evaluation projects: student-based through my graduate program evaluation course and consultation-based through my CP practice. The former evaluations emerge from a course requirement for students to participate in the design and implementation of a group evaluation project and the latter projects include my consultation-based evaluations of specific programs or organizations.

These mini-case studies, with their “lessons learned” immediately following, document that some efforts were successful and, not surprisingly, some were not.

## Mini-Case Study One



Image by Clker-Free-Vector-Images from Pixabay Image shows people (clip art) sitting around a table.

The Executive Director (ED) of a human services agency that provides residential treatment for adolescents was interested in front-line employees’ perceptions of their work environments. The ED, a manager, and an assistant met with the graduate students and me to discuss the ED’s purpose for the evaluation: to learn how to make the organization a “best place” to work. We agreed that interviews with front-line workers would be the most appropriate way to collect data as there could be flexibility with open-ended questions. The manager would provide access to front-line workers. The meeting ended quite satisfactorily, with a potential schedule for the next steps, and the ED, manager, and assistant left.

Students walking down the hallway after the meeting overheard the manager say to the assistant, “They should just do their f*** jobs!” illustrating that the manager had little interest in soliciting feedback from employees. This attitude was reflected in the difficulty students had throughout the project, first in getting access to employees, and second, in having employees agree to be interviewed. Some employees expressed concern that their interview information might not remain anonymous; the manager was not considered trustworthy. Students completed interviews but fewer than expected and with less useful information than planned or expected. Seven overarching lessons learned are depicted in tables below.

**Lesson Learned:**

- Success of an evaluation project relies on the effective participation of all levels of stakeholders, not just the leader or person seeking the evaluation.

## Mini-Case Study Two

A local County Commissioner of Mental Health was interested in whether children’s visits to an Emergency Department (ED) could have been avoided, particularly among those children receiving assistance from the County. The question was whether the children were in contact with any service agencies and whether that contact should have resulted in interventions that would have precluded the ED visit. Students in the graduate Program Evaluation class and I met with the Commissioner and formulated a plan for record reviews of intake information at the ED of the local hospital. Although students were reviewing unredacted records, Institutional Review Board (IRB) approval was not considered necessary; unpublished program evaluations do not require IRB review.

Students presented the results to the Commissioner who was able to work with the Department of Social Services to develop preventive interventions to reduce children’s unnecessary use of the ED. The success of this project resulted in the Commissioner taking the methodology to the relevant State Offices and the data collection strategy was replicated in nine counties. Three factors led to this generalizability: the quality of the student-designed project, the Commissioner’s appreciation of, and reliance on relevant data, and the Commissioner’s interest in expanding the use of relevant methodologies and usable information as a foundation for decision-making.

**Lesson Learned:**

- The generalizability of methodology and the usability of results rely on the involvement of appropriate policymakers.

A local prevention program focused on specific issues related to illegal substance use among younger people as required by their funding sources. Through my ongoing relationship with the program director as the program’s evaluation consultant, we conducted multiple evaluations, including focus groups/interviews with key leaders in the community, an asset-liabilities assessment of a specific neighborhood, and pre-post surveys with a summer leadership program for high school students, among several other

projects over a period of approximately six years. Below are examples of successful and not-so-successful implementations of those evaluations.

## Mini-Case Study Three

In one particularly effective evaluation, students conducted an observational assessment of a neighborhood to identify both assets (open stores, schools, churches, shops, etc.) and liabilities (closed stores, vacant houses, empty lots with trash). Although the student evaluation groups typically included only five or six participants, this self-selected group comprised 14 very dedicated students, divided into seven pairs for the observations and interviews. The paired students divided the neighborhood into approximately equal manageable areas, did the observations in pairs, and conducted interviews (with a structured interview developed during class time) to obtain residents' perceptions of the neighborhood. The collected information enabled the program director to develop strategies to advocate for neighborhood improvements and to identify specific locations for program development. The degree of determined and dedicated student involvement led to the clear success of this evaluation effort.

## Mini-Case Study Four

In another evaluation, the program director of the same substance abuse prevention program requested that students conduct interviews with people presumed to be key stakeholders to obtain their feedback on the program. Working with the program director, students identified approximately 40 locally based, potential stakeholders, including religious leaders, politicians, educators, local business owners, and others. The project itself was built on the expectation that people in the community would be familiar with, if not involved in, the work of the project. However, these stakeholders-leaders, all of whom the students contacted directly, were not sufficiently knowledgeable about, or in some cases, invested in the work of the program to participate in the interview process, resulting in inadequate numbers of completed interviews and thus, inadequate feedback regarding program implementation. Here the lack of success seems tied to the lack of interest or commitment on the part of the external stakeholders, most of who did not view themselves as stakeholders at all.

## Mini-Case Study Five

To evaluate a summer leadership program for high school students offered by the same substance abuse prevention program, the graduate students in the program evaluation course and I met with the program coordinator to identify the aims and activities of the program which would enable the students to develop pre-and post-surveys. The coordinator who reported to the program director did not seem particularly interested in any kind of evaluation. After the initial meeting, the students were virtually unable to connect with the program coordinator who simply did not respond to emails or phone calls. The students, under my direction, finally developed a draft survey to enable some completion of the project before the end of the semester. The lack of success here reflected the lack of commitment on the part of the internal stakeholder.

## Mini-Case Study Six

In working with a program director in an agency that provides support to underserved, generally homeless, people, I suggested conducting a focus group with people who were receiving services to solicit their input in developing strategies to address their needs, which could result in modifications of existing programs. The program director asked approximately six or seven people to participate and four arrived at the designated time. Transportation costs in the form of bus passes and given gift certificates to a local chain were offered to encourage participation and to compensate for their time. However, the focus group did not achieve the expected outcome in that all participants had extensive experiences with such agencies/programs and were familiar with the kinds of questions that might be asked and with the range of what they perceived that agencies might consider acceptable responses. Thus, the circumstances under which the focus group was conducted, that is, in the agency itself with a peer as a co-facilitator, led to repetitions of stories and statements which only affirmed what was already happening, rather than suggestions for novel approaches to addressing the needs of program participants. Here the previous experiences of the participants framed and even limited the range of their contributions.

**Lesson Learned:**

- The successes of community-based projects rely on the community psychologists and community stakeholder commitment or interest in the program.

## Mini-Case Study Seven

As director of a graduate program in Community Psychology, I have consistently encouraged student-designed and implemented process and outcome evaluations of the program itself and of other offices at the College, for example, access to registration and financial aid offices, availability of library, and separately, food services.

| The program-based evaluations provided useful and useable information, including: | |
|---|---|
| students' preferences regarding the timing of classes | ... evenings |
| the development of a student organization | ... organized, then dissolved |
| the availability of advisors | ... more needed |
| the helpfulness of field placement coordinators | .... helpful |
| the employment outcomes of graduates | ... particularly useful for current students |
| suggestions for program improvement | ... for example, add, modify, or eliminate courses, increase field placement experiences, add electives, etc. |

The above table provides information on the results of a program-based evaluation including students' preference, the availability of advisors, and suggestions for program improvements.

Participation in these kinds of evaluations provided the students with meaningful, hands-on experiences with the process of evaluation and with the programmatic commitment to assessing the usefulness and value of one's work. Only one among numerous CP program evaluations yielded a particularly negative response; when asked the reason for not continuing in the program, one person responded, "I hate [the program director who happens to be the author!]."

**Lesson Learned:**

- Engaging in the evaluation of one's own program plays a critical role in establishing the legitimacy of program evaluation for internal and external audiences, including those in the program.

Several of my evaluation experiences have reinforced the importance of effective process evaluations, particularly of observation. Three mini-case studies below illustrate that importance, two from one setting and the third from another setting which is described below. The first setting was a well-funded arts-education program that comprised artists collaborating with teachers in the delivery of primary school curricula. Storytellers emphasize the logical progression of a story (beginning, middle, end) for kindergartners and first-graders and math operations (addition and subtraction) for second and third graders; dancers express the meaning of words in movement (lean forward, then backward for wax and wane or ebb and flow).

This arts-education collaboration can result in improved grades for students, which can be documented over time through appropriate outcome measures, for example, quarterly grades compared with the previous year, or compared with another no-arts unit. However, the actual viability and replicability of the program will depend on two factors: first, the support of the classroom teachers through their involvement in the collaborative process, and second, the actual use of the arts by the change-agent artists.

## Mini-Case Study Eight

An illustration of the first factor, support of the classroom teacher, was my effort to observe both the teacher-artist collaboration and the actual artist's presence in the classroom with at least two observations of each teacher. One second grade teacher was determinedly not interested in participating in any aspect of the process, though expected to do so by the principal; the teacher even stated to me, "You can do your little [arts-education dance] program here [in the classroom] but I am not going to be involved." That teacher retired at the end of that school year. Most other observations were conducted with the enthusiastic involvement of teachers and artists. One other significant observation was of the grade-level teacher-artist planning meetings to select the curriculum for the artistic mode of delivery. After the first year of the program, the planning meetings became more about setting up the calendar than about modifying or expanding the content and mode of the artists' delivery of the curriculum. That focus, on the calendar rather than content, reflected the decreasing commitment of the teachers to effective participation in the process of teacher-artist collaboration.

## Mini-Case Study Nine

An illustration of the second factor, actual use of the arts by the artist, an effective songwriter/poet/musician collaborated with a fourth-grade teacher in the delivery of a poetry unit with the expectation that the artist would use music to demonstrate the role of rhythm in poetry. In the observed classroom experience, the artist used her own skills in poetry-writing to deliver the lesson rather than her musical talent and musical instruments. The outcome of improved grades for the students was, in fact, related to the skill of the artist as a poet than to the artist as a musician in the delivery of the curriculum. This effectively precluded the presumed replicability of the teacher-artist collaboration. Although such a conclusion would not have been drawn without the evaluator's observation of the classroom exercise, there were also numerous observations of the effective and appropriate implementation of the collaboration as designed.

## Mini-Case Study Ten




Image is decorative only and says "Observation" related to this mini-case study which used an observation methodology.

An entirely different example reflects the importance of observation in an entirely different setting, a national organization with a focus on a specific medical condition. The organization had developed an extensive curriculum, a set of nine chapters with accompanying slides, for medical professionals to bring current, in-depth information to those with the condition and to inform the general public about the condition. The aim of the evaluation was the assessment of the effectiveness and usefulness of this standardized curriculum. As the evaluator, I included observation of each of the three planned implementations of the curriculum, one in a rural setting with people with the condition, one in a university with providers, caretakers, and people with the condition, and a third in an urban setting with providers and caretakers, primarily parents and family members of children with the condition. The observation revealed that the actual use of the curriculum varied widely across the three settings. The physician-presenter in the rural setting discussed the first several chapters; the multiple presenters in the university setting each reviewed their own areas of expertise without reference to the curriculum, and the presenters in the urban/primarily family setting focused on one chapter in the curriculum which did not overlap at all with the rural presentation. Participants in each setting completed pre-post surveys which demonstrated some increase in knowledge about, and understanding of, the condition across the three settings but clearly those improvements were not related to the actual use of the curriculum. Again, the importance of observation is demonstrated in that the conclusion could only have emerged through my evaluator observation of each implementation.

**Lesson Learned:**

- Program evaluations can identify successful programs which can be replicated; however, such programs require careful analyses, typically through observation, to ensure that the implementation processes are well-documented.

## Mini-Case Study Eleven

In the mid-1990s a local philanthropic foundation began to support locally-based academic-community collaborations through mini-grants, and I applied for and received one of the first. Upon the completion of that grant, I was subsequently approached to collaborate with a variety of community-based programs and agencies over a period of years. These included focus groups with elderly residents of a public housing project to assess their satisfaction (which impacted planned renovations of the housing project), and observations of an advisory board for a child sexual abuse intervention program to identify strategies to enhance the Executive Director's success with the Advisory Board (one obstreperous person resigned; the Chair reorganized meeting structure). The success of each led to my being contacted by subsequent community agencies and programs to participate in a joint submission to the funding source as the value and usefulness of engaging in evaluation activities became more evident. Here the overall success emerged out of my previous experiences and my local reputation.

## Mini-Case Study Twelve

As part of an overall assessment, another national organization/foundation with a focus on differently-abled individuals was interested in whether locally-based programs which they funded were using strategies that matched the vision and mission of the national organization and whether the implementations were resulting in the desired outcomes. Most local program directors were understandably proud of their own efforts, the extent of local participation, and the outcomes of the programs. As the evaluator for the national organization, I undertook the task of assessing six of the local programs (somewhat randomly selected) to identify both aspects that were congruent with the national organization's goals and objectives and those that needed modification to increase their rates of success. These program directors were willing to participate in the evaluation activities but were also accustomed to receiving only praise for their efforts in initiating and managing their programs. My evaluation reports for each program documented their successes but also included recommendations for improvement. The reports were not well received; directors who had welcomed me, participated actively in the evaluation activities and seemed to accept and even welcome verbal recommendations at the end of each visit, did not appreciate having any of what they perceived as less than positive results in a written report. The outcome was the termination of the entire evaluation project.

**Lesson Learned:**

- The value of program evaluations is learned primarily through the experience of having results that easily lead to program improvements, which highlight the usefulness of conducting assessments.

## Mini-Case Study Thirteen

In one New York State-based evaluation, six counties were selected to participate in a public health intervention and were asked to different their own program designs in their efforts to achieve the desired public health outcome. At the end of the evaluation period, some strategies were clearly more effective than others which led to the adoption, or at least the encouragement of the adoption, of those strategies state-wide. As the evaluator I had assured each of the participating counties that their results would be anonymous, that is, the State as the funding source would not know which counties were successful and which were not. The need for that promise of anonymity was essential because the local staff was concerned that future funding could be affected by the State staff's knowledge of specific outcomes. At the end of the project, with positive results clearly disseminated, the State staff requested rather strongly that the anonymity be unveiled so that the successful and not so successful counties be identified. I refused, based on the ethics of my adhering to my promise. That ethical decision led to the termination of that relationship!

## Mini-Case Study Fourteen

Another instance of ethical difficulties was in the final first-year evaluation report of two-year community-based, federally-funded project which required collaboration across multiple human service agencies. Funding for year two was based on the viability of the project and commitment of the agencies, both of which were to be documented in the evaluation report. A new project manager, who started just weeks before the first-year report was due, requested changes in the report which would enhance the appearance of a positive outcome for year two, but which somewhat misrepresented the actual data. Discussion ensued resulting in the project manager asserting her position as manager and me asserting my role as evaluator with my intention to adhere to the independence of the evaluation process and outcome. The awkwardness of the situation for me resulted in my submitting only a hard copy (in the days before electronic submissions) on the day the report was submitted, precluding the manager's interest in, and possibility of making changes in the report.

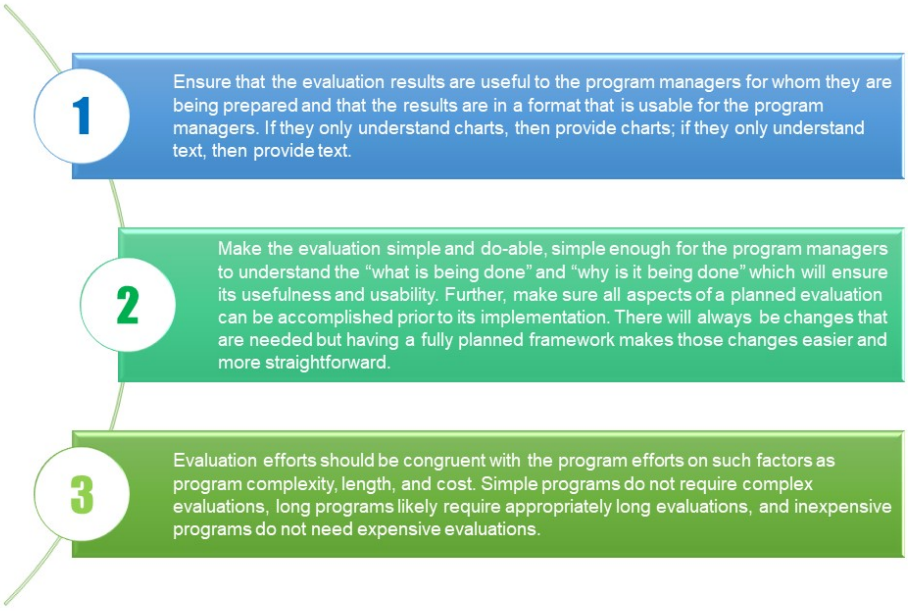
**Lesson Learned:**

- Adhering to ethical boundaries can be difficult in some circumstances.

## Conclusion

This was a series of mini-case studies to illustrate factors that can affect the critical role that program evaluation plays in the community-based practice of community psychology. Each of these factors emerges from my on-the-ground, in-the-trenches, front-line experiences of working with community-based agencies and programs that rely on county, state, and/or federal funding, that is, public monies, or on local, state-based, or national foundations for private money. Extracted from these seven "lessons learned" are three principles that have emerged as guides for my work in the field of program evaluation. They are: (1) ensuring that the

evaluation results are useful, (2) making sure the evaluation is simple and doable, and (3) evaluation efforts are congruent with the program efforts. The figure below highlights these three principles:




The figure above highlights the three principles shown in text above and says the same thing.

Finally, program evaluation serves as a critical part of the practice of community psychology, providing essential information for funding sources, and crucial feedback for those aiming to improve individuals' quality of life and well-being. Those of us who work/practice in the community most assuredly value the consistencies and, at the same time, the idiosyncrasies of that work, as reflected in the seven takeaways and the illustrations of each. Those who are change agents or interventionists also intuitively or actually know the value of building assessments or measures into their change efforts from the beginning to identify both areas in need of improvement and areas of success. Using appropriate program evaluation strategies based on the three principles cited above will enhance the efficacy of community-based interventions.

### From Theory to Practice Reflections and Questions

- Program evaluation plays an important, structural role in its contributions to the assessment of the intervention work of change agents, where community psychology practitioners and relevant stakeholders work together to design and implement needed community-based programs (O'Connor, 2021). What lens might a community psychologist bring to the table in a program evaluation? What lens would another psychologist bring (e.g. social psychologist or clinical psychologist)
- Describe why it is important when conducting program evaluations to analyze the data collected from an ecological level.
- What conceptions did you hold prior to reading this case story about program evaluations

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# Section 3.4: Showing up and Standing with- An Intersectional Approach to a Participatory Evaluation of a Housing First Program

This case story describes the process of forming a five-year, ongoing participatory evaluation partnership between Housing First program participants, staff, and community psychologist evaluators in the multicultural context of the Island of O‘ahu in Hawai‘i.

## The Big Picture

This chapter describes the process of forming a five-year, ongoing participatory evaluation partnership between Housing First program participants, staff, and community psychologist evaluators in the multicultural context of the Island of O‘ahu in Hawai‘i. Housing First is a community-based program that quickly provides permanent housing to individuals experiencing homelessness and emphasizes “consumer choice” in housing and service plans (Tsemberis, 2010). What started out as a top-down evaluation design conducted by traditional academic researchers became a weekly support group that engages in participatory research, often utilizing arts-based methods. Using an intersectional lens (Crenshaw, 1989; Weber, 2009), this case study explores the challenges and successes of building this partnership among individuals from diverse racial and ethnic backgrounds with varying degrees of power, housing experiences, and mental and physical health issues. While many members of the partnership experienced challenges that typically deter traditional researchers from engaging in collaborative research, our partnership demonstrates many strengths, including valuable lived experience, resourcefulness, and critical insight that allowed for the creation of a space that is both supportive and conducive to rigorous participatory research and advocacy.




The main objectives of this case study are to demonstrate the application of community psychology values—particularly, respect for diversity, collaboration and participation, and historical context—in building research partnerships among individuals located at multiple axes of oppression. In particular, this case study demonstrates that respect for diversity is incomplete without attention to intersectionality and colonial trauma and argues for community psychology practice that is explicitly intersectional. Learning outcomes are shown below and include (1) gaining an awareness of the complexities of participatory research, (2) being able to recognize the steps taken in long-term participatory research, (3) critically examining the role that historical context plays in community-based participatory research, and (4) recognizing the value of going beyond respect for diversity in community psychology research and practice. The figure below highlights these learning outcomes:




In a multi-colored chart the above figure highlights the learning outcomes detailed in the written text above.

## Intersectionality as Critical Praxis

**Intersectionality** is a field of study, an analytical strategy, and a critical praxis that understands race, ethnicity, class, gender, sexuality, age, ability, and other salient social categories as interconnected, reciprocal phenomena that interact to influence complex social inequalities (Collins, 2015). Within an intersectional framework, these identity categories are not mutually exclusive but rather are socially constructed categories whose intersections manifest in experiences of oppression and privilege (Bilge, 2014; Collins, 2015). For example, an individual identifying as a white, heterosexual, low-income woman is privileged along lines of race and sexual orientation but potentially oppressed along lines of gender and class. Importantly, these identities are tied to systems of power that are embedded within specific geographic, social, political, and historical contexts that have implications for lived experiences (Weber, 2009). For example, a person living in the American South who identifies as a white woman will likely have different experiences than an individual identifying as a Black woman in the same context. And these experiences are likely to shift because identities—and different aspects of identities—have different meanings in different contexts. Indeed, a 20-year-old individual identifying as a Black woman in New York City has different experiences than an 80-year-old individual identifying as a Black woman in the rural American South. An intersectional approach challenges the notion that singular identities can explain lived experiences of oppression and directs attention to the interdependent and structural forces, processes, and practices that result in complex inequalities (Grzanka, 2020).

**Fig. 1, HERstory of Intersectionality**

Examples of Black women's and other women of colors' contribution to intersectionaility

| Sojourner Truth's, "Ain't I a Woman" Speech | The Combahee River Collective | Borderlands/La Frontera (1987) by Gloria Anzaldúa |
|---|---|---|
| In this speech, delivered at the 1851 women's rights convention, Sojourner Truth spoke to the intersection of the women's rights movement and the abolition movement, explaining how her experience as a black woman was not represented by either. She articulated how African American women's experiences must be uniquely acknowledge and included in the fight for women's rights (Moradi & Grzanka, 2017). | This group of African American women activists. many of whom identified as queer, help solidify the link between intersectional ways of thinking and social justice action. In their 1982 paper titled "A Black Feminist Statement," they described the interdependence of systems of oppression including classism, heterosexism, racism, and sexism, arguing that race-only or gender-only politics did not reflect no promote action against social injustices that characterized their experiences as Black queer women (Collective, 1982). | This book represents an example of Chicana/Latina feminist work that has shaped the concept and theory or intersectionality. Through this semi-autobiographical piece, Anzaldúa tells her story of holding multiple, intersecting identities, including being Chicanan and lesbian, and explores the borderlands between these identifies and the systems of oppressions attached to them. |

Grounded in Black feminism, the concept and field of intersectionality were created and shaped by African American women and other women of color scholars and activists. In fact, the HERstory of intersectionality traces back centuries, with prominent contributions from Sojourner Truth, the Combahee River Collective, and Gloria Anzaldúa (see Fig. 1). In the late 1980s, Kimberlé Crenshaw applied the framework to the legal realm and introduced the term "intersectionality" to describe the colliding systems of racism and sexism that Black women experience and that result in a unique form of oppression that single identity politics and legal protections had yet to address (Crenshaw, 1989; Crenshaw, 1991). For example, because Black women are discriminated against on the basis of race and gender, they often fall through the cracks in the legal system that implicitly assumes racism to affect Black men and sexism to affect White women.

Part of the ingenuity of this framework is that, despite its grounding in the experiences, scholarship, and activism of Black women and other women of color, it can be used in novel contexts and across diverse interpretive communities (Collins, 2015; Moradi & Grzanka, 2017).

**Fig. 2 - Consider**

Consider your multiple identities (race, class, gender, sexual orientation, etc.) and the ways in which they are related to systems of power. How might that relationship to power change depending on the context? For example, do you have more power in certain contexts than others based on the intersections of your socially constructed identities? Do you have more or less power when Interacting with people with different intersecting identities?

While this chapter relies on all three of these conceptualizations at times, intersectionality's conceptualization as a form of critical praxis is most relevant to this case study. Critical praxis refers to the merging of critical thinking and social and political activism, with the ultimate goal of transforming systems of oppression (Gramsci, 1971). As a form of critical praxis, intersectionality not only seeks to understand experiences resulting from interdependent identities and systems of oppression but also seeks to critique and change the systems we study in order to create more just systems (Collins, 2015; Grzanka, 2020). Through this conceptualization, authentic community engagement, social and political impact, and centering voices and stories of resistance becomes essential (Moradi & Grzanka, 2017). Indeed, this type of engagement and transformation were major goals of our evaluation partnership.

## Intersectionality and Community Psychology

While community psychologists rarely refer to intersectionality explicitly in academic literature, the overlap between intersectionality and community psychology exists, and we (community psychologist evaluators) found that an intersectional approach was helpful in guiding our community psychology practice. From a theoretical standpoint, both intersectionality and community psychology emphasize the impacts of macro-level systems (e.g., policies, economic processes, etc.) on individuals and communities and the role of power in constructing lived experiences. Importantly, both recognize the interactions between macro- and micro-level processes, and both community psychology and intersectionality emphasize the importance of social action and the potential of a collective power to respond to the inequities created by oppressive systems of power. Additionally, community psychology's focus on context is reminiscent of intersectional frameworks that highlight the interaction of individuals and their context and the fact that different identities and intersections are more or less salient in certain contexts (Weber, 2009). Community psychology has long argued that any community practice and research must begin with an understanding of the social and historical context. In fact, one of community psychology's four guiding principles is that social problems are best understood by viewing people within their social, cultural, economic, geographic, and historical contexts (SCRA, 2020).

In addition to understanding others in context, community psychologists should engage in ethical and reflective practice—a key competency for community psychologist practitioners (SCRA, 2011). Thus, it is important for community psychologists not only to understand the context that impacts community partners but also to reflect and understand their place within it. Intersectionality also highlights the necessity of the examination of one's own place within power structures (Weber, 2009). It is especially important for community psychologists to seek out such an understanding given our field's stated values of respect for diversity and inclusion (SCRA, 2020). We cannot live up to these values without an understanding as to what makes our social experiences diverse. As we turn to the project of focus, consider the potential systems of power interacting and impacting the ongoing partnership and resulting research. We start with attention to historical and sociopolitical context.

## Community Context

This partnership takes place on the Island of O'ahu in Hawai'i. O'ahu, known as "The Gathering Place", is home to almost a million people, with approximately 115,000 tourists visiting the island on any given day, pre-COVID-19 (Hawaii Tourism Authority, 2019a). Hawai'i is one of the most diverse states in the United States, with no ethnic group holding a majority, and O'ahu is the most diverse of the islands, with 43% of residents identifying as Asian, 23% identifying as multiracial, 10% Native Hawaiian or Other Pacific Islander, and only 22% identifying as White only, compared to 76% nationwide (US Census Bureau, 2019). The state capital, Honolulu, as well as the internationally-known tourist hotspot, Waikīkī, are located on O'ahu. Not surprisingly, tourism is the major economic engine of the state. In 2019, the state brought in over 17 billion dollars in tourism monies and enjoyed one of the lowest unemployment rates in the nation (Hawai'i Tourism Authority, 2019b; US Bureau of Labor Statistics, 2020b). However, tourism also drives up the cost of living and reduces the affordable housing stock. As expensive apartments and tourist lodgings replace affordable housing, rental rates and housing costs increase, and local residents are "priced out" (Moore, 2019). Indeed, Hawai'i has both the highest cost of living and the lowest wages in the nation (after adjusting for said cost of living (HI Appleseed, 2019). Thus, despite its low rates of unemployment, Hawai'i has high rates of poverty and homelessness.

### Homelessness in Hawai'i

Hawai'i has one of the highest homelessness rates in the United States. In 2019, Hawai'i had the 4th highest homelessness rate in the nation behind Washington D.C., Guam, and New York. Additionally, its homelessness rate has grown since 2007, while the overall national homelessness rate has fallen during this same time period (National Alliance to End Homelessness, 2019). On any given night, approximately, 6,458 individuals were experiencing homelessness in Hawai'i in 2020 (State of Hawaii Homelessness Initiative, 2020). The majority—4,448 individuals—lived on O'ahu (Partners in Care, 2020). Notably, the majority of these individuals (53%) were living unsheltered (e.g., in parks, on beaches), making homelessness highly visible (Partners in Care, 2020). Additionally, between July 1, 2018 and June 30, 2019, a total of 16,527 people received some form of housing services or assessment, suggesting that homelessness affects a significant number of people in Hawai'i (Pruitt, 2019). Given the high visibility and its perceived impact on tourism, the "homelessness problem" is especially salient in local public policy and local media (Pruitt et al., 2020). Unfortunately, due to the economic fallout from the global pandemic, the homelessness rate is expected to increase, and 19,000 low-income people are projected to fall into poverty in the coming year (Hawai'i Data Collaborative, 2020; Partners in Care, 2020).

Decades of research reveal that homelessness in the United States results from a lack of affordable housing, high rates of poverty, and social exclusion on the basis of certain individual characteristics (Shinn & Khadduri, 2020). While certain individual characteristics are associated with increased risk for homelessness (e.g., experiencing mental illness, being a member of an ethnic or racial minority), social exclusions (e.g., racist housing policies, such as "redlining") actually "turn individual characteristics into vulnerabilities for homelessness" (Shinn & Khadduri, 2020, p. 52). Homelessness, in turn, exacerbates existing risk factors and can lead to further social exclusion and isolation from community support networks. From an intersectional perspective, individual characteristics interact to produce identities that are associated with different intersecting systems of power that lead to homelessness.

The local context of O'ahu reflects these research findings. Honolulu's high fair market rent rate is positively associated with its high homelessness rate (Barile & Pruitt, 2017). Importantly, not all residents are affected by poverty and homelessness equally. Despite prominent narratives that claim Hawai'i is a "racial paradise," stark inequalities exist related to race, class, and native ancestry. For example, Native Hawaiians are disproportionately represented in the island's homeless population, comprising 43

percent of individuals experiencing homelessness, while representing only 19 percent of the general population on Oʻahu (OHA, 2019).

A recent racial equity report suggested that racial disparities may exist in housing services provisions as well (Pruitt, 2019). For example, Native Hawaiians and other Pacific Islanders were less likely to receive permanent supportive housing compared to whites and Asians. Additionally, Native Hawaiians make up a larger percentage of the unsheltered than sheltered homeless (Pruitt & Barile, 2020). In Hawaiʻi, large encampments of homeless communities are not uncommon, offering social support and a return to "kauhale" living. Disparities between social classes are prominent as well. Hawaiʻi was rated second of all states with the highest rates of taxes on low-income households, further increasing inequities between the wealthiest and the poorest residents (Institute for Taxation and Economic Policy, 2018). Class intersects with race and ethnicity as non-white and non-Asian groups are more likely to live in poverty and rely on housing subsidies.

## Colonial History




http://www.hawaiihistory.org (Image of a short excerpt of Hawaii history).

Homelessness in Hawaiʻi cannot be understood without an understanding of Hawaiʻi's colonial history. Prior to Western contact, Hawaiians—Kānaka Maoli—lived in kauhale living systems, sharing sleeping and living spaces, often under the stars (Watson, 2010). Each island was divided into ahupuaʻa, wedged-shaped pieces of land that stretched from the mountains to the sea. These ahupuaʻa were ruled by local chiefs, and each ahupuaʻa was meant to be self-sustaining, ensuring that everyone, including commoners (makaʻāinana), had necessary resources from both the land and sea (Minerbi, 1999).

Private land ownership did not exist within a Native Hawaiian system. Native Hawaiian homelessness has been attributed, in part, to two major historical events: The Great Mahele and the illegal overthrow of the Hawaiian Kingdom by the United States. With the dispossession of land and the fragmentation of Hawaiian communities, came Western homelessness. Even after contact with Western nations, The Kingdom of Hawaiʻi remained a sovereign nation until the end of the 19th century (Goodyear-Kaʻōpua, 2014). However, foreign pressures led to changes to the Hawaiian way of life. In 1848, under pressure from foreign advisors, King Kamehameha III introduced the Great Māhele (division of land), marking the beginning of private land ownership in Hawaiʻi. To be awarded newly privatized land, makaʻāinana were required to file a claim, provide testimony, pay for a survey of the land to be completed, and obtain a Royal Patent. Only around 30% of makaʻāinana achieved all steps and were awarded on average 3.3 acres. Thus, the Great Māhele displaced a sizable number of maka āinana from their ancestral lands (Stover, 1997).

The late 19th century saw further challenges to the Hawaiian way of life and the sovereignty of the monarchy. In 1887, the Hawaiian League, a group of mostly White American businessmen, forced a new constitution upon King Kalākaua at gunpoint. This "Bayonet Constitution," diminished the power of the monarchy (Osorio, 2001). In response to later attempts by the king's successor, Queen Liliʻuokalani, to restore these powers, a group of European and American businessmen backed by the United States military overthrew the monarchy. On January 17th, 1893, Queen Liliʻuokalani surrendered in an effort to save lives and in hopes she would be reinstated. The Kingdom of Hawaiʻi was proclaimed to be the "Republic of Hawaiʻi" by coup members ("The Overthrow", 1999).

Since the Great Māhele and the illegal overthrow of the monarchy, Kānaka Maoli have fought to maintain their connection to the land. For example, in the 1970s, the rural communities of Waiāhole and Waikāne successfully resisted evictions meant to make room for suburban and tourism developments (Lasky, 2014). Local "houseless" communities on Oʻahu also continue to fight for their right to define community and access ancestral land. For example, Puʻuhonua O Waiʻanae is a self-governed village, where on average 250 houseless people live, two-thirds of whom are Kānaka Maoli. What began as a village on the edge of the Waiʻanae Boat Harbor has transitioned into a permanent village community meant to be a place of refuge for all people who have been unable to afford the cost of living in Hawaiʻi. There, people have access to social services and a return to kauhale living. Other such communities exist on the Windward and South sides of the island, with Kānaka Maoli community leaders stepping in to address local homelessness. Building a Partnership

## Housing First on O‘ahu

In addition to local community leaders responding to the homelessness crisis, government officials have invested in solving the problem. In 2014, the City and County of Honolulu responded to O‘ahu’s increasing homelessness rates with a flurry of housing policies, including funding for a program based on the Pathways Housing First program model. In contrast to “treatment first” models which assume people need to be “housing ready” (e.g., achieving sobriety, employment, etc.) before “earning” housing, Housing First, as a philosophy and program model, consider homelessness to be primarily an affordable housing problem solved by providing individuals with housing quickly and then, providing wraparound services if desired by participants—or “clients” (Tsemberis, 2010). The approach had been successful in other major US cities, and Honolulu government officials hoped the model would have an impact on O‘ahu.

## Housing First Evaluation

| The first-year evaluation revealed: | However, results indicated that: | |
|---|---|---|
| • High housing retention and improvements on many quality-of-life metrics (Smith & Barile, 2015);<br>• Approximately 97% of clients did not return to homelessness in the first year; and<br>• Monthly survey data showed decreased exposure to violence/trauma and improved physical health. | • Clients mental health and physical health still were significantly worse than the general public's; and<br>• Stress increased for clients between months three and six in the program (Pruitt & Barile; Smith & Barile, 2015). | Evaluators hoped to better understand these findings and turned to those who knew best-**clients.** |

The figure above shows that the first-year evaluation revealed high housing retention and improvements; 97% of clients did not return to homelessness, and decreased exposure to violence/trauma and improved physical health. Other results showed that stress increased among the clients and clients’ mental health and physical health were still worse than the general public.

A local service agency implemented the program and contracted with community psychologist evaluators (Drs. Barile and Pruitt) to conduct an evaluation of the program. An evaluation is a systematic investigation of program merits, outcomes, and processes, using social science methodologies (Cousins & Chouinard, 2012). In particular, Drs. Pruitt and Barile were tasked with evaluating the program for fidelity to the model (i.e., how well does the program adhere to the original program model?), housing retention, and cost-benefit analysis (i.e., do the benefits outweigh the costs?). The original evaluation plan was a mixed-methods design, including staff and client interviews as well as monthly client surveys.

### Participatory Evaluation

In an effort to better understand the experiences of individuals in the program, community psychologist evaluators decided to engage in a participatory evaluation, which engages non-evaluator stakeholders in the research and evaluation process (Cousins & Chouinard, 2012). Participatory evaluations can be grouped into practical participatory evaluations and transformative participatory evaluations (T-PE). Our project falls within a transformative participatory evaluation approach, which aims to create conditions in which individuals who have traditionally had little access to power can empower themselves. Evaluators felt that T-PE would work well with the Housing First program philosophy, particularly the value of “consumer choice.” By creating a new evaluation process in which the researched become co-researchers, T-PE allowed clients to have more say in the policies and research that affect them. Additionally, with its attention to power and explicit goal of transforming systems, T-PE complemented Dr. Pruitt’s intersectional approach to research and evaluation. Finally, this approach seemed to fit better within the local context, which values cooperation and collaboration over power and competition and traditional hierarchical Western approaches.

**Fig. 3 - Consider**

What are some of the ways in which T-PE might encourage or work well with intersectional praxis?

## Collaborative Partners

In general, participatory evaluations focus on relationships as an important outcome, and this project, likewise, prioritized building relationships between partners. Collaborative partners have included program staff, community psychology evaluators, and program participants—"clients". While the individuals who hold these roles have changed over time, the partnership has remained stable. In particular, consistency in lead evaluators and a core group of clients has helped maintain the partnership even as case managers and other program staff have shifted. The initial community psychology evaluators consisted of Drs. Barile and Pruitt. Dr. Pruitt was in graduate school at the beginning of the partnership and has now taken on a leadership role in the project. Another community psychologist (McKinsey) joined in 2018 and, along with Dr. Pruitt, worked closely with community partners, attending weekly meetings. These two community psychologist evaluators—two White women in their 20s and 30s from the southern United States—had the most on-the-ground contact with partners. While evaluators stayed relatively stable, program staff has shifted over time. At any one time, program staff consisted of four case managers, two housing specialists, two administrative staff, and an interfaith chaplain/community liaison. However, the individuals who have served in these roles have changed over time. Clients involved in the partnership have also changed over time; however, for the most part, the core group of clients has remained consistent.

In evaluation, it is important to consider the ways in which different partners had different stakes in the project and varying levels of power. An intersectional approach to evaluation necessitates attention to power. In our partnership, clients had the least amount of power—both within the program and within the greater community—and also had the most at stake (e.g., their housing). Program staff also had much at stake (e.g., their jobs) but had considerably more power than clients. Various levels of power also existed among program staff. Case managers, for example, had less decision-making power than upper-level administration. While evaluators had significant power (e.g., determining what results and recommendations are passed along to funders), they were under contract with the program and largely depended on program staff for access to data and ultimately, a successful evaluation project. For the partnership to be successful and equitable, evaluators knew they had to consider these dynamics and how they were informed by the larger socio-historical context. For example, as members of the colonizer group, the community psychologist evaluators were constantly considering the ways in which systems of power attached to their social identities were impacting the group dynamics. In this case, intersectionality was employed as an analytical tool.

### Community Assets/Needs

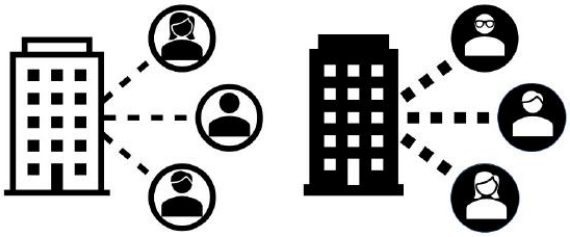


Image above titled "community needs assessment/needs" depicts two apartment buildings with six different types of residents to represent diverse perspectives.

Despite power differentials, the partnership offered the potential to meet the various needs of the diverse partners involved. The T-PE approach was embraced by the program, which was looking for a way to build client feedback into the program model. The participatory evaluation was one way to formalize that process. Additionally, community psychologist evaluators initially had difficulty accessing program data. Clients were hesitant to fill out monthly surveys and case managers were hesitant to encourage clients to complete them for fear of compromising program fidelity related to consumer choice. Case managers who were overburdened with high caseloads in the first year needed a way to see multiple clients at once (Smith & Barile, 2015). Clients expressed a desire for social support, community, structure, and something meaningful to do. The chaplain/community liaison was looking for a way to address these issues. Overall, community psychologist evaluators were looking for a way to better engage with the program without adding to the workload of program staff or stress of the clients.

## Assets and Strengths

Thankfully, the partnership allowed for partners to meet these needs by capitalizing on the existing strengths and resources of various partners. For example, one of the biggest strengths was the ongoing commitment to building community and social support

among program staff and clients as part of an optional weekly support group. Led by the chaplain/community liaison, the group met to discuss challenges with housing, to provide peer support, and to (re)learn "life" skills. Case managers also participated, some of them having had experienced similar challenges in the past. Dr. Pruitt began attending the group as part of an initial Photovoice project aimed at engaging clients and staff in the evaluation through the use of photography. Building the project and partnership into an ongoing program component was beneficial in that trust between group members had already been established. Over the next five years, the Housing First Community Group, comprising HF clients, program staff, and community psychologist evaluators became an integral part of the program and evaluation design. Additional strengths included the fact that upper-level program staff had important contacts in the community that paved the way for future Photovoice exhibits and dissemination of evaluation findings. The program evaluators had training in participatory and arts-based methods and were able to use this training to inform the evaluation research project. Importantly, program staff and clients were open to collaboration, and all partners were committed to learning from each other from the start. Perhaps most notable were the clients' strengths. Rarely are individuals who have experience with homelessness or severe poverty considered to have strengths and assets that are beneficial to society. Our work together revealed that this is a significant miscalculation by "housed" individuals. We identified the following:

- Clients were resourceful and insightful, making connections between quantitative outcomes and qualitative outcomes.
- They helped case managers check in on other clients in the program who may have been dubious of case management.
- They assisted in outreach.
- They helped the evaluators interpret survey results and were invested in the evaluation process as a whole.

For example, when survey data showed a decrease in physical and mental wellbeing after six months of housing, program staff and evaluators assumed clients were struggling with transitioning to housed life and considered offering more "life skills" classes. However, the interpretations from the client co-researchers revealed a more complex story. They explained that it took many months of housing before they felt safe enough to come out of the constant state of "fight or flight" they experienced prior to housing. Once they emerged from this state, they were able to take stock of their wellbeing and recognize the trauma they had endured. Some described their reactions in terms similar to post-traumatic stress disorder. Due to their insights, the program was able to address this issue by providing more comprehensive services beyond life skills classes. The value of such contributions is often overlooked in evaluation projects that do not take a participatory approach, and the value of the contributions of those who have traditionally been excluded from the process cannot be overstated.

## Participatory Research Project: Photovoice Studies

Throughout our partnership, the Community Group—or "the group"—has collectively produced multiple evaluation reports, participated in community arts projects, and conducted participatory research projects. This section focuses on the two biggest projects which both used Photovoice, a participatory research methodology.

### Photovoice Project One

In January 2016, the group chose to conduct a Photovoice project that examined clients' experiences in the program and gave them the opportunity to speak to the program and the larger community about these experiences. Photovoice seemed an appropriate choice given that it is a community-based participatory research method in which participants use photography to(a) identify and record their personal and community strengths and concerns;(b) engage in critical dialog about them; and(c) communicate these strengths and concerns to policymakers (Wang & Burris, 1997).

As a participatory method, all partners are involved at each stage of the research process, from the development of the research question to the dissemination of findings. Photovoice works to center the voices and experiences of individuals traditionally left out of the research process (Tsang, 2020; Wang, 1999). Thus, the method worked well with our T-PE and intersectional approach. Individuals experiencing homelessness, particularly those who also experience severe mental illness or chronic health conditions, rarely have a say in the research and policies that greatly impact them. This exclusion is largely due to social exclusionary policies and assumptions by the larger society that such individuals are incapable of meaningful contribution to research and practice. Photovoice allowed for both the creation of an inclusive space that centered on client voices and analysis of the processes that tend to restrict inclusion and voice.

As part of this initial three-month study, 18 Housing First clients and two case managers took more than 300 photographs over a four-week period. At that point, most clients had been housed less than a year, and thus, the group decided to focus on the initial

transition from homelessness to housing. They took photographs in response to prompts aimed to examine this process (e.g., “How is your life different now?” “What is everyday life like for you?”). Each week, clients and case managers shared photographs with each other and discussed their relevance to the prompt and the overall research question. Then, the group collectively conducted participatory analysis on the photos (see Image 2) and reported the findings in the yearly evaluation report (Pruitt & Barile, 2017). After the conclusion of the Photovoice project, Dr. Pruitt continued attending the weekly community group. As staff turned over, she often took on a facilitator role. A core group of clients also continued to attend and contribute to group agendas. This commitment helped ensure the group continued even in the midst of staff turnover. As several clients noted, having that consistency was meaningful. Throughout the next year, the group engaged in continued participatory evaluation research and practice, assisting in evaluation reports, helping interpret evaluation results, providing peer support to others in the program, and assisting Dr. Pruitt in her research on local media coverage of homelessness. Importantly, the group co-authored an academic journal article in 2017.

### Photovoice Project Two

In 2017, HF clients in the group asked Dr. Pruitt to help them design and conduct a follow-up Photovoice study. With increased knowledge of the research process, clients wanted to examine the long-term and continuous nature of the recovery process from homelessness. The group applied for and was awarded a Society for Community Research and Action Mini-Grant to purchase higher-quality cameras. From August–November of 2018, 22 individuals participated in this project (15 clients, four staff members, and three evaluators), most of whom had participated in the 2016 study and had been housed for an average of 3.4 years.

### Participatory Analysis

In both projects, the community group conducted a participatory analysis of the photos. During meetings, group members would select a few meaningful photos to share, with the photographer contextualizing the photo by describing where and when it was taken, why it was meaningful, and/or what it represented. The group, then, collectively analyzed the photos by identifying patterns in photos and drawing connections to previously shared photos. In 2018, the group coded photographs using large theme boards (see Image 3). The ultimate goal of the analysis was to identify key themes relevant to the long-term process of transitioning into housing and recovering from the trauma of homelessness. Based on the themes identified during the participatory analysis stage, community psychologist evaluators also conducted a secondary content analysis of all meeting transcripts. Content analysis is a classification process consisting of codifying and identifying themes within qualitative data (e.g., transcripts; Collins et al., 2016). The goal of the secondary analysis was to examine the unique contributions of the Photovoice method and to gain a comprehensive understanding of the recovery process.

## Outcomes

Participatory and content analyses of the projects suggested that although housing brought stability to many aspects of life, challenges such as stress, stigma, and everyday struggles persisted for many clients once housed. Additionally, social support and community reintegration continuously appeared as prominent indicators and promoters of recovery from the trauma of homelessness. Other prominent themes identified as relevant to transition to housing and recovery included:

- the importance of projects, hobbies, and goals;
- appreciation of people and environment;
- the stigma surrounding homelessness; and
- reflection on life before and after housing.

While both studies demonstrated the difficulties clients faced with stigma, the first study found that clients felt that the level of the interpersonal stigma they experienced had been reduced with their housed status. However, the pain of previous treatment was still poignant. In the second study, clients continued to discuss stigma; this time, from a macro-level perspective. They discussed the stigma toward “the homeless” that they perceived in the media, local policies, and in the larger community’s attitudes (see Image 4). Notably, they wanted to use the findings from these projects to try to address this stigma and advocate for the homeless community. For more information on study findings, please visit our website at www.hf-photovoiceprojects.com (or see Pruitt et al., 2018).

## Dissemination

With social and political transformation as central goals of Photovoice methodology, dissemination of findings was essential to the project. Further, clients consistently explained that part of their motivation for participating in the project was its potential to create social change. As such, extensive dissemination of findings is an important piece of these projects.



Photovoice Exhibit, Honolulu Hale (City hall), 2016
*Photo courtesy of Dr. Anna Pruitt*

Given that findings are informed by the lived experiences of individuals whose perspectives are rarely seen in the dominant public discourse, exhibits were one of the main dissemination tactics to reach a broad audience. In 2016, the group held an exhibit for the first Photovoice project's photos and findings at Honolulu Hale (City Hall) in collaboration with the program, the City and County of Honolulu, and the University of Hawai'i at Mānoa. The exhibit was also displayed at the university's Hamilton Library in November 2018, along with the second project's photos and findings. In 2019, the second project's exhibit was displayed at two other community events, including the Hawai'i Art and Mental Health Summit and the Homelessness Interfaith Summit. The goal was to reach diverse audiences with varying levels of power and stakes in the program and to center the perspectives of individuals from the margins. Findings have also been disseminated within the academic community. Throughout 2017, HF clients and program evaluators co-authored a research article that reported findings from the first project, which was published in the American Journal for Community Psychology in January 2018 (see Pruitt et al., 2018). Evaluators are currently in the process of preparing a manuscript that shares both participatory analysis findings of the second Photovoice project and secondary content analysis findings. Findings and corresponding recommendations have also been included in annual evaluation reports to the program. Lastly, evaluators developed a website detailing the PV process, projects, and findings.

## Impact

The two Photovoice projects also resulted in varied impacts—transformative change, knowledge creation, and methodological insights:

**Transformative impact:** Both projects sought to achieve a transformative impact by providing a time and space for HF clients to actively reflect on their own lived experiences, offer feedback to the program, and to engage in social action. Recognizing that they had "won the lottery" in being chosen for this pilot program, they wanted to help others by sharing findings from the studies in an effort to change the local homeless service system. Analysis of the impacts of the first Photovoice project revealed transformative change on the individual, program, community, and policy levels (see Table 1; Pruitt et al., 2018).

**Table 1. Transformative Impacts**

| Level of Change | Examples of Change |
|---|---|
| Individual-level | Decreased perceived interpersonal stigma |
| Program-level | Increased client voice in program |
| Community-level | Community education on homelessness, mental illness, and Housing First |
| Policy-level | Extension of program funding and expansion of program to neighboring islands and adoption of Housing First as a statewide model |

**Knowledge Creation:** The projects also built knowledge as a result of the lived experiences of the transition to housing and the recovery from homelessness by taking a phenomenological approach to community-based participatory research (Bush et al., 2019). Phenomenology is a research approach grounded in the belief that knowledge can be derived from experience (Racher & Robinson, 2003), and seeks to build knowledge by relying on the accounts of those experiencing the phenomenon of interest (Giorgi et al., 2017). Indeed, as the field of community psychology teaches, the true experts on any given issue are those most impacted by that issue.

Fig. 4 - Consider

How might knowledge of lived experiences connect to intersectional praxis? How might knowledge built on lived experience disrupt dominant systems of power?

**Methodological Insight:** Lastly, the use of various research methods throughout the projects increased understanding of research approaches used to study lived experience. Intersectionality scholarship argues that research on any given issue calls for diverse approaches and methods (Moradi & Granzka, 2017). In line with this argument, community psychologist evaluators conducted both participatory and content analysis to draw meaning from photos and discussions. Comparison of these methods further emphasized the need for multiple research approaches to comprehensively capture the essence of lived experience. For instance, evaluators found that some themes that were prevalent in photos were not frequently discussed and that some themes prevalent in discussions were not frequently photographed. These findings signal that some topics are hard to put into words, while others are hard to capture visually. Additionally, evaluators encountered difficulty interpreting themes identified through content analysis themselves, revealing how participation and insight from HF clients were crucial to being able to comprehensively and accurately analyze data generated from the projects.

Fig. 5 - Consider

How might method diversity help community psychologist understand complex phenomena like recovery from homelessness? How does intersectionality necessitate diverse methods?

## Lessons Learned

Overall, this partnership has been a process of mutual learning for all partners, and this section details the lessons learned engaging in the participatory research process. Notably, this section reflects the lessons learned by the community psychology evaluators involved in the projects. The initial plan for this case study was to include the perspectives of all partners. However, due to COVID-19, this collaboration has not been possible. Thus, this section may be most useful for community psychologist evaluators working in multicultural environments with marginalized communities. We recognize that given the lack of our partners' voices, this section is necessarily incomplete. Perhaps the first lesson, then, is for community psychologists to be aware that our perspectives are not universal but are situated in a larger context informed by intersecting systems of power. One of the most important lessons included learning that taking on the researcher role could be difficult for clients.

While participatory researchers generally assume that more ownership of and voice in the research project is desirable and "empowering," our work showed that taking on this role comes with unique challenges (McKinsey & Pruitt, 2019). For example, clients did not take any photographs the first few weeks of the second Photovoice project, despite the fact that they had initiated the project themselves. While one staff member worried that this hesitancy meant they did not want to participate, group discussions suggested that clients were taking more time because they wanted to "do it right," and that they were extremely anxious about potentially making a mistake. Community psychologists working with marginalized groups should consider these challenges and address them throughout the project for some of the strategies we used to address these challenges).

Another lesson learned through the partnership is that dissemination can be one of the most power-laden stages of research. For example, balancing power among stakeholders during exhibit planning proved difficult. During the first exhibit at Honolulu Hale (city hall) in 2016, homelessness was a hot topic in the local media, and the exhibit was taking place during an election year. The program also wanted to use the exhibit as an opportunity to educate the community on its other housing programs. Thus, many higher-powered stakeholders now had a vested interest in the project—which we acknowledged could be both advantageous and challenging for the group's goals. Beforehand, we talked as a group about the potential for the media or politicians to usurp our project to push agendas not necessarily in line with our own. The group collectively decided that the risk was worth the potential benefit of advocating for the program and others still experiencing homelessness. The exhibit received significant press coverage and was attended by the mayor and other prominent politicians, and the group was satisfied with the overall event. However, the negotiation and planning were daily stressors for evaluators, who served as mediators in these negotiations.

Additionally, the co-authoring of the journal article revealed the power dynamics inherent in academic writing. As hooks (1989) reminds us, the writing of research takes place within a context and that this context often supports white dominance. For example, hooks (1989) points out that White scholars make the mistake of not recognizing that writing occurs within a "culture of domination" and fail to understand power and context, and thus, their work often reinforces that domination. As White community psychologists, we found that we must be cognizant of the impact of this context at all stages of the research process if we were to (co)produce socially responsible research. In fact, researcher self-reflexivity, while necessary, was not enough. In addition to being aware of our own positionality within this web of power, we also needed to be critical of the very conventions that we relied upon and the process of power inherent in those conventions. We found that we needed to shift our focus from identity groups (based on race, gender, homeless status, etc.) to context or process.

Other lessons learned included learning to balance calling attention to differences among partners (e.g., related to power and skills) with recognizing our similarities. We also discovered that relationships were the most integral part of the research and knowledge-building process. It was clear that clients found the relationships they built with each other, the staff, and the evaluators to be most important to their continued investment in the partnership and even to their own recovery processes. Similarly, staff and evaluators found these relationships enriching and sustaining. Evaluators realized that they were as much a part of the group as any other members and found that to over-emphasize differences between them and the group members, however well-intentioned, could be offensive to some group members. For example, Dr. Pruitt found that calling attention to client "expertise" in understanding homelessness and the housing process served to distance herself from clients, and clients responded by emphasizing that they were more similar to her than different. One of the strategies that helped to reconstruct the assumed hierarchy of knowledge and skills (in any direction) was engaging in arts-based projects. With these projects, we were all simultaneously learning new skills and at times, learning from other clients with art backgrounds helped teach the group. In this way, clients, staff, and evaluators were on the same level, learning together.

## Looking Forward




Image above of handmade artful sign that reads: Notes – The flowers are blooming for us! as part of the Positive Signs Project, 2019
*Photo courtesy of Dr. Anna Pruitt*

Recognizing the value of art in relationship-building, self-healing, and social action, at the conclusion of the second Photovoice project, the community group decided to form an arts hui (group) to learn various art techniques and to create art for themselves and for social action. For example, one of the art projects included a "positive signs project." During one of the Photovoice discussions on stigma, group members questioned why public signs were always so negative, saying "don't do this; don't do that."

So, the group decided to engage in a sign project that distributes positive messages (see Image 7). For example, in response to signs instructing people not to sit or lie on public sidewalks (effectively criminalizing homelessness), one group member suggested the group make signs that inform people where they can sit (see Image 8). The group has also engaged in the art of cooking, learning new methods for creating affordable and healthy dishes.




Image is a photograph of a young person holding up hand made sign stating “Please Sit! Anytime you want 24/7” as part of Positive Sign Project, 2019
*Photo courtesy of Dr. Anna Pruitt*

Unfortunately, in March 2020, the COVID-19 Pandemic halted the weekly group meetings that have sustained this partnership. While all partners hope to continue the weekly meetings as soon as it is safe, it is unclear when or how to go about reconvening given the fact that many group members (including staff, clients, and evaluators) experience chronic health conditions that put them at risk for severe disease. While the group attempts to stay in contact via phone and email, many group members lack regular access to this technology. Some of us have remained in contact via the mail, and evaluators are working to build capacity to meet virtually. For now, however, the future of the group is uncertain although the overall partnership continues.

## Recommendations

Based on this partnership experience, the community psychologist evaluators have recommendations for other community psychologists working in similar settings with similar groups—particularly those community psychologists interested in intersectional and participatory approaches. First, rigorous qualitative, quantitative, and mixed-methods research can be conducted collaboratively with individuals who have significant housing, mental health, and physical health challenges. Even individuals with ongoing psychosis were significant and essential contributors to the research project and were core leaders in the partnership. Community psychology practitioners working with such groups should not discount the abilities of community partners, and rather, should consider amending their practice by:

- **Remaining flexible**. Always have a plan but be willing to change it based on partner needs or changes in the context. Importantly, be willing to try something new and continue to seek ways to use the strengths of the community in meeting the needs and goals of the partnership.
- **Thinking outside the box**. Consider multiple avenues for participation and contribution. For example, we found that having a non-hierarchical, flexible group format with less structure helped produce a more inclusive environment for individuals who may have mental health challenges. It was also more culturally appropriate. Additionally, consider alternative or innovative research methods and ways of disseminating findings. We have already pointed to the value of arts-based approaches when working to center voices typically overlooked in research and practice. Intersectional community psychology practice might consider engaging in similar methods.
- **Being willing to be wrong**. Rarely do we get it right the first time. Making mistakes and conflict is an unavoidable part of any partnership and indeed, any authentic relationship. We found that some of our community partners reacted to conflict differently and more subtly than we expected. This reaction was an interaction of power differentials and also cultural and class differences. Indeed, differences even existed amongst community psychologist evaluators. Therefore, we had to ask for input from partners regularly and to investigate acceptable ways to address conflict. Importantly, we had to be willing to be wrong and work toward making it right without being defensive.
- **Building authentic relationships**. Partnerships will be greatly enriched if they are built upon authentic relationships between people who genuinely enjoy each other’s company. We found that laughing together, eating together, and being vulnerable with each other were important aspects of building relationships among partners.

Additionally, we encourage relying on intersectionality analysis and praxis at each stage of the partnership. This approach will likely require constant attention to power and researcher flexibility. Often our community contexts can unintentionally reinscribe hierarchical and oppressive structures. While partnerships consist of multiple and complex relationships, and these relationships worked together to produce new knowledge, community psychologists should consider how power affects the knowledge produced and what role they might be unintentionally playing in the reproduction of oppressive structures. With such attention to power, community psychologists can facilitate the co-production of meaningful, transformative knowledge which extends beyond the patronizing trope of researchers "giving voice" to marginalized groups. Of course, this approach will require flexibility. As TallBear asserts, "A researcher who is willing to learn how to "stand with" […] is willing to be altered, to revise her stakes in the knowledge to be produced" (2014, p. 2). For community psychology practitioners, especially those working with marginalized populations, the importance of showing up and doing what you say you are going to do cannot be underestimated.

In Hawai'i, as in homelessness services, people come and go frequently. Hawaii sees high rates of turnover in residents and is said to be a "revolving door," and homeless services is a field notorious for high turnover in social workers, outreach workers, and case managers. Many clients simply expected evaluators and other group members to leave, and they frequently mentioned how much it meant to them that we continued to come every week. One of us (Dr. Pruitt) recalls how one of the core client members continued to be shocked that she remembered his name every week, more than 4 years into the project. In other words, consistency was key to building trust. One of the clients mentioned that it meant a lot to him to know that he was an important part of the group and that if he didn't show up, other group members would wonder where he was. Indeed, if someone did not show up for a couple of meetings in a row, the group would often designate someone to check in on them to see if they were doing alright. Showing up, while it may seem like the least we can do, makes all the difference in building a strong partnership among those who have been socially excluded.

The reframing of the role of the trained researcher from offering expertise and "teaching" to showing up, standing with, and learning from the community is central to achieving equitable engagement and partnerships. Indeed, it became abundantly clear early in the Photovoice projects that HF clients did not expect perfection from us (i.e., in the ways we facilitated discussions or explained certain research concepts), but they did expect us to be present. It was this shared dedication to the project's goals, commitment to showing up every week, and excitement in creating transformative change that strengthened the partnership most. Additionally, it can be easy to get caught up in the notion that trained researchers have something to teach community members, especially marginalized community members. However, it can be more difficult to see the ways in which traditional researchers can learn from community members. As trained researchers, we often left Photovoice sessions shaken and awakened by clients' insights.

## Conclusion

We have found that when an alternative type of space is created, people and knowledge thrive, allowing us to move beyond respect for diversity. Going beyond respect for diversity, this project demonstrates a space in which individuals of multiple races, classes, and genders worked together to build community, conduct rigorous research, and advocate for social justice. Ultimately, this case study sought to emphasize how to use community psychology values to conduct rigorous, long-term participatory research using innovative methods, and we argue that community psychology practice is incomplete without an intersectional approach. Community psychologist researchers and practitioners should not assume that collaboration and participation are enough to overcome pre-existing power dynamics and oppressive structures. Instead, they should also engage in constant reflexivity and recognize moments of subtle resistance. We hope we have demonstrated in this case study that community psychology practice should involve an intersectional critical praxis that investigates power dynamics related to various and intersecting oppressions and identities. *"Practitioners who would be drawn to intersectionality as critical praxis seek knowledge projects that take a stand; such projects would critique social injustices that characterize complex social inequalities, imagine alternatives, and/or propose viable action strategies for change." (Collins, 2015)*

For the detailed Field Notes and Reflections on Field Notes for this case study, please contact Dr. Anna Pruitt.

From Theory to Practice Reflections and Questions

- How is the theory of intersectionality helpful in a participatory evaluation process? What are other areas where using an intersectionality approach might be beneficial?
- Pruitt et al. (2021) shared, "We hope we have demonstrated in this case study that community psychology practice should involve an intersectional critical praxis that investigates power dynamics related to various and intersecting oppressions and identifies." Reflect on how "power dynamics" and research further what this means in general and provide a short statement.
- Name one way you can think outside of the box within your own work or area(s) of interest as a community psychologist or other field if not community psychology.

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# CHAPTER OVERVIEW

## 4: Community and Public Health


Section 4.1: Prelude to Community and Public Health

Section 4.2: A Plan for Prevention- Measuring Equity from the Start

Section 4.3: Working with Survivors of Gender-Based Violence

Section 4.4: Journeying Past Hurt- Creating and Sustaining Trauma-Informed Healing Practices With Black Pregnant and Parenting Mothers


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# Section 4.1: Prelude to Community and Public Health

The CDC Foundation defines public health as "the science of protecting and improving the health of people and their communities." You will find public health professionals working to prevent the spread of illness within large populations of people or smaller segments of people as in a single community. Further, their work revolves primarily around prevention, but they also attempt to understand how disease spreads and the effects on populations. Community health is similar and when working within communities, community psychologists have similar goals. However, they take a different approach such as focusing on the eradicating the impact of health disparities because of socioeconomic, cultural and ethnic factors.




*Qimono@pixabay.com*

The three case stories in this section will provide those interested in public and community health an excellent lens in which to see this type of work being done by three community psychologists. The first story *A Plan for Prevention: Measuring Equity from the Start* , contributed by Dr. Tonya Roberson focuses on a community-based participatory research (CPAR) methodology to promote health equities for African American students at an HBCU.

The second story *Working with Survivors of Gender-Based Violence* authored by Dr. Dessie Clark and Joshua Brown, LCSW tackle the task of bringing awareness to gender-based violence and working with survivors of this prevailing social issue, particularly those who might be living with traumatic brain injury as a result.

The third story *Journeying Past Hurt: Creating and Sustaining Trauma-Informed Healing Practices With Black Pregnant and Parenting Mothers* contributed by Dr. Deidra Somerville who centers her work on individual, family, and community healing. The story provides an excellent narrative on how to incorporate the knowledge and experiences of Black pregnant and parenting mothers into training programs and curriculum designed to support family health and well-being.

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# Section 4.2: A Plan for Prevention- Measuring Equity from the Start

This case study discusses using culturally tailored data collection tools when applying practical community-based participatory research methods to promote health equities for *African American students at an HBCU.*

## The Big Picture



Image of girls or women with one jumping up to show happiness and health.

The United States has historically been a country struggling with racial and health disparities. Disparities in health outcomes and healthcare persist between racial, ethnic, and socioeconomic groups in the United States with African Americans (AA) suffering greater from chronic diseases such as cancer, heart disease, stroke, dementia, HIV/AIDS, diabetes, and the morbidity and mortality rates for African Americans far exceed that of White Americans (The State of Health Disparities). Working as a community psychologist and studying the impact of diseases and inconsistencies, I see patterns in health care inequities. African Americans get sicker and die at a younger age from preventable ailments and diseases than White Americans. Furthermore, the history of medical mistrust among African Americans has been justifiably consistent and long-lasting. In a 1966 speech on health care injustice to the Medical Committee for Human Rights, Dr. Martin Luther King Jr., an African American Baptist minister and activist at the time shared, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane”. Dr. Martin Luther King Jr., an African American Baptist minister and activist at the time shared a profound remark, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane”. These inequities result from a combination of individual and group behavior, lack of health and research knowledge, systemic inequality in economics, housing, and health care systems. African Americans have been underrepresented in medical research. Improving health disparities will require a methodical, purposeful, and sustainable effort to address issues including but not limited to health education and health literacy. The healthcare system cannot begin to address health issues or engage in prevention efforts if the patients do not understand what is being said to them. The patient needs to understand the information given to them to make informed decisions. Improved health education and health literacy will enable people to make informed decisions that lead to better health outcomes, family and social support, and access to health care which will ultimately help reduce disparities. The need to implement culturally specific research data collection tools to increase diversity and inclusion and increase the research participation of African Americans across ages to reduce the existing health inequities is imperative.

### What Does Health Disparities Have to Do With It?

The United States (U.S.) government defines a health disparity as “a particular type of health difference that is closely linked with social or economic disadvantages. For example, did you know that in the U.S., Black adults are nearly twice as likely as White adults to develop type 2 diabetes? This racial health disparity has been rising over the last 30 years and continues to rise. Disparities exist in nearly every aspect of health, including quality of health care, access to care, utilization of health care, medication adherence, and health outcomes. These disparities are believed to be the result of the complex interaction among genetic variations, health literacy, environmental factors, existing zip codes, and specific health behaviors. Closing these multi-layered gaps in health outcomes is no easy task. Community Psychologists can better identify and address the needs of a diverse

population when we consider health disparities. Solutions are more likely to endure if they address both the current cause of a given disparity as well as the circumstances that caused it to occur initially.

The most recent pandemic Covid-19 has heightened our awareness regarding health disparities in the United States. Drivers of health inequities have been debated through the years, but most notably include social determinants of health (SDOG) such as poverty, employment in low-wage, but essential worker jobs, and crowded housing situations (Riordan, Ford, & Matthews, 2020). In the public health arena, the importance of addressing all facets of SDOH to advance health equity has long been recognized and discussed. When developing solutions to health problems, community psychologists recognize the importance of culture and context rather than assuming a "one size fits all" will be effective. Often, adaptations are needed to fit individuals.

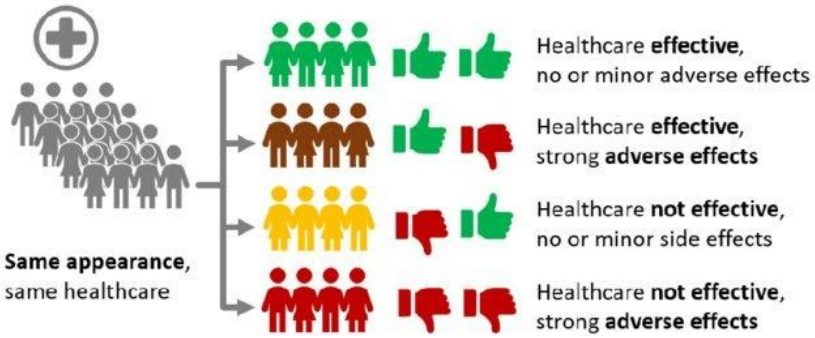



Figure 1 One-size-fits-all health may not fit all. (Research Gate). (Image showing the idea that one size doesn't fit all using images of people and thumbs up or thumbs down icons representing effectiveness and potential adverse effects of the approach).

## Think Globally, Act Locally: Lived Experiences

I have always considered myself a public servant and have been inspired by the words and work of Dr. Martin Luther King Jr. The following quote is from a1965 speach in Selma, Alabama which speaks to the meaning of being a global citizen. "Our lives begin to end the day we become silent about the things that matter." I take this to statement mean that …those who recognize that a wrong is being committed and fail to make a change are not necessarily guilty of the wrongdoing, but neither are they acquitted of the harmful outcomes.

When my mother, a former educator, was diagnosed with breast cancer during a routine mammogram I witnessed firsthand what health disparities look like. During her bout with breast cancer, she and our family faced many racial and cultural barriers, provider stereotyping, and communication difficulties between my mother and her provider. This experience made me think seriously about the other patients that did not have the capacity our family had to advocate for her, yet face the same challenging experiences. What was their outcome going to be? Will they live or die if they decide not to go through with suggested procedures because of feeling uncertainty, intimidation, or like a 'guinea pig'? Who was going to be the voice for them, and at that point, I said, "I WILL!" I began volunteering with community–based organizations and then working to conduct community-engaged research, recruiting research volunteers in underrepresented communities with large academic medical centers, healthcare organizations, and community-based settings. The more involved I became, the more I witnessed the medical mistrust that existed and the health and racial disparities. I started to focus on two important areas: health education and disease prevention strategies to promote improving the quality-of-care and quality-of-life of persons coping with a life-threatening illness.

## Community Assets/Needs

> *"If we take the time to care about people, we can transform whole communities.*
> *You never know how you can change someone's life by showing him or her that you care."*
> *– Rehema Ellis/NBC News*

In my experience community-engaged research benefits from initially using a Community-Based Participatory Research (CBPR) approach. Community-Based Participatory Research involves an equitable partnership involving all research parties in all aspects of the research process from inception to dissemination. CBPR relies on "trust, transparency, dialogue, extending and building community capacity, and collaborative inquiry toward its goal of improving health and well-being" (Winkler & Wallerstein, 2003). I've found that "true" CBPR approaches in health disparities research take a least two years to develop and the process needs to be ongoing. CBPR combines the best of community and academic wisdom, experience, and knowledge to promote social change to

improve community health and reduce disparities. The CBPR approach has been effective in impacting health outcomes such as asthma, diabetes, and cardiovascular disease (Israel, Eng, Minkler, & Parker, 2012).

**Principles of CBPR:**

- Community initiation
- Capacity building
- Varied methods
- Joint data ownership
- Social action outcomes
- Community relevance
- Process oriented
- Ethical review

Within the last twenty years, CBPR has gained recognition within the public health sector and shown that community engagement is vital for effectively identifying and addressing health disparities. Many causes of health disparities and inequities include poor education, poor health behaviors of the group, poverty (inadequate financial resources), personal and environmental factors (USDHHS). Most of these factors are related to access. To impact health disparities and inequities we must strive toward holistic health equality for African Americans and other populations of color, the healthcare system must begin working to abolish the protracted consequences of racism. More meaningful data at the individual and cultural level should be collected among people of all ages, and then reviewed, and considered by both the members of the community and public health leaders and government decision-makers. This data and its review can be used to develop tailored health initiatives to improve health outcomes and increase equity. Including partnerships at the inception of the data collection process and culturally relevant data collection tools will increase the likelihood that the results are appropriately attained and accurately interpreted. The time has come for the political, economic, and social powers that have negatively impacted American medicine to reshape decisions that affect African American health policies. Assessments are conducted for various audiences, including researchers, funding agencies, private agencies, and policymakers and they must be culturally tailored for the target group. Researchers must then report factual and credible findings. Only then can health disparities be addressed and measured thoroughly and accurately.

## Why Culturally Tailored Interventions?

Often evidence-based interventions are not tested with culturally diverse populations. Distinct cultural groups have unique needs and often fall through the cracks of service and healthcare systems. Interventions tailored for specific populations, can address these needs and reduce disparities. In order to improve African Americans' health knowledge and willingness to participate in research, data collection instruments must be developed with the understanding that the respondents will only interpret questions and terms based on their own experience and context. Community psychologists working as researchers must aim to construct questions that are understandable and relevant to the group being studied to obtain the relevant information to combat the issue.




Image by Andrew Martin from Pixabay (Image above says "Mind the Gap")

Dr. Robert Williams, an African American psychologist and professor who created the Black Intelligence Test of Cultural Homogeneity (BITCH-100) in 1972 because he saw the bias in intelligence tests towards White Americans. Dr. Williams also saw this as a problem because low test scores among African Americans were hurting their chances to secure jobs, gain entrance to certain schools, and access other opportunities supporting academic and economic success. Furthermore, receiving low intelligence tests scores was affecting African Americans' self-esteem, confidence, and motivation to achieve and succeed. The test consisted of a multiple-choice questionnaire in which the examinee was asked to identify the meaning of 100 words as they were then used in what was labeled black ghettos. It took about two years for him to develop this culturally tailored test, and its purpose was to determine if his theory was correct. The results of the test showed that the Black group performed much better than their White counterparts. White students performed more poorly on this test than Black Americans, suggesting that there are important

dissimilarities in the cultural backgrounds of Black and White participants. The results of these tests and examination of the BITCH-100 confirmed Robert Williams' belief that his intelligence test dealt with content material that was familiar to Blacks.

## Where Do I Start?




Photo by Eran Becker from FreeImages (Image shows the word "start" with a line pointing outward).

I put on my community psychologist's hat and mulled over the fact that if Dr. Williams can prove that backgrounds are an essential part in the success of Black students and standardized testing, that background and culture are also vital in improving health outcomes and eradicating health disparities.

## A Plan for Prevention

African American college students represent a unique population for promoting health. Although, African American research participation is restricted for relevant health disparities, especially among young African American adults. Limited data exist concerning the health of African Americans (AA). When health assessments are conducted at universities, AA students typically do not participate. Therefore, African American college students and further engaged research are necessary to collect accurate data. This additional data is vital in the development of health prevention and promotion interventions, activities, and services for this vulnerable student body. Armed with the data AA students can take on leadership roles and become advocates for health and peer-to-peer educators in eliminating racial/ethnic disparities and improving the quality of life of African Americans. Students at Historically Black Colleges and Universities (HBCUs) can serve as a model for promoting health equity and prevention, and HBCUs are in an ideal position to serve as excellent public health partners. Therefore, I developed a mixed-methods study, which was culturally tailored for Black college students at a private HBCU in Atlanta, Georgia. The study was designed to answer questions about health beliefs, health behaviors that tapped into the uniqueness related to the disparities in their health and wellness.

This study proposed to:

1. Access the participants' health perceptions, behaviors, and knowledge of Black college students at the HBCU,
2. Identify and define critical problems and barriers of health, and
3. Explore strategies to design sustainable health education and disease prevention interventions leading to better health.

## Building Collective Impact



Photo by B S K from FreeImages (Image shows silhouettes of people linked together side by side over a map of the world).

Building a productive and collaborative team of research partners is just the beginning. The team members' ideas must be aligned, and promote sustainability. Many factors, such as identifying the right team members, building trust through good communication, and effective negotiation skills are needed to advance collaborative projects and to prevent and manage disputes and conflicts. I had to use my communication and interpersonal skills daily. I had to be open, forthcoming, and transparent while making a concerted effort not to over-deliver.

I conducted the study at Clark Atlanta University (CAU), an HBCU. Although I was from a different state, I was familiar with the operations, location, and culture of the school and campus because my daughter was a student. I strategically identified collaborative partners which included the Chicago local office of the American Heart Association, and a nearby Walmart Neighborhood Market to provide incentives for participants. Faculty members from Charles Drew University (another HBCU) and students helped with data collection. CAU-Research and Sponsored Programs provided leadership in the establishment of a partnership between a CAU research mentor, administering contracts, IRBs, faculty, staff and students, the institution, and its constituents. I further developed relationships at CAU with the PanHellenic Council (Greek Organizations), Student Affairs and Student Health and Wellness Center, and nurses. A unique approach was designed for this campus setting in Atlanta, Georgia to begin my work to identify and to increase student, faculty, and staff participation.




Recruitment day at CAU. ( Image above is showing Dr. Roberson at the table to sign up participants at Clark Atlanta University, Atlanta, GA.)

It became time to deliver. All hands were on deck! Initial recruitment relied on word of mouth until Student Affairs approved the recruitment flyer. Two to three weeks prior to the survey administration dates, the student health service director, the research mentor, eleven student volunteers, and I circulated recruitment flyers across the campus. Over 500 hundred flyers were posted in high traffic areas in program departments, classroom buildings, bus stops, dormitories, library, and student cafeteria. The Clark Atlanta University (CAU) administration also sent out a campus-wide email blast advertising and encouraging the students to participate. All college faculty members from various departments were contacted and asked to allow their classes to complete the 15-20 minute survey during class time. On the day of the survey collection, tables were set up, with volunteers and a variety of healthy snacks, in the Student Center; a heavy student traffic area. We offered incentives provided by the American Heart Association (ink pens, pedometers, towels, can strainers, and healthy cookbooks) given to each student that completed the survey. Upon completion of the survey, each student was also eligible to be entered into a raffle for $25 Walmart gift cards.

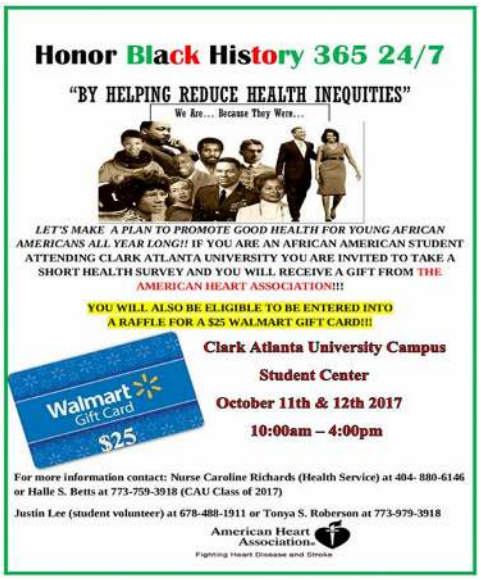



Image is showing the recruitment flyer Dr. Roberson used to recruit participants with the title, Honor Black History 365 24/7 by helping reduce health inequities.

## Description of the Project/Engagement

> *"Identify your problems but give your power and energy to solutions." – Tony Robbins*

My mom would always say, "There are a lot of problems but what are the solutions"? I believe that by conducting research in communities that emphasizes participation and action we can move toward developing effective solutions.

This project consisted of three main parts:

1. The first part was an overall attempt to understand the structure and organization of student health and counseling services at universities and colleges across the country.
2. Secondly, after reviewing this information, the task force identified university health centers defined as integrated and queried them more in-depth, focusing on the issue of integration.
3. The third part consisted of follow-up case study interviews with selected center directors. Using the findings from the literature review, the task force developed a web survey including questions relevant to counseling, health perception, and knowledge.

### Participatory Action Research Approach

Participatory Action Research (PAR) is useful as stakeholders seek to understand communities and help facilitate their advancement because its approach views:

- research as conducted *with* people not on, or for people; and
- embraces processes that include "bottom-up organizing".

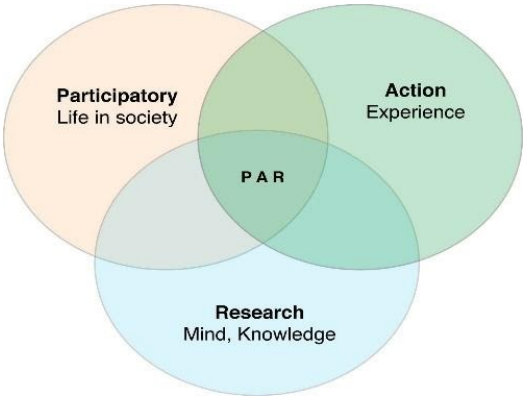



Image above shows a Venn Diagram with the three interconnecting elements of Participatory Action Research (PAR) (1) Life in society, (2) experience and (3) Mind, Knowledge.

To ensure an ethical stance is taken with this population, this study used a PAR approach. Unobservable community issues and problems can be identified through PAR. PAR usually involves any number of processes that include bottom-up organizing. PAR methods were used in every aspect of the development of this study including survey development, discussing the use of the data, and student interest in health promotion. Clark Atlanta University (CAU) students needed to be educated about the importance of participating in research, as there was limited data on the health of African American college students and further research was necessary to collect accurate and useful data. The goal was to use the data collected to develop sustainable, culturally-tailored programs to promote health equity on CAU's campus.

### Study Participants

Recruitment was remarkably successful. The participants (N=402) included CAU students 18 to 27 years old. Additional descriptive statistics are shown in Table 1 below.

Table 1: Demographics of the Participants

| Classifications | Number of Participants |
|---|---|
| Freshman | 68 |
| Sophomore | 103 |
| Junior | 92 |
| Senior | 100 |
| Graduate/Professional | 18 |
| Not seeking a degree | 12 |
| Other | 9 |

## Case Study Methodology

Research suggests that to address and attempt to eliminate health disparities, studies must incorporate a broad range of methodological approaches and cultural issues regarding the collection of data from racial, ethnic, and socioeconomic participants and other hard-to-reach populations (Stewart & Napoles-Springer, 2003; Sue & Dhindsa, 2006).

Examples of the methodological approaches of the project include:

1. Mixed-method approaches to increase participation of otherwise hard-to-reach groups to provide context to quantitative data
2. Community-based participatory action research (CPAR); and
3. Collection of data across the life -course (Bulateo & Anderson, 2004; Halfon, Hochstein, 2002; Zarit & Pearlin, 2005).

Our survey also contained questions about the structure, rationale, and subsequent impact of integrating health and counseling services.

## Survey Measures & Interview Protocol

The results from our study revealed the health perceptions, beliefs, and knowledge of this population. The analyses provided foundational information to strategize and design sustainable health education and disease prevention interventions for African Americans in the future.

The assessment contained demographic information as well as questions relevant to spirituality, family history, ethnic identity, HBCU culture, student's health perception, behavior, and willingness to participate in future health promotions. The survey also contained questions about racism, health disparities, and clinical trials. The focus group protocol was comprised of open-ended questions for the students to answer and their answers were expected to support the assessment's findings.

The complete culturally tailored survey questions were grouped into nine main domains:

1. Health, health education, Family History, and Safety
2. Alcohol, Tobacco, and Drugs
3. Sex Behavior & Contraception
4. Weight, Nutrition, and Exercise
5. Mental Health
6. Physical Health
7. Oral Health
8. Spirituality/Religiosity/Social Health
9. Academic Performance



Image by Gerd Altmann from Pixabay Image is of a hand holding a magmagnafying glass “focusing in” on a group of people in the distance.

Through this exploratory pilot, a focus group interview protocol and health assessment inquiries on the health needs of AA students were designed to establish whether the tools used were reliable and valid instruments for Clark Atlanta University to use in the future to help inform and develop health interventions. Interviews were open-ended and responses appeared to be candid and were detailed. The data analysis process consisted of five stages (1) familiarization of transcripts, (2) identifying thematic structures, (3) interpretation and selective coding, and (4) formulating categories. A common set of techniques for identifying themes, patterns, and relationships were vital to this study. Unlike quantitative methods, in qualitative data analysis, there are no commonly valid procedures that can be applied to generate findings. The analytical and critical thinking skills of the researcher are needed. No qualitative study can be repeated to generate the exact same results. The final stage of the analysis included linking the research findings to the research questions. Our analyses identified five focus group themes derived from the most common responses during the discussion. In this data analysis step, participants’ quotes were paired with the coded topic themes.

## What Went Well

This project showcased positive collaboration building and teamwork. The communication was transparent and effective. This project set a pace for a truly equitable partnership. Buy-in from all parties: internal and external partners, faculty, staff, and students. Each party had ideas and a vision that aligned. The project involved collecting valuable information from and in partnership with a vulnerable population that could benefit from the results. The student volunteers as well as the student participants themselves were extremely interested, recommended great ideas, and were eager to learn and contribute. The Greek organizations served as leaders to help spread the word to a target population that we may not have otherwise been able to capture. Such positive school connectedness and valuable student leadership to disseminate health information in the future. Word-of-mouth about this much-needed project circulated among many other HBCUs increasing awareness and concern for the issue of health disparities. Since the completion of this study, I have been approached by Charles Drew University College of Medicine and Science conducting a similar study and project with their students.

## Lessons Learned

The current manner used to assess college student’s health perception, beliefs and knowledge was developed and using The American College Health Association-National College Health Assessment (ACHA-NCHA) standards which do not provide a holistic, culturally tailored health report for people of color, especially African Americans. To reduce or eliminate health inequities and increase the overall quality of life, researchers must be able to identify which disparities need to be addressed and tailor data collection tools to do so. By regularly assessing, monitoring, and improving HBCU student’s health, African American students can leap forward to increase research and improve health and health outcomes not only for their campus but their communities. Evaluation of this data led to conversations about continuing this work and developing a combined student and staff steering committee to design and develop a sustainable, culturally tailored, holistic health education and disease prevention initiative to promote health inequity.

## Implications for Policy

The data collected in this study can be an important resource for government leaders, policymakers, philanthropic foundations, and community non-profit organizations that are seeking to impact health, end racial health inequities and improve health outcomes.

This case study focused on a collaborative study that explored disparities in selected specific health determinants and identified promising programs and interventions that might be effective in reducing disparities. Focusing public and policymaking attention on fewer, more critical disparities that are potentially modifiable by universal and targeted interventions, can help reduce disparities (Robert Hahn, CDC, personal communication, 2010). However, until more evidence of effectiveness is available, I suggest the following actions:

1. Increase community awareness of disparities as problems with solutions;
2. Sett priorities among disparities to be addressed at the federal, state, tribal, and local levels;
3. Articulate valid reasons to expend resources to reduce and ultimately eliminate priority disparities; and disadvantaged groups by allocating resources in proportion to need and a commitment to closing modifiable gaps in health, longevity, and quality of life among African Americans with the United States.

## Relationship to Community Psychology Practice

This case study highlights the importance of more community-engaged initiatives for impacting health disparities and inequities among African Americans. Consistent with community psychology frameworks, community engagement activities are informed by local context and involve the community in problem identification and social justice action. Efforts to support and equip community members, leaders, and organizations to address the pressing and urgent needs of African American and minority families and communities are crucial.

Community psychologists can provide education and promote resilience with communities of color fostering proactivity regarding their personal and community health to reduce disparities and inequities. Partnerships are vital to the success of community psychology practice. When we seek to address problems through community interventions, we discover the importance of the environment and potential community partners (Shinn & Toohey, 2003). In other words, we need to understand the context of the neighborhoods and community settings where offer our thoughts on community interventions. Community psychologists can help develop culturally appropriate interventions that support and honor existing protective community practices, while helping to change those practices that may have a negative impact on health (Bronheim & Sockalingam, 2003). Thus, the community psychologist can act as a change-maker, health educator, and researcher to meet individuals and families where they are to promote health equity.

In general, health outcomes are inextricably linked with lifestyle choices, personal decisions, resources, and environmental factors and are influenced by culture, history, and values. Therefore, community-engaged interventions must focus on holistic development, community engagement in defining health promotion goals, and advocacy toward addressing the impact of racism and discrimination.

> *Marquita (name changed) a program participant shared, "The survey was… informative, descriptive and was very specific! It inspired me to want to have seminars about all the topics that were included, and I realized how much knowledge I didn't have regarding the different types of health issues prevalent in the Black community. I feel that the survey will change the world!"*




*Image depicts Dr. Tonya Roberson and an assistant seated at a table with survey collection materials and participant incentives at Clark Atlanta University, Atlanta, Georgia*

## Conclusion

Community psychologists can use the advances in social sciences to provide education and support and build resiliency within communities regarding proactivity about their health to assist in reducing disparities and inequities. Health disparities ultimately impact everyone. It erodes human capital and the labor market suffers. As we have seen with the Covid-19 pandemic, the world is still trying to recover economically, culturally, politically, and environmentally. We can push forward a restored world when we work together. Partnerships are vital to the success of community psychology practice of co-creating spaces of health and wellness.

### From Theory to Practice Reflections and Questions

- Improving health disparities will require methodical, purposeful, and sustainable efforts to address issues such as health education and health literacy for individuals and families to foster informed decision-making processes that can lead to better health outcomes…(Roberson, 2021). What immediately comes up for you or resonates with you when reading this statement?
- How would you use the narrative in this case story to promote health equity among African Americans or other populations?
- Discuss your understanding of the term “health inequities” and how would you co-create equitable health with those impacted?

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# Section 4.3: Working with Survivors of Gender-Based Violence

The purpose of this case study is to explore the process and outcomes of a collaboration between researchers and a community-based organization serving survivors of gender-based violence, Fort Bend Women's Center.

## The Big Picture



*pixabay.com* (Image of girls of Color walking with arms linked).

Gender-based violence is a rapidly growing social concern and even more so as the world continues to grapple with the effects of Covid-19. The implications of gender-based violence are too numerous to name here, but there are several special considerations for this population, including attrition (this population can be more transient than others), high caseload and rate of burnout for front line workers, as well as the physical and psychological effects of abuse, including traumatic brain injury (TBI) and initial reluctance to trust others. Further, gaps in existing work with survivors of gender-based violence include a mismatch between the expectations of researchers and the realities of those who are on the frontlines in these organizations and the people that they serve. The purpose of this case study is to explore the process and outcomes of a collaboration between researchers and a community-based organization serving survivors of gender-based violence,Fort Bend Women's Center. We propose that focusing attention on communication, trust, buy-in, and burnout are critical for collaborations between researchers and community organizations that serve survivors of gender-based violence.




It is important to understand that collaborations, such as the one detailed in this case study, do not begin by happenstance. Strong collaborations can take time to develop. For this reason, the authors find it important to explain the origins of this project. In 2012, Abeer Monem (now former) Chief Programs Officer of the Fort Bend Women's Center (FBWC) began to explore reasons why a portion of the agency's Intimate Partner Violence (IPV) survivors were struggling to progress toward self-sufficiency, despite the

agency's existing program offerings such as case management and counseling. As the agency explored the reasons behind the lack of progress, it became clear that one of the main reasons could be potential traumatic brain injury (TBI) in the survivor population. Eager to confirm their suspicion, agency personnel embarked on the discovery and research phases of the intervention's lifecycle.

It was first deemed necessary to determine if agency survivors indeed exhibited a likelihood of traumatic brain injury. FBWC personnel began administering the HELPS Screening Tool for Traumatic Brain Injury (HELPS) (M. Picard, D. Scarisbrick, R. Paluck, International Center for the Disabled, TBI-NET, and U.S. Department of Education, Rehabilitation Services Administration). The HELPS Screening Tool is a simple tool designed to be given by professionals who are not TBI experts. FBWC personnel began by offering the HELPS upon intake to survivors seeking services. The initial findings found that over 50% of survivors screened positive for a potential brain injury incident. With this knowledge, FBWC program leadership began exploring neurofeedback as an innovative approach to assisting survivors exhibiting symptoms of TBI. FBWC approached another non-profit organization that was focused on researching and propagating neurofeedback in public school-based settings. After deliberations between leadership groups, a budget and project plan was finalized.

FBWC leadership began seeking funding from various sources and, after several attempts over approximately 18 months, two sources (one governmental, one non-governmental) agreed to fund the initial work of the neurofeedback project. Initial funding covered the neurofeedback equipment as well as the cost of setup, training, and mentoring by a board-certified neurofeedback clinician. In late 2014, FBWC began an initial pilot program to determine the impact and efficacy of a neurofeedback training program for Intimate Partner Violence (IPV) survivors with potential brain injury in an agency setting.

In 2017, I (Dessie Clark) traveled to Houston, Texas where she was introduced to Abeer Monem, the previous Chief Programs Officer of FBWC. During this meeting, Abeer shared information about an innovative neurofeedback program that was happening at FBWC. She described the approach and noted that they had been collecting data on the program to try to assess efficacy and impact. Dessie was intrigued and agreed to visit the site later that week. Upon arrival, Dessie was introduced to Joshua Brown, a board-certified neurofeedback clinician, who was the Director of Special Initiatives (now Chief Programs Officer) and one of the founders of the neurofeedback program. After multiple discussions, an agreement was reached between the two parties to begin a collaboration.

**Timeline of Project**

**2011-2012:** FBWC learns about intersection of brain injury and IPV and begins screening survivors for potential brain injury

**Late 2012:** FBWC leadership meets with Joshua Brown to discuss a possible neurofeedback pilot

**Late 2014:** Funding becomes available, and the neurofeedback pulot program is launched

**2017:** Dessis Clark is introduced to Abeer Monem and Joshua Brown and the collaboration officially begins

## Community Assets & Needs

Fort Bend Women's Center provides comprehensive services for survivors such as emergency shelter, case management, counseling, housing services, and legal aid. It is important to acknowledge that there are components of Fort Bend Women's Center that are unique to the way the agency approaches service provision. Community assets will vary widely, even amongst similar populations. That being said, we believe the following assets are important to intimate partner violence survivors generally. First, FBWC emphasizes a trauma-informed care approach to working with survivors. The service model is voluntary (as opposed to other models that may have mandatory or compulsory services) and non-judgmental. Specifically, at FBWC, there was existing trust between staff and survivors. This is largely due to a rules reduction, trauma-informed care model that focuses on enhancing internal motivation in survivors and open and honest communication with staff. This helps to create a culture where survivors feel willing and able to be more open about their experiences and the challenges they are facing. Important elements of this model include the offering of voluntary services and non-judgmental advocacy. This model has led to survivors developing a vested interest in the success of FBWC as an agency. Many survivors participated in the research because they felt motivated to share with others their positive experiences at FBWC. Also, many survivors return to FBWC to volunteer following service provision. Please note that the intrinsic motivation to stay involved with FBWC is not a common phenomenon in this community. This illustrates the importance of continual work on trust, safety, and confidentiality.

The IPV survivor community has myriad needs, and no one IPV community will have the same needs. For this partnership, there were several key needs of the survivors at Fort Bend Women's Center that became vital to address in order to successfully

implement the partnership. These needs included trust, safety, confidentiality, and adaptability. Given the trauma that survivors have experienced, these components need to be taken into consideration in interactions with other survivors, staff, and members of the research team.

## Trust

**The Domestic Violence Power and Control Wheel (Developed by: Domesitve Abuse Intervention Project)**

**Power and Control**

- **Using coercion and threats:** Making and/or carrying out threats to do something to hurt her/him and threatening to leave her/him, to commit suicide, to report her/him to welcome and making her/him drop charges and making her/him do illegal things
- **Using intimidation:** Making her/him afraid by using looks, actions, gestures, smashing things, destroying her/his property, abusing pets and displaying weapons
- **Using emotional abuse:** Putting her/him down, making her/him feel bad about herself/himself, calling her/him names, making her/him think she's/he's crazy, playing mind games, humiliating her/him and making her feel guilty
- **Using isolation:** Controlling what she/he does, who she/he see and talks to, what she/he reads, where she/he goes, limiting her/his outside involvement and using jealousy to justify actions
- **Minimizing denying and blaming:** Making light of the abuse and not taking her/his concerns about it seriously, saying the abuse didn't happen, shifting responsibility for abusive behavior and saying she/he caused it
- **Using children:** Making her/him feel guilty about the children, using the children to relay messages, using visitation to harass her/him and threatening to take the children away
- **Using male privilege:** Treating her/him like a servant, making all the big decisions, acting like the "master of the castle", being the one to define men's and women's roles
- **Using economic abuse:** Preventing her/him from getting or keeping a job, making her/him ask for money, giving her/him an allowance, taking her/his money, not letting her/him know about or have access to family income




The Domestic Violence Power and Control Wheel-Developed by: Domestic Abuse Intervention Project

The survivor population at Fort Bend Women's Center have experienced violence from a family member and/or sexual assault. FBWC data suggests that over half of the survivors seeking services at FBWC have experienced multiple traumatic experiences. Additionally, some survivors may have had difficult experiences with the justice system, the medical establishment, and other helping professionals. Experiences of trauma can cause distrust from the survivor when seeking services. Additionally, there is a high incidence of mental health disorders in survivors, including paranoia, that can impede the creation of a trusting relationship. Establishing trust became a vital step in survivor recruitment. For effective recruitment, it was imperative that survivors trusted that

their information would be kept in confidence and that what they were being asked to participate in would not harm them. As previously mentioned, a culture of trust already existed between survivors and staff. The research team was able to build on this by including staff in the research collaboration. Staff members were included in project development, which allowed them to have a deeper understanding of the work. Staff's enthusiasm for the collaboration, which was shared with survivors, helped extend the pre-existing trust that survivors had with staff members to the research collaboration.

### Safety

Safety is of utmost importance to survivors who are fleeing violence. While one might only think of physical safety with this population, it is also important to take psychological safety into account. Steps were taken in this program to ensure that participating survivors understood the likelihood of any psychological harm due to sharing their traumatic experiences. Mental health staff was identified on a rotating basis to act as an on-call resource should survivors need it.

### Confidentiality

Confidentiality of personal information directly involves trust and safety. Many survivors in our program feared for their lives and did not want anyone to know where they were or what they were doing. It is important when working with this population to ensure confidentiality. This is not only ethically and legally important, it is also important in building a long-lasting program. When thinking about effective confidentiality, one should consider their applicable agency, state, and federal confidentiality rules and regulations. At a minimum, it is important to execute a confidentiality agreement with the participant.

### Collaborative Partners

To begin the process of engaging in effective research collaborations, it is often difficult to identify an effective community partner, and it is a somewhat arduous process. While individuals and organizations in academia understand the merits of research, this is not always the case for community organizations. Even in cases where community organizations recognize these benefits, there may be barriers, such as trust, due to historical harms done to communities by researchers. Additionally, community organizations often face strains due to limited resources or capacity to support research which researchers may fail to acknowledge or understand. These issues can create barriers for researchers who are interested in partnering with organizations that have survivor populations. This also causes issues for community organizations who may be less likely to have access to research, including best practices, given academic publishing practices.

Building understanding and trust between researchers and community partners is at the heart of a successful collaboration. A solid research partnership with a community organization requires buy-in from both sides. Whether from the perspective of the community organization or the researcher, it is imperative to find a partner that communicates effectively. This involves clearly defining each party's expectations upfront, making sure that the terms that are used are clearly understood (including any potential jargon), and discussing the importance of flexibility in timelines. A great example of the lack of work on building understanding and trust is the story of the (now-defunct) nonprofit Southwest Health Technology Foundation (SWHTF) in which one author, Joshua Brown, was an employee. SWHTF was a small organization that was focused on evaluating the effectiveness of neurofeedback in existing systems (such as public schools). SWHTF began several data-driven pilot projects without the assistance of a research partner. These data showed the potential positive effects of neurofeedback interventions on behavior and academic performance. However, these data never saw the light of day. SWHTF leadership attempted to partner with four different research institutions to analyze the data. All four attempts ultimately failed without yielding tangible results. This was due to a failure on the part of SWHTF and the researchers to build trust and understanding through defining clear expectations, clearly understanding each party's role, and agreeing on expected outcomes.

An important part of building trust is approaching a partnership with strategies that are aimed at the education of staff and survivors who will be involved. While SWHTF is a relevant example, the focus of this case study is the project conducted with Fort Bend Women's Center (FBWC). We found the most effective approach to building trust and understanding was to focus on educating staff about our project first. We identified the case managers as those staff who have the most contact with survivors and have built up the most trust. When educating staff members, we found that it wasn't as important that they fully understood all the specifics of the project but, rather, that they had enough of a basic level of knowledge about the project to introduce the information to the survivor. Because case managers had built up trust with the survivors, the survivors were much more likely to take the recommendation of the case manager and enroll in the program. Because our case managers were not subject experts, survivors

were willing to speak to researchers even without an understanding of the specifics. The specifics were provided by researchers and program staff before enrollment.

In order to understand how a community navigates issues related to gender-based violence, it is important to understand the ways in which the culture of that community may impact their perspective. The key stakeholders in this project included the funding entities, the Chief Programs Officer, the Neurofeedback program Lead, and members of the Neurofeedback team. The population consisted of survivors of gender-based violence; both those who had completed a neurofeedback program and those who had not yet done so but desired to do so in the future. This research collaboration was between researchers at Michigan State University and Fort Bend Women's Center. The organization, which served as the primary setting for the project, provides emergency shelter, housing/rental assistance, and supportive services. The project was predominantly made up of those located within the agency as staff members while researchers at Michigan State University primarily served as guides and consultants for the research portion of the project. For this project, funders included the Texas Health and Human Services Commission, the George Foundation, the Simmons Foundation, and the Office for Victims of Crime.

## Project Description

This case study involved a multi-year collaboration. During the initial six-months, a series of site visits were conducted with the goal of researchers getting to know staff members of the community organization, as well as the survivors who received services from the organization. Before engaging in any research, a multi-day feedback session was held in which staff members from the organization gave feedback on the research including the approach, questions, assessment tools, and logistics of how the research would be conducted. In these sessions, it became clear that given the population being served at this site, to include high numbers of disabled or immigrant survivors, there would need to be adjustments for accessibility and safety. Other barriers specific to this collaboration included staff burdens, the distance between researcher and community partner, and various considerations given the population such as trauma responses, trauma history, and the relatively transient nature of the population. Additionally, the research and data collection experience of the staff at the community organization was limited. These conversations were critical in helping the community organization familiarize themselves with the research and the researcher obtain a better understanding of the unique strains the organization was facing in conducting the research. As such, novel processes had to be developed and reinforced to ensure adequate data collection and analysis. We involved considerations for a variety of perspectives that may be shared by survivors in our data collection approach. We would do this in the future, with more frequent check-ins with participants and staff.

### Outcomes

The collaboration consisted of frequent communication between the researchers and the organization. Additionally, site visits happened semi-annually. Key outcomes included – efficacy of the intervention was established, adaptive technology was created, and we found evidence of a successful collaboration. The neurofeedback intervention resulted in statistically significant decreases in depression, anxiety, PTSD, and disability symptomology for survivors. Survivors also experienced normalization of brain activity. This provides evidence that neurofeedback can benefit the well-being of survivors. Given the distance between Michigan and Texas, a system was created for checking in, transferring data, and ensuring that all necessary tasks were completed. A particularly novel component of this collaboration was the creation of an app for mobile phones that allowed for data to be transferred securely from Texas, in areas where Wi-Fi may not be present, to Michigan. The creation of a mobile phone app can be replicated. This was an important aspect of conducting research with a population where safety was critical, and Wi-Fi may not always be accessible. Finishing the project, and creating tools to do so, is in itself an indicator that the collaboration was successful. However, this project resulted in a host of other products such as publications, technical reports, presentations, and an awarded grant which also indicate that this collaboration produced well-recognized resources. Not a traditional metric, but one of great importance to the authors is the fact that both the agency and the researchers wish to work together in the future.

### Lessons Learned

Over the course of the 3-year collaboration, we learned many lessons about conducting rigorous research with community partners who serve survivors of gender-based violence. However, we highlight the four biggest takeaways from our collaboration – (1) communication, (2) trust, (3) buy-in, and (4) resources. It's important to note that there is no such thing as a perfect collaboration. Collaborations can be successful, produce important results, and still face challenges. It's important to note that there is no such thing as a perfect collaboration. Collaborations can be successful, produce important results, and still face challenges. That is true of our collaboration, in which we did face challenges. For domestic violence agencies, there is one overarching consideration that

impacts the four takeaways we will discuss below – turnover and movement of staff. Turnover and movement of staff is relatively common in community agencies and that means that there is a constant need to set and reset expectations to make sure everyone has the same information about the project and what is expected of them. These expectations need to be reinforced frequently to ensure there are no issues that need to be addressed. For example, in the first 3 years of our collaboration, we experienced 3 different neurofeedback team leads and have seen the neurofeedback clinical team have full turnover twice. Our experience underlines the importance of consistently resetting expectations.

### Communication

We have found in collaborations with multiple parties, particularly those that are conducted long-distance, communication is perhaps the most important ingredient for success. How do you work collaboratively when not in the same space? For us, it was critical to use technology. We used secure platforms to share information and have important conversations. However, having conversations is not enough. It is important these conversations do not use jargon. For example, there are certain technical terms that researchers or practitioners may use which are not clear and can lead to confusion. It's also important to share perspectives on what the priorities are for different parties. For example, researchers may be worried about things such as missing data whereas counselors may be more willing to collect minimal data in an effort to move on to the next survivor more quickly or to protect survivor confidentiality. Communication is complicated, especially at a distance. It's important to realize you may do the best you can and still have problems communicating. Defining modes of communication, and what expectations are, is also critical. For example, what constitutes an email versus a call, how frequent those communications will be, and what expectations are for when those communications will be returned.

### Trust

It is critical that there is trust between all parties. The survivors must trust the community partner and the researchers, the community partners must trust the researchers, and the researchers must trust the community partners and the survivors. This can create a complex web of dynamics that can be vulnerable to changes and miscommunications. In our collaboration, there were moments where trust and understanding between the researchers and the community partners were limited. In retrospect, it was important for community partners and researchers to sit down and share their perspectives and approach to work. For example, researchers may be more focused on details like completing paperwork properly or recruitment and retention of participants. Whereas, community partners may be more focused on completing interventions or connecting survivors to resources. In both cases, these duties are appropriate for the position but given the rapidly changing needs of survivors, the priorities may not be in alignment across groups. It is critical for both parties to understand where the other is coming from and trust that the necessary steps for the project will be completed. Collaborations should tackle this issue by communicating freely and openly and not resulting in micromanaging or avoiding these issues. Collaborators must trust that all members of the collaboration will do their part and be transparent if and when issues arise. In our case, this impacted survivors' access to the project because at times, due to other survivor or agency demands, staff members were not actively talking to survivors about the project and what it may entail to become involved and learn more.

### Buy-In

Ensuring that researchers, community stakeholders, and survivors have bought into the project and understand the project plan is important in ensuring things run smoothly. While the project itself may involve conducting research, it's important to elicit feedback from the other collaborators at all aspects of the process. In our case, we asked staff members and survivors to provide feedback on the project design and survey. We hosted a multi-day training to talk through the process, the questions we were asking, and gather feedback on what we should know to inform the project moving forward. However, as referenced above, these agencies may experience frequent turnover of staff movement. As such, is it important to check in about buy-in over the course of the project – but particularly when there are transitions.

### Resources

Working with community partners, who are often over-burdened and under-resourced, requires acknowledgment and supplementation from other collaborators. In our case, it was important for the researchers to design and adjust the project to best meet the needs of the community partner and survivors. We did this by:

1. Taking over aspects of the project like data collection to the extent that was allowable given distance and travel,

2. Hiring staff members as research assistants to help with data collection; and
3. Creating a phone application that allowed for information necessary for the project to be directly transmitted to a secure server at MSU.

### Burnout

While for many of our lessons learned, we have concrete suggestions for future work, we do find ourselves with one lesson we have learned but have not solved. A constant challenge on this project was learning how to deal with staff burnout – both in their roles and in regard to the research project. For example, as we've mentioned staff at these agencies are often overburdened and under-resourced. Participating in research can exacerbate these issues and lead to a faster rate of burnout or what we observed and have called "research fatigue". We believe that having a place to vent frustrations about the research project so they may be dealt with is a promising thought. However, this is a bit complicated as it seems that staff may be unsure of the appropriate avenue to share these concerns – whether it should be their agency supervisor or a member of the research team.

### Research Process

A relatively unique aspect of this project was the willingness of staff to engage in all aspects of the research process. Members of FBWC were engaged throughout the entire process from project conceptualization to dissemination of information. The key stakeholder, Joshua Brown, was eager to be involved in research. However, this was only possible because Dessie Clark suggested the possibility and Joshua didn't know that it is unusual for community partners to be involved. This highlights the importance for researchers and community partners to be talking about research, the degree to which each member wants to be involved, and what expectations will be. The authors of this chapter had many conversations about authorship on all the produced works and what workload and timeline would look like to live up to these expectations.

## Looking Forward

As we continue to move forward, we would be remiss if we did not acknowledge the impacts of COVID-19 on the intimate partner survivors, the agencies (such as Fort Bend Women's Center) that serve them, and research for those housed in a University setting. Before COVID-19 we imagined continuing our work in many of the same ways. We had applied for future grants and dreamed of expanding our work to examine the children's neurofeedback program at Fort Bend Women's Center. While we hope that eventually conducting our work, in-person, will continue, it seems prudent to reimagine what working together will look like in our altered state. It is the intention of the authors to continue collaborating. However, this may require adjusting to continue working in a virtual matter. Given the fact that technology has already been an important part of our process as long-distance partners, we hope that future work uses those technologies (digital survey platform, phone app for information transfer, etc.) to continue to collect important information that ultimately benefits survivors and their communities.

## Recommendations

While gender-based violence is often examined at the individual level, communities play an important role in how gender-based violence is addressed and how survivors are supported. Communities can be a tremendous source of support for survivors by providing social support through which these individuals can access resources, and connect to services. In this way, communities have the potential to be a tremendous source of support for survivors. Or, in contrast, communities can impose substantial barriers on survivors and their families. Since structurally, communities are located closest to survivors, understanding how gender-based violence is addressed by, and within, communities is important in understanding and confronting gender-based violence as a society. The nature of this work was relatively clinical in nature (e.g. neurofeedback) where community relationships and community-engaged research are not a typical fixture. This effort provides suggestions for how those in clinical disciplines, like clinical psychology or social work, may conduct work with community psychologists that are more interdisciplinary in nature.

Further recommendations include:

- Examining how those who do more clinical/individual work may engage with communities,
- The use of technology to conduct and engage in community work, and
- How researchers may do work in communities that is rigorous, such as the waitlist control trial done here, and is not limited to that which can be done inside a lab.

A frequent conversation between the authors of this article was about the wall that exists between researchers and communities. Often, it is assumed that communities do not value or understand research. Or, conversely, that any research that can be done in community settings is not rigorous or worthwhile. Our experiences show the inaccuracy of these assumptions. Fort Bend Women's Center created the neurofeedback program with research in mind. They implemented best practices and collected necessary data. While they didn't have the resources to compile and analyze the data in ways that could be presented to the scientific community – they were certainly open and eager for the opportunity. Additionally, the research that has been done in this collaboration so far has been recognized widely and invited to contribute to special issues and conference keynotes – a marker of success in the scientific community. This was successful because people, located in very different spaces, were willing to discuss how they could meet in the middle to accomplish a common goal. The experiences of survivors happen in real-world settings and it was important to capture their lived experiences in that setting.

It is important to take the time on the front end to develop a plan. But, also, recognizing that plan likely will change. There should be explicit plans for action with turnover and communication. The priorities of the work should be established and reinforced. This includes defining what priorities are overlapping, and what priorities are important to researchers and community partners so they can work together effectively. Given the fluid nature of research, domestic violence organizations, and survivors it is important for everyone to be willing to adapt. Researchers may be forced to make changes to the research plan, particularly to meet staff and survivors' needs. The agency may need to adapt to ensure that the research components fit into their own expectations and be willing to give feedback if they do not so adjustments can be made.

## Implications for Community Psychology

There has been a multitude of promising results from this project including, establishing the efficacy of the intervention, creation of adaptive technology, and evidence of successful collaboration. In our case, researchers and community partners have published and presented in academic spaces and created a technical report for practitioners. Community psychology theory often focuses on engaging local communities that are relatively close to the research team. This case study has implications for how to do community-engaged research over a long distance using various technologies. This has the potential to further the conversation on how we can engage and work with communities when physical access may not be possible. This is important as funding and travel can pose barriers to certain populations and novel ways of doing this work may present additional opportunities for other researchers.

## Conclusion

The authors of this case story believe that finding creative ways to manage mostly virtual relationships, as we have done here, has always been a critical component of doing community psychology work. However, as we wrote this chapter during COVID-19 we realized that what has been important to those of us striving to reach vulnerable populations in hard-to-reach locations is now a standard challenge. While community psychology has always pushed innovative ways to do community work, limited conversations have evolved on how adaptive technology could and should be used to try to ensure successful collaborations, particularly collaborations across distance.

### From Theory to Practice Reflections and Questions

- Gender-based violence is a rapidly growing social concern and even more so as the world continues to grapple with the effects of Covid-19 (Clark & Brown, 2021). How does the discussion in this case study challenge your thinking regarding traumatic brain injury (TBI) and gender-based violence?
- Reflect upon conversations you have heard and/or had on gender-based violence. List 3-5 statements you have heard. Based on these statements what would you consider about society's response to this issue? If you have not heard any stereotypical or other statements, research 3-5 statements and answer the same question.
- How would you go about creating an alternate setting to address this challenge in the community?

## References

Domestic Abuse Intervention Project (n.d.).The Domestic Violence Power and Control Wheel https://www.thehotline.org/identify-abuse/power-and-control/

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# Section 4.4: Journeying Past Hurt- Creating and Sustaining Trauma-Informed Healing Practices With Black Pregnant and Parenting Mothers

This chapter explores the process of development for the Journey's Curriculum, a program designed to center the voices and knowledge of Black pregnant and parenting mothers to support families.

## The Big Picture

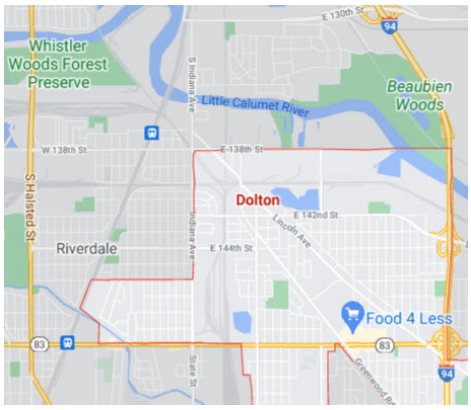


*George Jr. Kamau@prexels.com* (Image of a young woman who is laying in the grass and pregnant).

### The Community Exodus

Chicagoans often tell the story of Chicago and Chicago's suburbs as if they are separate and apart, when their stories are intimately tied together. The fast-changing economic climate coupled with the unrelenting housing and employment discrimination practices affecting Chicago's Black families reached a boiling point that spilled over into a mass migration to quiet unsuspecting residents of the south suburbs, peaking in the early 1990s through 2010. Surges in crime in Chicago's Black neighborhoods were in part a result of the movement of jobs from the urban cities in America to urban cities in southeast Asian countries, disrupting and upending the economic fabric in rural communities in the outskirts of major cities in China, India, Malaysia, and Indonesia and shaking up the lives of Black men and women in Chicago's south and west side neighborhoods. For many Chicago families, moving to the south suburbs was a way to find jobs, safe neighborhoods, and schools with strong academic promise.

As Blacks fled south and further west, White families fled even further south and west, leaving their homes and careers largely in policing and teaching, with the perception that their communities would suffer some wrath untold from their new Black neighbors. Some Black families were able to make the migration work. As the south and west suburban communities changed, the necessary support systems found in large cities were not present in the suburbs. Their absence deeply impacted families, particularly young families. The project discussed in this chapter attempted to support these young families, primarily headed by young Black parenting and pregnant mothers, whose families moved to the south suburbs. They are the first generation of Black children born during the exodus to the south suburbs. They have learned to navigate the systems available to them, much in the way some of their parents did. The project is designed to help them to see the systems that drove their families to the south suburbs and to use different tools to navigate communities existing within persistent disinvestment, White flight, and scarcity. This project took place in a small town that is still working to establish adequate support systems for its largely Black and low-income population. This city is Dolton, IL.




Google Maps – showing the community of Dolton in Chicago's southland region.

## How I (Dr. Somerville) Came Into This Work

My family was part of the mass migration to the south suburbs during the 1990s. Like many others, our family looked for a place that would offer a "good life" for children and a place with peace of mind for ourselves. We found it in South Holland, a neighboring suburb just east of Dolton. I've spent most of my waking days working, studying, organizing, and engaging in coordinated responses to oppressive systems affecting Black people and people of color in Chicago, leaving far less time to explore the ecosystem of support for families in my own community. This project presented a unique opportunity to change that. Through volunteering and some consulting work, I've come to know and learn more about the nonprofit organizations in the south suburbs. Many operate as storefronts, have offices in bank buildings as a result of community benefit agreements, or operate within churches. Very few grantmaking foundations fund outside of the city limits of Chicago, which means that many of the programs in the south suburbs are funded through fee-for-service contracts with the State of Illinois or large grants that fund federal programs within the local area. Healthcare Consortium of Illinois (HCI) is one of the federally funded operations in the suburbs that accompanied families to the south suburbs in the 1990s.

## South Suburban Landscape: Community Needs

HCI is located in Dolton, IL, a village township located in the south suburbs of Cook County. Demographics of Dolton (2010) include the following:

- 88% of the population are African American
- 41% of the households have children under the age of 18; and
- 29% of the households earn less than $25,000 annually.

Like many south suburban Cook County communities, Dolton experienced a significant population shift during the 1990s which resulted in a large exodus of White, middle-income families and an influx of black middle-and lower-income families around the same time. During this shift, many families came to the south suburbs seeking employment and housing opportunities. The challenges with a tight job market, poor transportation options, and poor social service infrastructure made it difficult for many young, under-resourced families to transition well into communities designed to accommodate single-family, working and middle-income families with high degrees of self-sufficiency. According to data on local municipalities collected by the Metropolitan Planning Council of Chicago, low-income, single-parent families in Dolton spend 46% of their income on housing costs and 30% of their income on transportation costs. For mediate and moderate-income families, percentages were significantly lower for transportation costs, at 29% and 35%, respectively. Most residents within Dolton, regardless of their income, find employment in Chicago (39.4%). Unemployment is also much higher in Dolton at 24% compared to the rest of Cook County (10.7%) and the 7-county region (9.5%). HCI's Healthy Start families are in the eye of the storm of poverty, unemployment, and those overburdened with housing and transportation costs (Encyclopedia Chicago History).



Image above shows a type of gear cog with illustrations of people within each cog.

Residents and local leaders living together and working on issues impacting Black children and families in the south suburbs have relied on time-honored institutions within Black communities to address the gaps in resources in the absence of multi-million dollar foundations, corporation foundations, city budgets for supportive services, and a small pool of wealthy individual donors. Many churches have active community outreach ministries. Volunteerism is strong among churches and retirees. Schools and small community centers work with nonprofits and unincorporated organizations seeking collaborators to carry out services, space for programming, or distribute goods and services to the broader community. The web of connections among service providers is intact. Individuals who work for a nonprofit generally know who's who. There is a sensibility of a "small town" community feel that makes connecting across organizations and municipalities less difficult than for larger cities where there is competition for funding at every turn.

### Community Partner: Healthcare Consortium of Illinois

The Healthcare Consortium of Illinois (HCI) is an organization located in Dolton, IL, of partners committed to developing and maintaining targeted, community-based, integrated health and human service delivery systems which increase the well-being of individuals, families, and communities throughout Illinois by means of advocacy, awareness, and action. HCI operates the Healthy Start Program, a federally funded system of services that promotes family-based education strategies that are intended to lead to positive health outcomes for pregnant and parenting mothers and their families. The Healthy Start Program serves neighborhoods on Chicago's southeast side and communities within south suburban Cook County. This project will focus service delivery on the needs of clients served by HCI's Healthy Start Southeast Chicago Program.

## Development of the Journeys Curriculum




*Johnhain@pixabay.com* (Image is a cyclical flow showing the necessary components for engaging in healing practices).

The engagement began in the fall of 2018 with a goal to identify how to best bring the knowledge and experiences of Black pregnant and parenting mothers into training programs for staffers and curriculum designed to support families to get them to the point of thriving. Caseworkers, doulas, lactation consultants, and program managers from the Healthy Start Southeast Chicago Program worked with clients to learn about ways to make sure that curriculum was more than just a way to change behavior, but to acknowledge the systems that are often hostile to clients. They realized that asking clients to constantly acquiesce to unjust systems was indeed unjust and did nothing to improve those systems for their clients. Healthy Start program staff hoped to identify key issues and solutions based on their knowledge of the populations they serve and responsiveness to their presenting issues. At an

initial meeting held at the HCI offices with the Healthy Start team, the team shared their current challenges and concerns to develop a meaningful, useful, and relevant project that would best address their concerns together. One key issue found was current curriculum and staff training that focused on behavior modification left many unaddressed systemic issues that clients discussed with staff. The concerns were:

- Case management strategies employed often focused on goal setting and implementing strategies for mobility, which are very often hard to obtain or achieve; and
- Barriers to success were often related to untreated trauma: childhood trauma, rape, prostitution, and intergenerational family dysfunction.

Healthy Start professionals had existing training in several different curriculums over the years, all evidenced-based, as the Healthy Start Program is a federally funded program. The curriculum choices they had at their disposal are not designed to address what staff believes are the root causes that keep their clients from setting and achieving their program goals. They decided that a curriculum that helped to address this current gap in their program practices would be the most meaningful and relevant project to focus on. The staff discussed the curriculum options they used and how they are integral to their work as advocates. A curriculum development chart (see Figure 1) was developed and presented at a follow-up meeting to analyze the curriculum options with the team. The curriculum chart featured underlying treatment goals, curriculum outcomes based on what has been written in peer-reviewed literature, what works for the team, and what is missing. The staff had the final say in how this chart defined the treatment goals and curriculum outcomes. The Staff team also determined what they found most useful for the existing curriculum and what they wanted to see in the curriculum to be developed. Table 1 below shows the Curriculum Development Chart.

### Table 1 – Curriculum Development Chart

| Curriculum | Underlying Treatment Goal | Curriculum Outcomes | What Works? | What is Missing? |
|---|---|---|---|---|
| **Mothers and Babies** | Psychoeducation regarding depression, inner and outer reality management | Stress management<br>Use of coping strategies | Decreases effects of depressive episodes<br>Improves self-regulating behavior | The context for the inner and outer reality management to help young mothers define their lives as beyond coping. A trauma-informed approach is not emphasized. |
| **Parents as Teachers** | To improve health and early childhood education of children 0-5 years<br>Improve parental engagement | Optimal early development of children<br>Mothers practice the use of tools for self-regulation | Children are well monitored for health and development improvements | no acknowledgement of the relationships between trauma experienced by mothers and outcomes. No capacity developed for parents to understand past and current trauma and contextualize their current reality. |
| **Proposed Journeys Curriculum** | Treatment of past trauma and addressing current trauma<br>Psychoeducation | Goal setting<br>Placing experiences within the context of structural oppression and system navigation | Proposal: improved self-regulation; change in perception of the oppressive systems they navigate as reflected in the goals they set for themselves. | Proposal: childe development outcomes are not included as part of the curriculum. |

## Workshop Processes

The workshopping process involved setting time with the staff to discuss our collective experiences with the current curriculum targeting pregnant and parenting Black mothers. The staff identified the absence of a trauma-informed approach as a clear focus. The team consisted of the program director, 3 case managers, and 2 doulas. The program director and 2 case managers had recently gone through a trauma certification training together a few months prior and shared ideas on how to incorporate our knowledge of trauma-informed practice, both in terms of institutional responses and clinical responses. Staff members discussed the importance of holding space to acknowledge trauma in order to facilitate healing and the use of tools to address trauma. The use of psychoeducation would be an important tool to address trauma and introduce the trauma-informed practice. The entire team acknowledged that they were unclear of the extent to which unaddressed trauma impacted their case management strategies with their clients. Putting together a curriculum with a trauma-informed approach (trauma-informed care) would help them to determine if addressing trauma would indeed have a positive outcome for their work with their clients. The opportunity to acknowledge the impact of intergenerational trauma and the legacy of white supremacy would bring a contextual reality to the curriculum that could inform their work with clients in more meaningful ways (Minnesota State Health Information)

Healthy Start staff were considered knowledgeable and experts in relation to their clients and the community. They were being consulted regarding the problem and issues affecting their clients and the solution that would best address it. The curriculum was designed to emphasize a strengths-based model that reflects aspects of psychological empowerment theory.




The image shows a possible parent or caregiver with insets of children.

## Empowerment Theory

There are many aspects to empowerment theory that can be applied to understanding an empowered setting. It is important to emphasize psychological empowerment in the lived experience of clients and Healthy Start staff. The curriculum draws from the four components of psychological empowerment: the emotional, cognitive, relational, and behavior components. Currently, Healthy Start staff saw many of their clients as not having control over their lives, due to all of the systems they must navigate for their daily survival. The curriculum was designed to facilitate the possibility for client participants to experience control and self-efficacy over their lives and relationships with their children. Their self-perception as competent and in control are considered to make a significant difference in how clients are able to make a life for themselves, despite the limitations that come with teenage motherhood.

### Intervention Strategies

As a community psychologist, I proposed a set of intervention strategies in response to the goals discussed in prior meetings and what the team felt was missing that needed to be integrated into the curriculum under development. I conducted research and drew from the bank of information that taken together, I was either exposed to or familiar with as part of our shared training in the treatment of trauma. I also took into consideration the experiences discussed with HCI staff would be important to include as part of the curriculum: incorporation of movement (many of the group-based sessions we reviewed together only allowed for everyone to sit for an hour or more at a time, which everyone felt was not wholly conducive to their clients), incorporation of building rapport and connection among participants, and integrating aspects of African-centric practices that can support positive identity development.

The intervention strategies introduced to the HCI team were broken down into 3 pillars of intervention: therapeutic/healing, growth/change, and ritualistic/confronting complacency/waking up the spirit (see Figure 2). Each strategy introduced to the HCI team was discussed in order to introduce the relationship of the theories to the outcomes discussed in earlier conversations. This chart was introduced to begin to discuss the process by which the goals and outcomes would be obtained. This chart would help connect the dots between theory, practice and what HCI staff felt would help best support their current work with their clients. I endeavored to ensure that everyone involved in the decision-making process could see the connection between the "big picture" ideas we explored when looking at different curriculums and our thoughts about them to carve out more specific goals for this curriculum. This part of the journey brought up many feelings for all of us, reflecting on our own experiences in our own healing journeys. We realized that this was not only for clients but could also benefit HCI staff as well. Table 2 below shows the Interventions Strategy Chart.

**Figure 2. Interventions Strategy Chart**

| Strategy | Reference | Intervention Goal | Intervention Outcomes |
|---|---|---|---|
| Liberation Education | Paolo Freire bell hooks | Growth/change: Engage through praxis and use of critical thinking | Participates in their own life story while healing |
| Re-Evaluation Counseling | Harvy Jenkins | Growth/change: To undermine the effects of traumatic events, affirm and evolve the psyche | Use different perspective to commit to their own ideas about change |
| Rites of Passage | Indigenous African traditions | Ritualistic/confronting complacency/waking up the spirit and therapeutic healing: Restore harmony, justice, balance, and order | Begin to recognize their true selves and to nurture and evolve beyond the constraints around them |
| Radical group work – Circle Work | Kay Pranis<br>Jennifer Ball | Mark and create sacred space to invoke ceremony, mutual exchange, and healing | Create grounding process to ensure greatest access to healing and participation |
| Narrative Therapy | Dubi | Therapeutic healing: To use storytelling as a means to address past trauma | Use an expressions to release all that has caged their ability to heal from trauma |

The curriculum also aligns strongly with Bronfenbrenner's ecological systems theory. The curriculum aims to facilitate a process for clients to see the connections among how clients experience their families, community institutions, neighbors, and the macrosystems that support them. The curriculum helps to identify the barriers to healthy family relationships and the need to examine the systems that both impede child and maternal health and support it. The curriculum builds upon HCI's integrative framework and supports each of its case managers as they work with clients to support their goal-setting towards education attainment, employment, and the emotional health of Black mothers and their children. The use of systems thinking was designed to help HCI staff and clients improve outcomes for mothers and their families.

## The Role of Trust

The team members trust in my capacity to take their ideas and shape them into larger constructs that would inform the direction of the actual curriculum development was a bit daunting. I also felt that our conversations about what we would like to see were specific enough that I had a clear road map of how to further crystallize the ideas into an actionable plan and process. I use the term "we" very loosely, as my role during this part of the process was to listen, listen some more, ask clarifying questions, and present the ideas as I received them in order to receive feedback – and then start the process over again.

I did choose to engage HCI staff with my own experiences as well, as co-creators of this work, which is our community psychology approach, particularly when we shared how we each felt about the trauma certification program we experienced together. Thus, this process was largely reflective of their ideas and priorities for the curriculum. The development of trust was about trusting me and

the process I provided for the development of the curriculum, but also, it was a process for HCI team members to trust themselves. As many team members have built a career in their roles as case managers, doulas, and in a leadership role of a case management team, they have been charged with implementing curriculum created by researchers/outsiders who generally don't consult with case managers or program directors, and certainly not doulas, when developing evidence-based curriculum. This was a new role for the team. As we continued to discuss ideas and plans, the ability to see the process move from an interest they shared to the possibility of having a direct impact on the families they served became more real.

## The Journeys Curriculum

The curriculum became known as the Journeys Curriculum, a psychoeducation format to address previous trauma while also aligning with current case management strategies for each client/resident to support their individual goal setting. The curriculum was designed as modular to allow for flexibility in implementation, depending on time constraints, client needs, and team member observations of clients. The curriculum could be delivered over 6-12 weeks, 1-2 hours per session. The curriculum incorporated centering, diaphragmatic breathing, and introduction to more techniques over time as the group evolved. Diaphragmatic breathing is a mind-body practice used throughout the curriculum (at the beginning and ending of each session) to reduce stress and has been studied to have additional benefits (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5455070/). Self-regulation techniques were also shared, along with knowledge of how and why such self-regulation helps the body and mind. Each person visits their own family histories through stories about themselves and their families. This storytelling is interwoven throughout the curriculum.

The content of the curriculum allowed users to center their own stories, thereby having the opportunity to relive their journey with support and to gain conscious awareness of the contextual realities that informed their past, that of their family members, ancestors, and that which impacts their relationship with their children. The stories served as the foundation upon which they viewed themselves and the systems they navigate, their relationships and how they've changed over time, through influence of external realities. Participants began to critically examine their relationships and goal setting, and how systems impact their relationship to both. They used a mapping exercise to visualize the systems in their lives and their connections to their children to determine whether they are navigating systems or whether systems are navigating their lives. Exploration of their bodies and how they relate to them – as mothers and as sexual partners, through the trauma they've experienced, exploitation, and their earliest memories of their awareness of their bodies was also explored. The curriculum also made space for taking back power from traumatic memories/experiences and connecting them to practices that acknowledge pain from past experiences and incorporate self-regulation exercises to support their healing and continued psycho-social-emotional development. After exposure to various trauma-informed techniques, participants identified which ones they planned to continue to use after the group ended. Affirmation exercises were also used throughout and at the end of each module along with bonding exercises that help to reaffirm and reconnect the group members to one another.

### Connections of the Curriculum

Once the co-creation of the curriculum was complete, the staff requested that we go through the curriculum together before working with their clients. They immediately saw the connections between their own experiences and that of their clients, as many of them are also Black women, some with similar origin stories to their clients. Staff members were also moved by the opportunity to grow their knowledge and incorporation of trauma-informed practice into their own work with clients. They saw the modular nature of the curriculum to have a particular benefit in helping support flexibility in use with clients. The techniques also offered a unique opportunity to support staff in unique ways and address untreated trauma that they also experienced. The curriculum has made an impact on the ways that staff members see themselves in relation to their clients and has made room for their capacity to engage in this work for their clients and to find a road to healing for staff who are often tasked with supporting clients, even as their own needs to heal from trauma and past experiences remain unresolved.

We were excited to begin the Journeys Curriculum. However, unfortunately, the project with Healthy Start was sidelined with a number of the staff leaving the agency during the planned implementation period. But, the project has since been utilized with a residency program for Black pregnant and parenting women in Harvey, IL, a neighboring municipality to Dolton, IL. The engagement process is still currently underway, delayed due to mandated restrictions related to COVID-19. There are still plans in place to implement the curriculum.

## Takeaways From the Project

This process began with a goal to impact clients of the Healthy Start Southeast Chicago Program. Consideration for the ways the Journeys Curriculum would support staff was not clear in the beginning. Yet, the opportunity to see the project through to the end and evaluate the curriculum based on the client experience at Healthy Start was not realized. But this change in focus in the curriculum offered the opportunity to shine a light on an often overlooked topic in nonprofit settings: who heals the healers? Who provides support for the staff members of organizations working against considerable odds, navigating hostile systems, experiencing the long-standing effects of untreated trauma as they help their clients to strive and thrive? This question has sat with me for months since this engagement ended. When I work with new organizations interested in introducing this curriculum to their clients, I will think about how to bring the process that informed this curriculum to new collaborating partners, rather than focusing solely on the curriculum previously developed. I learned from the staff at Healthy Start that organizations I collaborate with may benefit from supporting healing for themselves as well as their clients. I've held several workshops since, focusing on untreated and unresolved trauma of staff working with clients navigating through the same choppy waters. What I've found in these workshops is that when given the opportunity to lift up and name trauma, the differences between many staff and clients may lie in their education, salary, role, and protective factors in relation to clients, but otherwise, there may be many other experiences they share in common. The role of community psychologists often requires us to be flexible, and remain open to the dynamics of communities as they are never static. This brings us to a related discussion on setting creation.

Sarason's (1972) initial work on the creation of settings and his reflective essays on the topic over the years bears mentioning here. Although his work has focused largely on education and education settings, I see the concepts he discussed in numerous essays and books as relevant to nonprofit settings. As Sarason explained, one of the challenges faced by organizations leading change efforts is the inability to fully appreciate the ways organizational leaders often aim to make change without changing how an organization functions. Leaders are socialized to set up new initiatives without questioning how the initiative is positioned to avoid the pitfalls of the previous ones, or what fail-safe measures are put in place to address unexpected shifts that inform what is deemed as successful. He makes the point in a reflective essay that personal motivation towards a goal often overshadows the need to fully appreciate and examine the process that informs it. As I look at my own process while working on this project, I acknowledged moments when I could have used my knowledge of Sarason's theory to engage with the process differently. I was personally excited to develop a trauma-informed curriculum with a diverse team willing to co-create the project, but did not question how introducing a new program into an established setting would avoid the same obstacles that hindered previous attempts to launch a new initiative. Seeing myself as an outsider with insider knowledge and experiences, I didn't fully appreciate the limitations of the setting to adapt to new ways of engaging in work, without any paradigmatic shift to support it. As you are learning, community psychologists are collectively learning to move to the "inside" of communities to see a different lens than an "outsider" would.

## The Journey Ahead




Photo by Clemens van Lay on Unsplash (Image is decorative and says "The Journey is On")

Our work as community psychologists is always fluid. Thus I am working to address some of the areas that did not go well with this project. Having a contingency plan for implementation when key staff changes occur is one area of the project that will require better attention. I worked with a team but had only one project lead to support the organizing process with staff and clients. Once each project lead left HCI, the project lost momentum for a time and eventually was not able to meet the goal of completing the implementation of the curriculum with clients.

Clear timelines were set for each aspect of the months-long planning process and weeks-long training and implementation process, without a clear appreciation for how this planning impacted their work schedules. This is a common concern with the

implementation of new programs that are not funded with dedicated staff. Programs developed under these circumstances engage staff who spend paid hours time away from funded projects to participate in the process. This made it difficult for team members who were very eager to participate and interested in the project to continue while managing competing priorities, particularly as they were under some pressure with funding for their programs being under threat due to a much more conservative Trump administration threatening to end such programs.

The work to refine the process of developing a trauma-informed curriculum for organizations serving Black pregnant and parenting mothers continues with Lakeside Incorporated, which serves clients living on Chicago's south side and south suburbs. The process involves revising the materials that support the development process, incorporating more materials that invoke questioning, training in trauma-informed care, and the use of liberation education. Another important takeaway is I didn't have awareness of the ways staff would find the curriculum helpful and useful to their own healing process during the initial creation. All work of this nature must begin with the 'healer'. That has since changed. I use that awareness to raise different opportunities for questioning for staff that can support a dialogue that focuses on how they see themselves on their own healing journeys with trauma. Research and further exploration of liberation-based healing has also provided more insights and potential tools that can be incorporated into the curriculum, particularly the work of Dr. Rhea Almeida.

## Conclusion

As with any work in community psychology or other related fields, adaptability and flexibility are imperative—the very complex nature of communities and people's lives demands it. This case story is as equally important as case stories that were successful in carrying out the original vision. The goal is for the reader to understand the work of community psychology practice is not set in stone or exists outside of the changes that occur in normal community living. This is what makes community psychology exciting is it moves with the changes of life and is never anti-thesis to the struggles of citizens navigating society to take back their sense of agency or engage in co-liberation!

### From Theory to Practice Reflections and Questions

- Dr. Somerville (2021) shared "the opportunity to see the project through to the end and evaluate the curriculum based on the client experience at Healthy Start was not realized". What are examples of ways a deficit-based approach might explain this occurrence? What are additional ways outside of what has been identified by Dr. Somerville that the curriculum might still be used?
- Foundational to community psychology work is adaptability and flexibility. Share with your classmates or others a time when you had to demonstrate adaptability and what were the results.
- We know that community psychologists do not have the cure for social issues, but instead are co-creators for envisioning alternate settings. Think through a challenge in a community you are aware of. What might an alternate setting look like for this community challenge?

## References

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# Version History

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This page provides a record of edits and changes made to this book since its initial publication. Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.1. If the edits involve substantial updates, the edition number increases to the next whole number. The files posted alongside this book always reflect the most recent version. If you find an error in this book, please let us know in the Rebus Community project home.

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# Accessibility Assessment

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## A NOTE FROM THE REBUS COMMUNITY

We are working to create a new, collaborative model for publishing open textbooks. Critical to our success in reaching this goal is to ensure that all books produced using that model meet the needs of all those who will one day use them. To us, open means inclusive, so for a book to be open, it must also be accessible.

As a result, we are working with accessibility experts and others in the OER community to develop best practices for creating accessible open textbooks, and are building those practices into the Rebus model of publishing. By doing this, we hope to ensure that all books produced using the Rebus Community are accessible by default, and require an absolute minimum of remediation or adaptation to meet any individual reader's needs.

While we work on developing guidelines and implementing support for authoring accessible content, we are making a good faith effort to ensure that books produced with our support meet accessibility standards wherever possible, and to highlight areas where we know there is work to do. It is our hope that by being transparent on our current books, we can begin the process of making sure that accessibility is top of mind for all authors, adopters, students, and contributors of all kinds on all our open textbook projects.

Below is a short assessment of eight key areas that have been assessed during the production process. The checklist has been drawn from the BCcampus Open Education Accessibility Toolkit. While a checklist such as this is just one part of a holistic approach to accessibility, it is one way to begin our work on embedded good accessibility practices in the books we support.

Wherever possible, we have identified ways in which anyone may contribute their expertise to improve the accessibility of this text. We also welcome any feedback from anyone who encounters the book and identifies an issue that needs resolving. This book is an ongoing project and will be updated as needed. If you would like to submit a correction or suggestion, please do so using the Rebus Community Accessibility Suggestions form.

# Peer-Review Statement

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***Case Studies in Community Psychology Practice: A Global Lens*** was produced with support from the Rebus Community, a non-profit organization building a new, collaborative model for publishing open textbooks. Critical to the success of this approach is including mechanisms to ensure that open textbooks produced with the Community are high quality, and meet the needs of all students who will one day use them. Rebus books undergo both peer review from faculty subject matter experts and beta testing in classrooms, where student and instructor feedback is collected.

This book has been peer reviewed by fifteen peer-reviewers (subject experts) from over five higher education institutions, corporations and non-profit organizations working in communities. Each chapter received a double-blind review from 2-3 reviewer, based on their area of expertise. The reviewers were largely academic professionals, graduate students, and community practitioners, with knowledge of the publishing process, authors or co-authors of scholarly manuscripts with required specialist knowledge in community psychology and allied disciplines.

Reviews were structured around considerations of the intended audience of the book, and examined the comprehensiveness, accuracy, and relevance of content. Reviews were also focused on relevance longevity, clarity, consistency, organization structure flow, grammatical errors, and cultural relevance. Changes suggested by the reviewers covered numerous areas and were incorporated by all contributing authors.

The authors, editors and the team at Rebus would like to thank the anonymous review team for the time, care and commitment they contributed to the project. We recognize that peer reviewing is a generous act of service on their part. This book would not be the robust, valuable resource that it is were it not for their feedback and input.

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# Feedback Form- Case Studies in Community Psychology- A Global Lens

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One or more interactive elements has been excluded from this version of the text. You can view them online here: https://press.rebus.community/communitypsychologypractice/?p=2377

# Editors' Notes

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The development of this book has been a labor of love for all of us. We are thrilled to have the opportunity to share the stories of colleagues engaged in applied community psychology around the globe. What you have read thus far and what you are reading right now is a “living document”. Rather than waiting until we felt that the book was perfectly complete before sharing it with you, we decided that we would do our best to continually make improvements and updates along the way. This whole process of soliciting cases, facilitating peer reviews, adding content, formatting, and copy editing has been a collaborative process and will continue as a work in progress. Our goal was to share engaging content with students and the public through developing an Online Educational Resource (OER) book that would increase awareness of what community psychology in action looks like. These cases are not polished to make the authors or their projects or partners appear infallible. Rather, we want readers to view the cases and lessons learned both from the successes and challenges faced within the cases. In addition, we are looking to amplify the voices of BIPOC authors whose work in various communities may have been excluded from more traditional publication outlets.

Now we’d love to get you involved in this collaboration. Please use the form provided to share feedback and suggestions for improvement. If you also have concerns or challenges with digital accessibility, please use this form to let us know. Also, reach out to us if you have a case that you’d like added to the book. Thank you!

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