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ENGAGE!

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HEALING POWER

By Kara Taylor

My husband got a tattoo of "8:46" on his hand.
Reminds him that this police nation will always have knees on our neck.
He says these needle strokes commemorate George Floyd's blocked airway
At the knees and hands of a white man.
He wants to remember.

I did not understand him
For, to me, his soul lives within a body that constantly reminds.
His melanin sings songs of hangings and lynchings.
If he was to etch all reminders, his body would be filled.
So he should settle for every pigment of his dark brown skin.
He should settle for his locs containing winding hairs that never let go of the dead.
He should settle for our love story being built on him standing between my frightened body
And an officer's gun.

I had cotton mouth from swallowing silenced stories.
Hushed.
I wanted to say
I watched my brother for eight minutes and forty-six seconds gasping
Calling for his sister mother who flew in the sky.
My airway closed too and I gasped for I have a fictive kinship that no tattoo can capture
I do not have enough body or tolerance for pain.
My back cannot hold these cries.

I choose to baptize myself into the waters of healing with my pen.
For it is my therapist God and sword.
Pen cradles me at night when fear absorbs my body as white man bangs on door.
Pen knows I am not nigger they just need me to be one.
Pen is mother and father I thought I needed.
Pen interrupts nation's thin lips whispering submit.
Pen liberates me with love and understanding because it does not hold.

This poem is not supposed to be about being Black
But being Black is my everything
My pen attacks blue lines protected by white space.
However, my words remember red margins bleeding down side reminding
me to stay the course.
This is not a poem about what being Black feels like
This is a poem on healing.
My husband got a tattoo of "8:46" on his hand and it still has not fully healed.

Kara Taylor is an Urban Teacher Education Clinical Associate Professor with the IU School of Education at IUPUI.

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COMMUNITY ENGAGED RESEARCH

SPEAKING UP, SPEAKING OUT

COVER IMAGE DESCRIPTIONS

FROM LEFT TO RIGHT, TOP TO BOTTOM.

01 *A young girl holds a camera and takes photos for a walking tour.*

02 *A Black Lives Matter protest.*

03 *Two people stand outside a storefront, cleaning up after a protest.*

04 *A close-up on Michael Taylor's name in the Indianapolis Black Lives Matter mural.*

05 *A scientist in a mask and PPE while working in a lab.*

06 *Volunteer nurses stand behind a desk, registering patients at a check-in station.*

07 *A ballot drop box.*

08 *A candle surrounded by handwritten notes and multi-colored fabric flowers arranged in a circle.*

09 *Community leaders sit in a circle and have a discussion.*

10 *A nurse measures blood pressure for an adult patient.*

11 *An aerial shot of the Black Lives Matter mural in Indianapolis.*

Letter from the Editor

TIM NATION, GUEST EDITOR

We are pleased to present you with this issue of ENGAGE! focused on peace in the midst of turmoil. We begin by asking: What is peace and how do we increase it?

For me, peace is the ability to stay calm and focused amid conflict, to work for collaboration between people creating win-win situations instead of competition that creates winners and losers. Peace is to build community where everyone feels safe, valued, and loved. Peace requires work and does not magically appear.

Throughout our lives, we must realize a lack of peace hurts us all. The United States of America's terrible homicide epidemic takes around 20,000 lives each year while even more tragically, 48,000 end their own lives annually, demonstrating conflict within ourselves is even a larger problem than conflict with others.

Peacemaking involves working for peace through peaceful means. This includes forming stable legitimate governments, equitable practices for all, a transparent free flow of information, acceptance and appreciation of others, social and emotional skills, and social justice.

To help people build peace in our community and world, this issue of *ENGAGE!* focuses on three main educational components of peacemaking: Equity, Social Emotional Learning, and Restorative Practices.

Equity education includes antiracism, implicit bias, and equity literacy. Achievement gaps between students are actually opportunity gaps. Problems that persist in low income communities are not because of individual deficits, rather they are the result of injustice. Racism is the worst problem facing our culture and all of us must learn and confront our own biases, a root cause of current tragedies.

Equity education is important to learning why we need change in our current educational systems. Too many students do not connect with the curriculum as presented and too often achievement scores are directly linked to family income and privilege. When people of color are two to even six times more likely to be suspended, expelled, have their children taken away by child protective services, imprisoned, and denied health care, we recognize our systems fail them and need to be fundamentally changed.

"Enacting Truth and Reconciliation Through Community-University Partnerships: A Grassroots Approach" in this edition of *ENGAGE!* explores the use of a grassroots model for engaging truth and reconciliation (T&R) for racial terror lynching. It examines two lynchings that occurred in Oxford, OH, demonstrating a model for racial reconciliation.

Letter from the Editor

Restorative Practices offer a more equitable way to change our systems of discipline, criminal justice, and even trauma. Restorative Practices, the model, is based on the concept that when someone harms another or experiences trauma, existing relationships are damaged and these relationships need to be "restored." If a student gets in a fight, instead of giving them a three-day Xbox vacation called a "suspension," the student needs to be part of a formal conference that brings together a Restorative Practices leader, school staff, parents, and other youth involved. The person doing the harm needs to hear from others how the relationships were damaged and how the harm can be addressed. An action plan is created that holds the person accountable and lets them stay engaged in school.

The article "Using circles to Cope with the Eruption of Volcan de Fuego en Guatemala," presents an innovative way to use restorative circles to help victims of natural disasters process and address trauma caused by the tragedy. It also presents insightful research outlining how verbalizing and listening with others brings light to dark situations helping to start the healing process.

Social Emotional Learning is the third component that builds peace. This include self-awareness, self-regulation, the ability to maintain positive relationships, conflict resolution and problem-solving skills. We must all learn ways to deal with our emotions and work for peace in our lives.

"Creating a Complete Learning Community: A New Chapter for the Peace Learning Center and the Tribes Learning Community" presents a series of informative and inspirational stories that demonstrate how civically engaged, democratic classrooms empower students to take control of their learning by building peace with their classmates and succeeding in personal and academic development.

We hope you gain a deeper appreciation and base of knowledge about peace through this issue of *ENGAGE!* from people who have devoted their lives to making our world a better place. Know that it only takes one person to begin the peacemaking process. You do not have to wait for a peacemaker. Become a peacemaker, creating a better world for everyone.

Vice Chancellor's Letter

AMY CONRAD WARNER

SOCIAL JUSTICE AND PEACE IN THE TIME OF COVID

The impact of a global pandemic rattles through a community like an earthquake; tremors spiking from the epicenter for months, years and perhaps decades. Early U.S. reports of COVID-19 in metropolitan areas described a non-discriminating villain suddenly sweeping like a plague through neighborhoods regardless of income, nationality, ethnicity, or gender. As we collected data, observed early death rates, and identified epicenters of infection, is this truly a non-discriminating virus? The COVID-19 positivity rate in our county was nearly twice as high for Blacks as for whites. The Surgeon General said that people of color are not "biologically or genetically pre-disposed to get COVID-19, but they are socially predisposed to coronavirus exposure." Among Black residents, 34% are employed in essential jobs sectors at risk of exposure to the virus, compared to 26% of white workers. In our city, Black residents live in denser neighborhoods than white residents, with crowding of the space per person leading to a higher prevalence of COVID-19. The health disparities continue into hospitalizations and death rates as a result of COVID-19 at a higher rate for people of color than whites. As of October, the Centers for Disease Control's weighted national average of coronavirus death rates for Latinos was 32.4%. This inequity will continue to spike without consideration of equitable actions. (SAVI-The inequalities behind COVID-19 Disparities for African Americans in Indianapolis)

To reduce the concentration and spread of COVID, educational institutions transformed learning to an online environment to reach learners at home. Corporate headquarters sent employees home to work remotely. Restaurants and bars closed, health care visits were reserved for emergency care rather than routine wellness visits, and minor colds and flu visits. Sounds equal on the surface; we all simply learn and work from home doesn't it? Is this really equitable?

According to the Bureau of Labor Statistics, 8 out of 10 Black workers in the United States cannot work from home due to their job functionality. In addition, 31% of Black residents are without computers or the internet at home, compared to 16% of white residents, creating access to work and learning inequity which may impede future success. (SAVI-The inequalities behind COVID-19 Disparities for African Americans in Indianapolis)

A nation of families responding to stay at home orders, social distancing and wearing protective gear followed news headlines and social media observing first-hand the abuse of force and racial inequities experienced by people of color like Breonna Taylor and George Floyd in cities across the country. Yet still nearly 25% of America's families are Black or Hispanic and repeat "The TALK" to their sons and daughters and pray for safety. (US Census Data 12.4% Black and 12.5% Hispanic) Is our justice system equitable? Are all citizens treated fairly and equally? What actions will be forthcoming to extend the American dream equitably to us all?

Peace and restorative justice are a pathway toward equity. I applaud the contributors to this issue of *ENGAGE!*. The stories unite bridge builders from the university with the community to address common issues and seek mutually beneficial outcomes. These co-creators of knowledge bring their lived experience, quantitative and qualitative data, policy advocacy and humanity to the table together to seek social justice and racial equity in the communities in which we live.

Using Circles to Cope with the Eruption of Volcán de Fuego in Guatemala

Miguel Tello, Flor García

ABSTRACT

On June 3, 2018, the Volcán de Fuego (Fire Volcano) in Guatemala erupted, killing 300 people and leaving close to 2,000 homeless and relocated to temporary shelters. Lava flows buried the towns of Alotenango and San Miguel Los Lotes; El Rodeo was also highly impacted.

The government, non-governmental organizations (NGOs) and international response was focused on relocating villagers to safe locations and providing health care, medicines and food, as well as initiating a formal plan to move entire communities that would not be able to live in those high-risk areas again.

Volcán de Fuego Eruption (2017)

However, the emergency response made no effort to listen to the people affected by the eruption or to provide them with a space where they could find emotional support and release some of the emotions around the trauma they suffered. Asociación para el Liderazgo en Guatemala (ALG), a local NGO that trains other NGO leaders in the country, offered an intervention that provided a space for both people displaced by the eruption and emergency response teams to find support in the use of restorative circles. This article will examine ALG´s intervention and offer some lessons learned about providing circles to people affected by natural disaster, and how they can be helpful in coping with the aftermath of such a traumatic event.

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ENGAGE!

RESUMEN

El 3 de junio del 2018 el Volcán de Fuego en Guatemala hizo erupción matando a 300 personas y dejando a cerca de 2,000 personas sin casa y ubicados en refugios temporales. El flujo de lava soterró a las comunidades de Alotenango y San Miguel Los Lotes. El Rodeo también fue impactado.

El gobierno, las ONGs y la respuesta internacional se enfocó en reubicar a los miembros de las comunidades a localidades seguras y proveerles atención médica, medicinas y comida. También se enfocaron en crear un plan para reubicar a las comunidades que no podrían continuar viviendo en áreas de alto riesgo.

Sin embargo, la respuesta de emergencia no hizo ningún esfuerzo por escuchar a las personas afectadas por la erupción ni proveerles un espacio donde pudieran encontrar apoyo emocional y expresar las emociones en torno al trauma que habían sufrido. Asociación para el Liderazgo en Guatemala (ALG) una ONG local que capacita a líderes de ONG en el país, ofreció una intervención que ofreció un espacio tanto para personas desplazadas como para los equipos de respuesta de emergencia para que recibieran apoyo a través de círculos de diálogo. Este artículo examinará la intervención de ALG y ofrecerá algunas lecciones aprendidas acerca de ofrecer círculos para personas afectadas por un desastre natural y como esto puede ayudar a enfrentar las secuelas de un evento tan traumático.

Keywords: circles, restorative practices, trauma, natural disasters, community empowerment

ERUPTION OF THE VOLCÁN DE FUEGO

On the morning of Sunday, June 3, 2018, the Volcán de Fuego (Fire Volcano) in Guatemala began its second eruptive phase of the year. A cloud came out of the crater and soon covered the sky with ash and volcanic material five centimeters in diameter that impacted hard as it fell. Noon turned dark as night, and rumbling could be heard miles away. The destructive pyroclastic flow of lava, hot ash and sand rapidly reached several communities, burning and burying everything in its path. Entire families were trapped, unable to get out; others cried and fled in desperation, running for help. The eruption killed 300 people and left about 2,000 homeless and relocated to temporary shelters. Lava flows buried the towns of Alotenango and San Miguel Los Lotes; El Rodeo was also highly impacted.

> *Wholeness does not mean perfection; it means embracing brokenness as an integral part of life.*
>
> —*Parker J. Palmer, A Hidden Wholeness*

Guatemala is a small country located in Central America, bordering Mexico and Belize to the North and Honduras and El Salvador to the South. It has three major regions: the highlands, where two mountain chains cross Guatemala from west to east, the Pacific coast south of the mountains, and the Petén region north of the mountains. The country has 37 volcanos, four of which are active: Volcán de Fuego, Santiaguito, Tacaná and Pacaya.

EMERGENCY RESPONSE

The government was highly disorganized and unprepared to respond to the crisis. When the

administration of President Jimmy Morales took over the emergency response office in 2016, they removed the incumbent national emergency response coordinator and his technical team and appointed a new team. When the eruption occurred, the newly-appointed team did not have the capacity to develop a coherent plan. One concrete action that the government did take was to enable many temporary shelters in schools and churches in towns that were close by, but safe. Non-governmental organizations (NGOs) and civil society concentrated their efforts on providing food and clothing and offering entertainment for children. However, since there were no protocols, the number of people who came to help and brought sweets, piñatas, etc., was overwhelming. Some NGOs established teams to monitor and guarantee people's safety. International solidarity was manifested with funds, donations of supplies and medicines, and with specialized groups that came from Mexico and the United States to continue the search and rescue of survivors and recovery of bodies at the scene of the tragedy. The Pan American Health Organization guided the government with protocols and personalized advice for local officials.

Guatemala is a high-risk country for all kinds of natural disasters. Multiple studies have warned about the vulnerability of the country and yet the state has taken few steps to mitigate the inherent risk. Experts of the Instituto de Investigación y Proyección sobre Ambiente Natural y Sociedad at the Rafael Landivar University (Institute for the Research and Projection of the Natural Environment and Society) mention that every time there is a catastrophe the "lack of commitment and political will of the government" are evidenced (García & Mejía, 2018). Brannum and Watts (2020) describe how the emergency response of the Volcan de Fuego eruption was carried out mostly by a group of volunteer firemen who receive little funding from the federal government although they are closely connected to the local government. The authors also mention a deep-seated distrust of government mentioning that people who collected goods for

Circle centerpiece during circle for people displaced by the Volcán de Fuego eruption (2018).

distribution for the affected families would bring the goods to non-state actors because they believed the donations would actually get to the people in need.

ASOCIACIÓN DE LIDERAZGO GUATEMALA (ALG)

ALG is a non-profit organization that offers transformational processes to increase the positive impact of leaders in Central America.

They provide leadership training that includes management tools and experiences grounded in a deep review of personal purpose and emphasizes the importance of collaboration between leaders and organizations. ALG practices what it preaches: everything they do, whether it is a training, a more formal course, or a staff meeting always starts with a Circle of Trust, a methodology created by Parker Palmer that has been a common thread in ALG´s work since its founding in 2012. Later, when learning about the Restorative Practices movement and the International Institute for Restorative Practices [IIRP], it seemed to ALG like a natural fit to integrate other ways of implementing circles.

IIRP provided ALG with a theoretical and methodological framework to emphasize Restorative Practices as an effective means for community building and conflict resolution for leaders. Now the staff is certified to offer IIRP basic trainings. The effect is expansive, as leaders soon begin to use the circles in their organizations and communities and in general gain a clearer understanding of what it means to act and lead from a restorative point of view.

In addition to using restorative practices, ALG uses a series of social technologies that leverage small- and large-group dialogue and learning through facilitating exercises such as World Café and Open Space[1]. Although these methodologies are different, they also are built on the "fundamental unifying hypothesis of restorative practices," as articulated by Wachtel (2016), that "human beings are happier, more cooperative and productive, and more likely to make positive changes in their behavior when those in authority

do things with them, rather than to them or for them."

ALG and the authors of this article believe in empowering local leaders and communities to respond to their context. We are conscious of the high level of inequality and discrimination that exists in Guatemalan society and are committed to building the capacity of leaders to be a voice for their own communities.

CIRCLES

The use of circles for managing conflict within groups is an ancient tradition of many indigenous communities around the world. Since the advent of the Restorative Justice movement in the 1970s, circles have become part of the means of addressing harm and strengthening community in non-indigenous Western society as well. According to Pranis, "Circles have been used by small groups of non-indigenous people for over 30 years." (Pranis, 2014, p. 7) In her words:

> A Peacemaking Circle is a way of bringing people together in which: everyone is respected, everyone gets a chance to talk without interruption, participants explain themselves by telling their stories, everyone is equal – no person is more important than anyone else, spiritual and emotional aspects of individual experience are welcomed. (Pranis, 2014, p. 7)

There are a wide variety of circles and applications. Some of the most common types are listening circles, talking circles, support circles, and celebration circles. The type of circle that ALG used to address the concerns of community

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[1] In a World Café exercise, a small group of participants initially sit at various tables with a facilitator at each table. The people gathered at the table are invited to contribute their thoughts to a particular topic or questions. After ten minutes, participants are asked to move to the next table, where they will receive a summary of the previous group and add their own comments to the conversation. At the end of the exercise the facilitators summarize the findings

at each table. In an Open Space exercise, participants are asked to choose several topics to be discussed and choose a leader for the topic. They are then asked to move to the topic they wish to address. They may stay with a single topic or move to several topics. At the end of the discussion, leaders share the findings with the whole group.

members and emergency response staff members is called a responsive circle.

In a circle, the participants are seated in a round formation so that everyone can see and hear each other clearly. The facilitator uses a talking piece that is passed to each person sequentially to indicate whose turn it is to speak; only the person holding the talking piece may speak, while everyone else listens. The facilitator´s roles are (a) to offer questions for the group to respond to, and (b) to maintain a safe and respectful environment for all participants.

CIRCLES GIVE VOICE TO THE COMMUNITY

Pranis, et al. (2003) describe the holistic nature of circles, in which they "...include all interests in order to find, workable, healing solutions," (p. 63) and how they "...take a holistic approach by drawing on our whole being: physical, mental, emotional and spiritual" (p. 63). This approach is indispensable for interventions that offer support to communities affected by a natural disaster.

An academic approach to a natural disaster or other community harm can have a blind spot: It considers that it has the correct and best answer to whatever the situation is at hand. This usually does not fit with the lived experience of community members. It also compartmentalizes responses to a physical or mental approach, leaving out the emotional and spiritual aspects of human beings. Circles are powerful because they employ the holistic approach described by Pranis et al. (2003).

In their work training leaders in Central America, ALG identifies and leverages the wisdom that is already present in communities. ALG employs circles as a way for this wisdom, and the diverse voices of a variety of community members, to emerge. This is especially important in

> *An academic approach to a natural disaster or other community harm can have a blind spot: It considers that it has the correct and best answer to whatever the situation is at hand. This usually does not fit with the lived experience of community members.*

Guatemala, where the voices of women are often silent.

WHY ALG CHOSE TO USE RESPONSIVE CIRCLES

ALG quickly realized that the people that had lost their homes and loved ones during the eruption of the Volcán de Fuego had a variety of emotional needs and concerns. ALG staff members chose to use responsive circles, where participants are asked to respond to questions brought by the facilitator. These questions help the participants to reflect on what their experience has been and how it has affected them. It also helps circle participants to look for ways in which they can offer support to one another, or to find the support they need from others.

RESTORATIVE PRACTICES AND TRAUMA

There are many sources of trauma in people's lives; it can be triggered by physical or psychological harm. For many years, Restorative Justice has been implemented successfully to deal with situations where someone harms another person. Circles and restorative conferences are two of the main ways in which harm is addressed in Restorative Justice and Restorative Practices[2]. However, whereas in Restorative Justice settings, circles would be used to address harm, responsive circles such as the ones used by ALG seek to leverage dialogue and learning.

Trauma plays an important role in the reactions of people who have been affected by a natural disaster. There is a substantial body of literature

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[2] The emerging social science of Restorative Practices is the larger discipline under which these practices are

applied in many fields. A subset of Restorative Practices in criminal justice is Restorative Justice.

on the neuroscience of trauma and its long-term effects on people. Levine (2015) and Siegel (2013) are among the authors who have written about the way in which the fight-or-flight response is activated in a traumatic event, and how the hippocampus and amygdala in the brain respond. Rundell et al. (2018) also make a connection between trauma and Restorative Practices in a study of trauma and refugees; they write:

> The authors suggest the use of restorative approaches as a way to address the trauma and harm experienced by refugees to release their traumatic memories and allow the joy of living. Restorative approaches have the and others in a relationship. (Rundell et al., 2018, p. 20, 21)

Rundell et al. (2018) also cite Weingarten (2003) and her work around witnessing, a process that involves the person who has suffered trauma being able to articulate their experience and then receiving feedback from observers who are tasked with listening attentively and expressing how they empathize with that person. The facilitator of a witnessing process then asks the person who has suffered trauma to respond to what the listeners have said. The witnessing process is very helpful in being able to change the narrative that the person suffering from trauma has embodied. Weingarten (2003) posits four witnessing windows on a graph of levels of awareness/unawareness and levels of empowerment/disempowerment as shown in Figure 1.

Rundell et al. (2018) explain how the ideal is to be in Window 1, where participants witness in a restorative way where they are both aware and empowered. In Window 2, where witnesses are empowered but unaware, leads to "malpractice, abuse and/or bullying" (2018). Window 3 is labeled neglectful-dismissive, where witnesses are disempowered and unaware "leads to helplessness," a state often experienced by

Figure 1
Weingarten's Witness Positions

	Aware	Unaware
Empowered	1 Reclaiming Restorative	2 Coercive Manipulative
Disempowered	4 Permissive	3 Neglectful Dismissive

Reprinted from "Managing trauma: A restorative process" by Rundell, F. C., Sheety, A., & Negrea, V., 2018, In E. Sengupta & P. Blessinger (Eds.), *Refugee education: Integration and acceptance of refugees in mainstream society* (pp. 17-31). Emerald Publishing. doi: 10.1108/S2055-364120180000011004

refugees. The fourth window of disempowerment and awareness takes place when "refugees arriving in a new country often become aware of the privileges around them, yet identify restrictions within themselves, as a result of language, cultural, discrepancies, or skill deficiencies" (Weingarten, 2003, as cited in Rundell et al., 2018).

As we will demonstrate, the work of ALG focused on offering survivors of the volcanic eruption a restorative witnessing that would empower the community and help them to be aware of the internal resources they have to address the traumas they experienced after the disaster.

ALG INTERVENTIONS

Facilitating a Circle at a Temporary Shelter

When ALG heard the news about the eruption, they decided they had to do something to offer support to the people that had been displaced by the Volcán de Fuego eruption. What better than to offer circles where the participants could express how they had been affected and how they could offer support to one another? Flor García, Executive Director of ALG, describes her experience facilitating the first circle:

> In a forgotten street of Escuintla, behind the bus terminal, a dirty and improvised market emerges full of people and dogs in the midst of a suffocating heat. There we found the entrance to a school that had been converted into a temporary shelter. It had been a week since the eruption, and we had made a first and frustrating visit to another shelter some days ago. This time it would be different, we were told, because the shelter coordinator would be there waiting for us, she will have prepared a space, and people would have been invited to participate. When we got there, we heard that the coordinator was not there, and that no one was in charge. Dozens of people were milling in the patio,

Circle with community leaders (2018).

> some sat lethargically inside the small classrooms full of mattresses with mountains of clothes and dirty dishes. Some parents were leaving hastily to take their children to a school still functioning nearby. (F. García, personal communication, April 2020)

After identifying some of the community leaders at the shelter, García and her colleague, Yaneth Garces, were able to convene a circle with about 15 people. After explaining the use of the talking piece and how the circle would function, the facilitators asked the participants to say their name and one thing they were grateful for. García describes what happened next:

> The powerful effect of seeing and listening to one another was immediate. In the midst of the noise of the impoverished shelter, a space of silence was created. We saw people lean in, eyes slightly closed to hear better. We heard men and women speak about their gratitude for life, for food, the solidarity of a neighbor, for the priest who came to offer Mass, because although they lost their homes, they still had hope.

After that came the stories. "Did you ever experience a very difficult situation where it was hard to think that things could get better, but they finally did?" They spoke and listened, assenting with their heads, with tears in their eyes, speaking of other places, other times, acknowledging their own resilience and being nourished by others. Towards the end of the circle, participants expressed how they could offer support to one another and what they could do to make this time more agreeable. (F. García, personal communication, April 2020)

When the facilitators returned to the shelter later on, all the people had been relocated to other shelters.

Listening to Emergency Response Workers

Sara Hurtarte and Anigail Quic, directors of SERES, an NGO working directly with the communities affected by the eruption, knew that their team was experiencing burnout after two weeks of non-stop intervention. They contacted ALG to request support for their team. Lucy Estacuy, an ALG staff member, along with the executive director, facilitated a circle for the team using IIRP's [restorative question wallet cards](#). ALG staff describe their experience with the circle:

> We realized that what was most difficult for them was not the horrors of the zone where they were working each day, nor the stories from families dealing with grief. It was their own needs, missing their families, and the weight of the protective mask they had to put on day after day in order to continue helping. The circle was a space for the emergency workers to be heard without judgment, a space where their voice could be expressed. (F. García, personal communication, April 2020)

ALG next met with various organizations, government agencies and representatives of the World Health Organization. A question ALG kept

> *Responses are needed that empower and give voice to those who have been directly affected. This is where circles can be so powerful, as shown by the experience of ALG. People need to be able to tell their stories in a safe environment, connect with one another, and offer one another support.*

raising was "Where is the voice of those displaced by the eruption?" No one seemed to have an answer. ALG became part of a committee to create a response plan that would focus on social-emotional well-being. The experience was very frustrating for ALG, since the lengthy meetings resulted in an official document, but yielded no other tangible results.

After eight months of attempting to bring Restorative Practices and circles to the people affected by the eruption through official channels, ALG decided to do what it does best: Work directly with the community. ALG contacted SERES, partnered with them, and together started offering Restorative Practices training to community leaders. The training took place under a tree in front of the shelters. According to García,

> Lucy Estacuy, Bekah Giacomantonio and I always started with a circle and the agreements for how we would share this time together, and then we would spend time sharing key ideas of Restorative Practices using elements of popular education.

> The participants often seemed absent; their facial expressions not easily interpreted, nor did they speak very much. Sometimes we went back home frustrated, wondering whether we had reached them. But, the following week, they would tell us how they had started to use affective statements to communicate with their families and neighbors, and then we would reaffirm that we always need to trust in the process. I was reminded of one of Parker Palmer's quotes: "Know that it's possible to leave the circle without

whatever it was that you needed when you arrived, and that the seeds planted here can keep growing in the days ahead." (F. García, personal communication, April 2020)

For four weeks, ALG worked with the community leaders and trained them to facilitate circles. They all thirsted for restoration, and ALG provided the basic elements for the community members to start listening to one another and to start healing from the terrible tragedy they had lived through.

ALG staff interviewed several community leaders from Los Lotes, one of the most affected communities by the eruption, to listen to their experience of restorative practices after families had been settled in simple government housing. Ana María mentioned that "new interest in leadership emerged, greater courage, and thought the experience and learning (restorative practices) we had was very beneficial" (L. Estacuy, personal communication, November 23, 2020). Steven Mijongos, a youth leader, mentioned that "working with youth has been easier than working with adults, with youth dialogue tends to be more focused on inquiry, they repress some emotion, but in general they speak from the self and express feelings allowing me to connect with them" (L. Estacuy, personal communication, November 23, 2020). Ana María also describes how circles have helped their community to deal with situations. She mentions that they were able to use circles to address a situation in Las Palmas where people were dumping garbage in a small river. Ana María mentions: "We had a dialogue and I feel that it worked because the problem was addressed" (L. Estacuy, personal communication, November 23, 2020).

LESSONS LEARNED

Listening to the emotional needs of people affected by tragedy

In emergency responses such as the one offered to the people displaced by the eruption of the Volcán de Fuego, addressing the immediate physical needs of those affected is paramount. However, once these immediate needs are met, it is equally important to address their emotional needs as well. Although the local universities and the Guatemalan Guild of Psychologists sought to address these needs by offering psychological counseling, this was not effective because sessions were offered on a single time basis with no follow up. Similar patterns have been repeated in previous natural disasters. An example of this is the mudslide that took place in El Cambray in the municipality of Santa Catarina Pinula on October 1, 2015. The mudslide buried more than two hundred houses and killed 280 people. La Prensa Libre newspaper reported how volunteers tried to help children deal with trauma by bringing candy and piñatas. The newspaper reported that the park of Santa Catarina Pinula became "a fleeting center of happiness" (Rojas & Gramajo, 2015).

Responses are needed that empower and give voice to those who have been directly affected. This is where circles can be so powerful, as shown by the experience of ALG. People need to be able to tell their stories in a safe environment, connect with one another, and offer one another support.

The power of involving local community leaders

Communities have strengths of their own, and these can be accessed through their leaders. One of the things that ALG learned was the importance of working with local leaders in order to reach the community. This has the effect of having a more direct contact with the community, rather than waiting for external actors to come in. As Wachtel (2016) writes, "doing things with people, instead of for them or to them" is crucial to their empowerment. It is also the most sustainable approach to change and healing.

"Fixing" or "helping" can impede community empowerment and healing

In her article, "Helping, Fixing or Serving?" Rachel Naomi Bremen (2017) writes:

Fixing and helping create a distance between people, but we cannot serve at a distance. We can only serve that to which we are profoundly connected. Helping, fixing and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as a whole. Fixing and helping may be the work of the ego, and service the work of the soul. (Bremen, 2017, para. 1)

The government agencies, universities and many NGOs sought to "help" or "fix" the people displaced by the Volcán de Fuego. They acted from a perspective of pity. ALG sought to serve the community of people displaced by the eruption. They realized that a humble stance is required for this approach, and that the community has its own internal resources that can be tapped when a facilitator is available to provide a safe space and help the community to articulate its own voice.

Natural disasters have always been, and will continue to be, a part of human existence. Before we became highly specialized and professionalized, when a community suffered a natural disaster, people would come together and find ways to address the situation. This is not to say that addressing the physical needs of a community in the aftermath of a natural disaster is not important; however, it is equally essential to help a community find its voice and use the internal resources it has at its disposal. Circles can provide that space.

> *"Helping" or "fixing" approaches as responses to natural disasters are limiting. They do not empower communities or attend to emotional and spiritual needs.*

Trusting in the circle process

One of the things ALG found in working with the communities affected by the eruption of the Volcán de Fuego is that trauma could prevent them from expressing their feelings openly. However, trusting the circle process has been key. As previously described, ALG staff members had to let go of any expectations they had for the circle process. To their surprise, even though it sometimes felt like the participants were not fully engaged, they later demonstrated that the circle had influenced the way they related to one another. This was especially visible by the way the community members continued to use circles on their own.

CONCLUSIONS

"Helping" or "fixing" approaches as responses to natural disasters are limiting. They do not empower communities or attend to emotional and spiritual needs. Circles, on the other hand, place the wisdom of the community front and center. This requires facilitators to adopt a humble stance, one where they are accompanying the process rather than being protagonists. This stance contributes to the empowerment and healing of communities affected by natural disaster.

REFERENCES

Brannum, K. & Watts, M. (2020, March 9). Emergency response in developing countries: The case of Guatemala. *Public Safety*. https://inpublicsafety.com/2020/03/emergency-response-in-developing-countries-the-case-of-guatemala/

García, A. & Mejía, D. (2018, June 28). Guatemala está expuesta a toda clase de desastres, excepto a tormentas de nieve (por el momento). *Plaza Pública*. https://www.plazapublica.com.gt/content/guatemala-esta-expuesta-toda-clase-de-desastres-excepto-tormentas-de-nieve-por-el-momento

International Institute for Restorative Practices. (n.d.). *Restorative questions cards*. https://store.iirp.edu/restorative-questions-cards-pack-of-100-english-or-spanish/

Levine, P. A. (2015). *Trauma and memory: Brain and body in a search for the living past*. North Atlantic Books.

Palmer, P. J. (2004). *A hidden wholeness: The journey toward an undivided life*. Jossey-Bass.

Pranis, K. (2014). *The little book of circle processes: A new/old approach to peacemaking*. Good Books.

Pranis, K., Stuart, B. & Wedge, M. (2003). *Peacemaking circles: From crime to community.* Living Justice Press.

Remen, R. N. (2017, August 6). Helping, fixing or serving? *Lion´s Roar*. https://www.lionsroar.com/helping-fixing-or-serving/

Rojas, A. & Gramajo, J. (2015, October 17). Niños de El Cambray 2 intentan superar la tragedia. *Prensa Libre*. https://www.prensalibre.com

Rundell, F. C., Sheety, A., & Negrea, V. (2018). Managing trauma: A restorative process. In E. Sengupta & P. Blessinger (Eds.), *Refugee education: Integration and acceptance of refugees in mainstream society* (pp. 17-31). Emerald Publishing. https://doi.org/10.1108/S2055-364120180000011004

Siegel, D. J. (2013). *Brainstorm: The power and purpose of the teenage brain*. Tarcher/Penguin Group.

Wachtel, T. (2016). *Defining restorative*. https://www.iirp.edu/images/pdf/Defining-Restorative_Nov-2016.pdf

Weingarten, K. (2003). *Common shock: Witnessing violence every day: How we are harmed, how we can heal*. Dutton/Penguin Books.

Enacting Truth and Reconciliation Through Community-University Partnerships

A Grassroots Approach

ANTHONY JAMES, SIMRAN KAUR-COLBERT, HANNAH STOHRY, NYTASIA HICKS, VALERIE ROBINSON

ABSTRACT

This paper presents a grassroots model for engaging truth and reconciliation (T&R) for racial terror lynching in the U.S., using as a case example two lynchings that occurred in Oxford, Ohio. Moreover, processes used to reconcile these events are the result of several community-university partnerships.

While many citizens are aware of national or macro level examples of T&R, such processes require state level entities to implement. Such requirements leave communities with little options for reconciling past atrocities. The grassroots approach presented in the current paper remedies this by also connecting local communities across the U.S. to engage in a national movement attempting to fully reconcile historical racial terror in absence of a federal mandate.

Guided by the Equal Justice Initiative's *Community Remembrance Project*, the current paper provides local coalitions a clear framework to engage in examining injustices that occurred in their local community during this brutal period of U.S. history. The aim of this paper is to provide communities with a grassroots approach that can be used to promote continued and sustainable T&R for racial terror lynchings that continue to haunt communities in contemporary times.

Keywords: *truth and reconciliation; grassroots approach; community-university partnership*

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INTRODUCTION

...As shadows extend across Oxford Memorial Park, two African American scholars from Miami University will place small shovels into soil and place it into one of two clear, glass jars with a black lid. A clear plastic label is affixed to the jars. They were sent from Montgomery, Alabama, where they will be returned for display in a museum that honors an estimated 4,400 known African Americans who were lynched during a reign of terror between the mid-19th – 20th centuries. In white lettering, the labels read: Henry Corbin, Oxford, Ohio, January 14, 1892, and Simon Garnett, Oxford, Ohio, September 3, 1877. Remembrance ceremonies like this have been held across the South and Midwest for several years. The resting place for the filled, uniform jars will be the Legacy Museum, twin institution to the National Memorial for Peace and Justice in Montgomery (Curnutte, 2019).

Our paper begins with a description of a soil collecting ceremony modeling a truth and reconciliation process centered on a grassroots approach. Moreover, we introduce and apply this model through a community-university partnership that continues to enact truth and reconciliation for two brutal racial terror lynchings that occurred in Oxford, Ohio, in the late 19th century. Specifically, we center writing this paper as an act of "facing with courage" (Angelou, 1994, p. 272), the "wrenching pain" (Angelou, 1994, p. 272) of the lynchings of Henry Corbin (1892) and Simon Garnett (1877), so that the legacy of this historical wrongdoing "need not be lived again" (Angelou, 1994, p. 272).

Important in any conceptual framework guiding practical action process is communicatively establishing shared meaning with receivers (Jaccard & Jacoby, 2020), or in this case, those that will read about our model. Because formal

> *Truth and reconciliation is possible in every context and can be inspired by our interconnection with other nations that are doing this work.*

truth and reconciliation has typically occurred via a national or macro-level approach, we share four cases (i.e., Germany, South Africa, South Korea, and Canada) that enacted truth and reconciliation for past atrocities that occurred in their history. This sets the stage for making distinctions between the typical macro or national approach and our micro or grassroots model, fueled by community-university partnerships. Next, we describe our community-engaged approach in Oxford, Ohio, as an ongoing process and practice; pedagogy and path; and project and proposition that we hope will engender truth and reconciliation from past injustices to contemporary problems.

LEGACY OF RISKS: GLOBAL TRUTH AND RECONCILIATION MOVEMENTS

The movement for truth and reconciliation in the United States (U.S.) is rooted in the tradition of the Black North American struggle. A struggle that influenced liberation movements in China, Ireland, Germany, India, South Africa, Korea, and the Philippines, and throughout Latin America and the Caribbean (Cone, 1999, p. xvii).

We note that each truth and reconciliation effort demonstrates a very different cultural approach, motivation, and outcomes. The U.S. system is built to have the policies de-centralized and enacted at the micro or state levels, with local representatives deciding how to enact change, as determined by political processes they deem appropriate (e.g., democratic). The U.S. has also historically maintained moral superiority and enforcing compliance in other countries while neglecting acknowledgment of its own wrongdoings, even within the U.S. This is true despite the efforts of the National Coalition of Blacks for Reparations in America (N'COBRA, n.d.), the long-standing works of Representative

John Conyers and colleagues introducing bill H.R. 40 *Commission to Study and Develop Reparation Proposals for African-Americans Act* (Congress, n.d.). This bill recognizes the harm done by the slave trade, slave labor, and racial terror lynchings toward People of Color, in concert with other nations operating under the guise of a global oppressive hegemonic structure. Nonetheless, the work of this group is inspired by intentional macro-level efforts of truth and reconciliation in other countries, who attempted to reconcile aspects of their hegemonic oppressive pasts.

Many other countries have faced the responsibility and weight of historically significant atrocities, forcing them to address reconciliation via national movements or efforts. Each country demonstrates that the nature of such events has not only been unique to each country, but the approaches have also had distinct methods of addressing those atrocities. This paper utilizes the four international cases (Canada, South Africa, Germany, and South Korea) to broadly demonstrate the uniqueness of Truth and Reconciliation Commissions, the global interconnections, and the diversity of macro-level approaches to addressing national events of terror. Each case is historically contextual and complex and cannot be fully fleshed out in this paper, so they are provided to demonstrate the potential for the U.S.'s ability to enact truth and reconciliation, albeit in other ways.

Canada Case

For over 150 years, residential schools operated in Canada, and over 150,000 Aboriginal children attended these schools, with many never returning to their homeland. The central goals of Canada's Aboriginal policy were to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada. The establishment and operation of residential schools were a central element of this policy, which can best be described

as "cultural genocide" (Truth and Reconciliation Commission of Canada [TRC], 2015). Canada engaged in cultural genocide by destroying the political and social institutions of Aboriginal people. In 2009, the TRC of Canada began a multi-year process to listen to Survivors, communities, and others affected by the Residential School system.

Appeals to the South African Truth and Reconciliation Commission (TRC) haunts most post-1990s institutional attempts to address historical injustice (Grey & James, 2016, p. 303), including that of Canada's. Comparing Canada and South Africa, Nagy (2012) notes that loose comparisons have hampered the application of important lessons from the South African to the Canadian TRC—namely, the discovery that narrow approaches to truth collude with superficial views of reconciliation that deny continuities of violence.

The TRC of Canada (2015) discusses their approach to "reconciliation" in the context of Indian residential schools as comparable to a situation of family violence (p. 118). It is about coming to terms with events of the past in a manner that overcomes conflict and establishes a respectful and healthy relationship among people going forward. For the TRC of Canada, "reconciliation" is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in Canada. And the Commission states that for that to happen, there has to be awareness of the past, acknowledgment of the harm that has been inflicted, atonement for the causes, and action to change behavior.

South Africa Case

In 1948, when several countries were attempting to dismantle the effects of racism, the social system of apartheid (act of discrimination where persons are separated by class, race, economic status) was being implemented in South Africa. After a severe economic downturn caused by World War II and The Great Depression, the

South African government saw fit to integrate racial segregation into policy. The implementation of discriminatory practices and race-baiting policies cruelly targeted darker skin complexions, where Black people were viewed as less equal than white people. The hierarchical nature of South Africa's racial discriminatory social system, where the white minority ruled, had the most severe effect on persons of African descent. The policies prohibited activities such as interracial marriages while creating race-based designated employment and segregated neighborhoods. During apartheid, women of African descent were among the most restricted as race and gender were influential (Grey & James, 2016). For example, apartheid excluded Black women from paid labor and viewed them as free employment. Additionally, Black women were isolated from Black men and forced to work in houses as well as in the field (Grey & James, 2016).

In response to the struggle over apartheid in South Africa, South Africa's Truth and Reconciliation Commission was created. The goal of the Commission was to "promote national unity and reconciliation in a spirit of understanding which transcends the conflicts and divisions of the past" (Preamble, 1995). The Commission largely focused its efforts on amnesty, where persons are forgiven for political offenses by the government, for criminals of apartheid. Criminals who came forward and admitted to violating human rights in the struggle for apartheid were granted amnesty. The effect of amnesty led to a traumatic transition through South Africa, but also a solution considered morally legitimate by citizens.

The South African Truth and Reconciliation process is often referred to as one of the most successful models of truth and reconciliation (Ibhawoh, 2016). Today, reconciliation scholars view South Africa's Truth and Reconciliation process as a universal paradigm or model. For example, the model was adopted by the Indian Residential School of Truth and Reconciliation Commission in Canada as well as The Vienna Declaration of Crime and Justice (Ibhawoh,

2016). The adoption of South Africa's TRC process supported domestic and international legitimacy of restorative processes. However, under the domestic and international adoption of South Africa's TRC process, truth regarding the experiences of Black women under apartheid remains overlooked (Grey & James, 2016).

Germany Case

German history is most well-known for World War II (world conquest efforts and imperialism) and the Holocaust (genocide of Jews, People of Color, people with disabilities, non-Aryan peoples, and many innocent victims). The Nuremberg Trials, formed by the Allied Powers, indicted Nazi officials and the United Nations "passed a resolution in 1946 making the crime of genocide punishable under international law" (History.com, 2018). The Study Commission for Working Through the History and the Consequences of the SED Dictatorship in Germany was tasked with investigating and documenting "human rights abuses, and to assess the politico-historic, economic, ideological, and society factors of the dictatorship as well as the misuse of environmental resources" (United States Institute of Peace, 1992).

Germany established another Commission in 1995 "because all of the topics could not be dealt with in one period of legislature" (USIP, 1992). The 1992 Commission recommended "national holidays, memorials, documentation centers, and mapping of government buildings used by SED institutions...[and] the establishment of a permanent independent foundation for follow-up on the recommendations" while the 1995 Commission succeeded in establishing "a permanent foundation...to take symbolic and restorative measures" (USIP, 1992), modeling and inspiring other countries to participate in accountability measures to addressing national atrocities.

South Korea Case

In the case of South Korea, a Truth and Reconciliation Commission was established in 2000 (modeled after the South African TRC) (Kim, 2013) and then expanded by law in 2005 in order to address "Japanese colonialism, the partition of the Peninsula, and decades-long anticommunist dictatorships" (United States Institute of Peace, 2012), also addressing civilians killed in the Korean War. The Commission found a total of 1,733 cases; however, they only issued 1,679 recommendations, including 1,461 cases of massacres, 162 cases opposing Korean independence, and 56 human rights violations cases (Truth and Reconciliation Commission, Republic of Korea, 2005). They provided recommendations including "a policy of memorialization, by organizing events, establishing historical records and monuments, and furthering peace education" (USIP, 2012) and recommended the creation of laws for victims to receive reparations.

Other Commissions even influenced the S. Korean government to implement recommendations from those efforts, including presidential apologies (for state violence) toward victims and families. On a more specific note, the Korean Council for Justice and Remembrance for the Issues of Military Sexual Slavery by Japan (일본군성노예제 문제해결을 정의기억연대) makes demands of the S. Korean government and demands toward the Japanese government, a movement to educate and restore justice for the sexually enslaved women, many of whom are no longer living (Korean Council, 2020). This movement elicits national and international support; on a contemporary note, U.S. politicians even find themselves involved in asking Japan for reparations toward the sexual victims of Japanese imperialism and colonization of S. Korea.

S. Korea and Germany have also collaborated as nations, not only to learn from each other's truth and reconciliation efforts that were mentioned above, but to even address reconciliation for their

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own geopolitical relations (e.g., Korean guest workers in Germany) and inner-Korean countries' reunification (Federal Foreign Office, 2020). Truth and reconciliation is possible in every context and can be inspired by our interconnection with other nations that are doing this work.

A GRASSROOTS APPROACH TO TRUTH AND RECONCILIATION

The previous international cases show various, but reasonably well defined, models for national action to atone for past atrocities. The elements in each (e.g., acknowledgment of past atrocity, validation of the pain to victims, engagement of community events to symbolize remorse, etc.) are key pieces of the puzzle to reconciling the past acts. Thus, it is imperative that grassroots efforts also incorporate into their models such practices for them to be sanctioned as legitimate acts of reconciliation by citizens, especially those who are victimized by the heinous acts. As the Greensboro Truth and Community Reconciliation (GTRC) project shows, in absence of a government-sponsored mandate to reconcile past atrocities, a grassroots approach is ideal for engaging in "research and community outreach by taking private statements, holding public hearings, and conducting documentary research" to reach similar reconciliatory ends (Williams, 2009, p. 145). To be sure, the examples listed above would land on the spectrum of fully government-sponsored, whereas the GTRC model would be entirely on the community-based approach. Our model is between the two, as we are starting as fully grassroots but working with government entities to manifest truth and reconciliation.

The model advanced in the current paper incorporates these elements, but through grassroots coalition building. Moreover, the current model uses a community-university partnership to advance efforts and galvanize resources to help communities address evils of the past. As more communities learn of racial terror lynching in their own past, this model serves as a guide for approaching truth and reconciliation in absence of national action.

Our model aligns with the work of the Equal Justice Initiative (EJI; Montgomery, AL), which has taken the lead on documenting the many cases of racial terror lynchings that occurred in the U.S. from the end of the Civil War to the mid-20th century. EJI encourages local communities to engage in systematic community remembrance activities that allow for bringing awareness to the cases and allowing communities to reconcile that past (Equal Justice Initiative, 2017; n.d.). We juxtapose our micro-level or grassroots model of truth and reconciliation against international approaches. We conceptualize our praxis for truth and reconciliation as one that joins a legacy of risks taken by those who came before us and those who will come after us toward collective re-existence (Walsh & Mignolo, 2018). Lastly, we offer our interpretations of the social and political implications of organizing for truth and reconciliation.

OVERVIEW OF THE COMMUNITY-UNIVERSITY PARTNERSHIP

Community-university partnerships can take many forms or structures because both sides encompass many components. The partnership for the local Oxford Truth & Reconciliation project includes a university faculty member representing one academic unit, a staff member from the university's graduate school, and thirteen students representing three academic units (College of Arts and Sciences, College of Creative Arts, and College of Education, Health and Society). Those community members are a subset of a broader university coalition that includes: faculty

members from other academic units, the Office of Institutional Diversity & Inclusion, and the Office of Global Initiatives. On the geographically-bound community side, coalition partners included members of the Oxford City Council, the local Unitarian Universalist church, the Smith Library of Regional History, the Oxford Community Relations and Review Commission, the local NAACP, the former and current Oxford Mayor, and residents whose families resided in the area over several generations. Finally, this partnership includes the formation of a relationship with a direct descendant Chris Corbin of one of the lynching victims profiled in this project (i.e., Henry Corbin).

Partnerships can have many meanings, and need specificity of the components included in the partnership. The structure of the partnership profiled in this paper included a one-credit hour study away course offered at the university, funding from three academic units to provide expenses for faculty and students to travel to Montgomery, AL during the spring break, and approval from the city to conduct a soil remembrance ceremony (Equal Justice Initiative, 2017). It also included a preliminary approval from the city to erect a historical marker profiling the lynchings, research help from the Smith Library of Regional History, and participation in ceremonies from local religious leaders.

The partnership connected key university and community stakeholders to advance the efforts of the project. In this case, this included obtaining buy-in from multiple university stakeholders. One example of this included securing funding from multiple deans and multiple units on campus, which allowed the course to be offered and for the students and faculty to travel to Montgomery, AL to connect with EJI and visit their museum and monument. Another critical connection was determining which institutional employees had key leadership positions in the city government (i.e., the city mayor was a faculty member at the institution and the previous mayor was the dean for a major unit on campus). Each of these

individuals were able to advise the project on how to move the work forward through bureaucratic steps in the city council. Lastly, the current vice president of institutional diversity & inclusion invited the new city mayor to serve on a major university task force examining issues of diversity, equity, and inclusion. This non-exhaustive step assured that the efforts of the truth and reconciliation coalition were part of the conversation between key community-university state holders. This process facilitated opportunities to continually move the work forward in absence of a government-sponsored mandate for reconciling these past atrocities.

CONCEPTUALIZING CONCEPTS

Essential in any theoretical or practical model is to clearly define the concepts embedded in the model (Jaccard & Jacoby, 2020; Klein & White, 2015). The major concepts in our model include truth, reconciliation, and grassroots approach. In this model, truth is defined as bringing awareness to a historical event. Specifically, events that distorted or muted the voices, or truths, of marginalized members of a given context. This particular conceptualization helps validate the narratives of those historically marginalized by more powerful members of society. By validation, this can also mean that additional narratives are or have components that are just as accurate as prevailing narratives. To be sure, our conceptualization is not necessarily designed to determine 100% accuracy of a given narrative. Across the many instances of racial terror lynchings, there is a wide spectrum of narratives for many of the cases, and actual or objective truth is somewhere on that spectrum. However, in a process of truth and reconciliation, there must be a mechanism for acknowledging narratives that have historically been silenced or ignored. Through the acknowledgment of those narratives, there may be an increased chance of getting closer to an accurate account of the actual events that took place.

Reconciliation in this model is conceptualized as public atonement of a past event by an official element of the offending party. Important in this model is that in a given event, there may be multiple offending parties. As it relates to racial terror lynchings, multiple entities were culpable for, or complicit in, the lynchings that took place in the U.S. between the period of Reconstruction and the end of World War II (Equal Justice Initiative, 2017). Specifically, law enforcement officers that did not always protect Black citizens from mob attacks, ordinary White citizens seeking vigilante justice, community members attending public lynching, people posed in pictures next to brutalized Black bodies, lawmakers who did little to construct laws that protected Black citizens from racial terror attacks, individuals who accused Black residents of crimes that resulted in racial terror lynchings, etc. This minor list pales compared to the many levels of culpable parties responsible for the 4,000+ documented racial terror lynchings that took place during this period of U.S. history. We offer several caveats to this conceptualization of reconciliation.

First, we suggest a process approach that allows for multiple layers of atonement to occur so that the process of reconciliation can promote healing over time and take a non-linear form. To be sure, having state officials (e.g., city, county, state) engage in formal recognitions (e.g., resolutions, public ceremonies, historical markers) can serve as a standard that sparks the process of reconciliation. Secondly, such processes may take place long after the lives or presence of the individuals, families, and communities directly impacted by the racial terror lynchings. However, the amount of elapsed time should not be an excuse for ignoring and/or neglecting to reconcile this past. Rather, we propose that engaging in this process helps prevent such events from occurring in the future (Stevenson, 2014; Taylor, 2015). Third, it would be naïve to suggest that atonement at all of these levels of context is required for reconciliation to occur. However, having officials in positions of power engage in a process of atonement sets a moral and ethical standard for

behaviors that are not accepted; in this case, terrorizing vulnerable communities. Fourth, though it would be hopeful that all members of a given community would offer buy-in for the reconciliatory act, this may not be a reality. The seemingly annual vandalizing of race-based historical markers in the United States (U.S.) American South -e.g., Emmitt Till marker was replaced due to being repeatedly vandalized (Associated Press, 2019)- serves as reconciliation processes that can take place without the full support of a given community. Similarly, we are not arguing that engaging in this process will be a panacea for racial tensions. Rather, we argue that this process puts into place a public standard for what is and is not appropriate, a standard that clearly was not in place during the period of these racial terror lynchings. It is also a movement to ensure that we recognize and acknowledge this aspect of U.S. history and we never forget racial terror lynchings, its lingering impact, and serves as a deterrent in that society never allows such instances to happen again.

Atoning for past atrocities is not new. In fact, since humans have walked the earth, there have been bloody conflicts due to the limited resources available to meet the needs and desires of all human beings (Sowell, 2007). For many of these atrocities, state entities have engaged in macro-level truth and reconciliation to atone for such past events as a mechanism for healing and bringing peace to a given geographic area (we discuss these later in this paper). However, our approach differs from those macro-level approaches to truth and reconciliation in that we are using a *grassroots* approach. By grassroots, we mean a coalition of local citizens engaged in the process of bringing public awareness and atonement to past events. We apply the model here by examining racial terror lynchings in Oxford.

DESIRED OUTCOMES OF RECONCILING RACIAL TERROR LYNCHINGS

Our approach to grassroots truth and

reconciliation is not fully original. In fact, our desired outcomes are derived from a model based on the suggested practices outlined by the Equal Justice Initiative (EJI; 2017). Their founder and director, Bryan Stevenson, started down this path through engaging in social justice work in Montgomery, AL. He notes in his TED Talk (Stevenson, 2012) that on a trip to Germany, he was amazed at the number of historical markers he passed that profiled the atrocities of the Jewish Holocaust. However, in his own country, he was appalled at the number of Confederate markers in Montgomery, which represent a powerful message about the pride in pre-Civil war values, and the lack of markers profiling the many racial terror lynching tied to that period in U.S. history. This sparked his work to build a memorial and museum in Montgomery to provide a more balanced (or accurate) narrative for this period of U.S. history. This led to the research which found that many more racial terror lynching occurred from years 1870 – 1950 than had previously been reported. Because he was ambivalent that the U.S. would engage in a macro approach to reconciling this past, he offered a pathway for communities to engage in this process through local coalitions (EJI, n.d.).

We have learned through our work here in Oxford (OH) that as people become more aware of their county's history of racial terror lynching, many desire to engage in the truth and reconciliation process. However, they are unsure of the steps in this process. This project includes specific components that allow local communities to actively engage in truth and reconciliation, specific to their local context. First, we discuss the desired outcomes of our local project using components from the model suggested by the EJI model. Then, we discuss the subsequent progress of our efforts in realizing truth and reconciliation.

Building a Diverse Coalition

The first desired outcome in the process calls for building a diverse coalition that allows community

members (not geographically bound) to have a role in the process. This desired diverse coalition of community members would include Faculty, University Administrators, Historians/Librarians, officials elected to local office, descendants of victims of racial terror lynching, and faith leaders. Our local project began with two faculty members interested in providing an opportunity to teach a graduate-level study away course on truth and reconciliation for Spring break. Their desire to include campus leaders involved administrators accepting invitations to engage with and support both faculty and graduate students. Of note, several graduate students of the coalition were and are also residents of the local community. Faculty and graduate students then reached out to local historians/librarians about events in Oxford to learn more about the circumstances surrounding the lynchings of Henry Corbett (1892) and Simeon Garnett (1877). Librarians helped compile primary documents (e.g., local news articles) related to the two lynchings that occurred, providing us with necessary materials to review the historical context surrounding those involved with the racial terror lynching events.

The authors of this paper identify as diverse community members who are invested in the historic and restorative nature of this reconciliation project for Oxford (OH), inspired by Chinese-American activist, Grace Lee Boggs, who in her reflection on sustainable activism writes, "We need to embrace the idea that we are the leaders we've been looking for," (2012, p.159). We also connected with geographically local community members. Two faculty members of our university, but also members of the community, joined us on our trip to visit the Legacy Museum and National Memorial for Peace and Justice (Montgomery, AL). Forging relationships with other faculty members with whom you share a traveling/learning experience opened up opportunities to connect with the community. Engaging outside the classroom and in the community allowed for more opportunities

> *For both approaches –national and grassroots– to truth and reconciliation, the process must start with honest conversations and engagement with impacted communities.*

to build trusting community-university partnerships and having meaningful conversations about racial justice. Additionally, community members also allowed us to connect to the local Historic and Architectural Preservation Commission. This partnership led two team members (students) to attend a public city meeting and share information about the course content, travel to the National Memorial for Truth and Reconciliation in Alabama, and support the local efforts to recognize the impact of the racial terror lynching that occurred in the local community.

Engaging Library Historians as Community Gatekeepers

The second desired outcome in the process involved engaging library historians as community gatekeepers who might support faculty and graduate students with advancing the truth and reconciliation process. Librarians served as historians who joined the student-faculty coalition by supporting research of primary source evidence and archival documents about the local racial terror lynchings. This expanding coalition would compile documentation of the racial terror lynching. The librarians collaborated with other library systems across the country to retrieve the historical documents from archives. This level of engagement from librarians built a sense of coalition work amongst the now three parties of faculty, students, and librarians. Students were able to ask for the librarians' assistance with locating files, understanding archived newspaper articles, and navigating library systems for detailed personal searches about the lynchings. Indeed, reading through the stories also gave historical context of the culture at the time, and the ways in which narratives were (un)told, and

from whose perspective. All of this must be considered in the process of uncovering truth in order to understand the need for reconciliation. In addition to helping provide these documents, the librarians also served as gatekeepers into the community as they linked the two faculty members and students with residents of the local town whose families date back to the time of the lynchings. These members met with the coalition to give more history about the nature of the relationship between the town and its Black residents.

Connecting with Descendants of Racial Terror Lynching Victims

The third desired outcome is connecting with the descendants of victims of racial terror lynching. This outcome was a result of the efforts of faculty, student, and librarian research. Connecting with a descendant of one of the individuals who was lynched allowed us to fulfill the component in our model of allowing individuals and families directly impacted by the event to possibly start the process of closure. Additionally, in the current situation, this also allowed the family to finally have their accounts of events to be heard and considered. The descendant also visited our class to give a guest lecture on how this event impacted their family over time.

Engaging with Local City-Elected Officials and Faith Leaders

The fourth desired outcome was to engage off-campus community leaders, including elected public officials and faith leaders. This diverse coalition invited the mayor of the city that houses the university as a guest speaker to the graduate course. The class was able to share information with the mayor about the project, but also the local lynchings. In turn, the mayor shared information about how to engage the city in efforts to approve elements of the soil remembrance ceremony and eventually erect a historical marker on city property. Collaborations with the city are ongoing as they are the key stakeholder in erecting a historical marker in the

city that memorializes these events. Representatives of the city have met with the local librarians and recommended locations in the city where the marker can be erected that provides visibility and recognition of this history. Through this, a few of the Commission members attended our local soil remembrance ceremony. As a result of exposure to the local Police Community Relations and Review Commission (PCRRC), one of the two students who shared the local efforts at a public meeting applied and was accepted as a Commission member, where PCRRC responsibilities include building relationships, taking community complaints and improving local policing. During the soil remembrance ceremony, a pastor of the local African Methodist Episcopal Church conducted the opening and closing prayers. Through rapport-building with other members, the student found out that one of the Commission members (and their life partner) made their own trip to Montgomery, AL, after hearing about the local truth and reconciliation efforts at that public meeting. We share this to demonstrate that this is what we mean by grassroots movement-building.

Furthermore, the leaders of the local Unitarian Universalist church read about the activities of the coalition in the local newspaper and reached out to the faculty members to gain more knowledge about the project. This resulted in two members of the team visiting a gathering by the church and speaking with them about ways to collaborate in the future to support truth and reconciliation. One specific suggestion by members was to donate funds to help future members make the trip to Montgomery to visit the EJI museum and monument.

Communicating Efforts to the Public via Local News Media

Our fifth desired outcome involved successfully engaging with a journalist who profiled the stories in a national newspaper outlet, the Cincinnati Enquirer. The news media has the power to share stories in larger platforms, and to provide

visibility and outreach. This provided an opportunity to expand the network of coalition partners, but also spread the story to a wider audience. Getting buy-in was, and will continue to be, a crucial part of being able to engage in the process at multiple levels of society (e.g., local, state). Furthermore, the University also dedicated a webpage highlighting the efforts towards local truth and reconciliation (Miami University, n.d.).

SUBSEQUENT OUTCOMES OF TRUTH AND RECONCILIATION ACTIVITIES

Beyond building a coalition, several steps are outlined in the EJI model regarding engaging the community in truth and reconciliation. In the previous section, we outlined the desired outcomes of building a diverse coalition, engaging librarians as community gatekeepers, connecting with descendants of racial terror lynching victims, communicating efforts to the public via news media, and engaging local elected officials. In this section, we will share the progress we made since we first set out to remember the lives of those who were lynched in the local community.

Determining location of events

First, we were able to unearth these narratives and provide families and communities with the first step of healing the harm that had been done. To assist communities with this step, the Equal Justice Initiative encouraged local coalitions to contact them and engage in ceremonies that helped initiate the process of truth and reconciliation. In their landmark report "Lynching in America: Confronting the Legacy of Racial Terror," the EJI (2017) identified more than 4,000 documented lynchings that were carried out from 1877-1950. Using public documents, newspaper reports, personal histories, family oral traditions, etc., the Equal Justice Initiative was able to approximate nearly exact locations of where most of these lynchings took place. Importantly, the results of this study included 800 more lynchings than had been counted in previous reports.

Soil collection ceremony

Second, gathering soil and engaging community members in contributing soil to the same jar to send to EJI unites communities in the shared pain and reverence for the lives that have been lost due to racial terror lynching. This ritual allows communities to bear witness to their legacies and demonstrate connection. Additionally, considering the locations of many of the lynchings (e.g., rural areas), it could be that the same soil still holds the DNA remnants of individuals terrorized in those locations some 70 - 170 years earlier. Equal Justice Initiative's community remembrance project of gathering soil from the site of lynchings establishes "relationships to the universe, to the landscape and to stones, rocks, insects and other things, seen and unseen," and that this notion of reconciliation is a difficult one for Western systems of knowledge to deal with or accept (Tuhiwai-Smith, 2012, p. 78).

Erecting historical markers

Third, as of fall 2020 the coalition is completing the necessary paperwork for local city elected officials to review and approve the erection of historical markers for truth and reconciliation. This phase is the apex of the model in that it institutionalizes a memorial of lynching victims, through grassroots approaches. Because the efforts are centralized through EJI, markers have shared design and text to help create a movement of truth and reconciliation that can occur over time in multiple locations. A major point of the process is to create dialogue about this period of U.S. history while also allowing communities to atone for the racial terror inflicted on communities of color throughout the land for nearly 100 years. The markers serve as a springboard for facing this past and creating opportunities to prevent such acts from occurring again in the future.

SUSTAINING GRASSROOTS APPROACHES TO TRUTH AND RECONCILIATION

In conclusion, this particular method of truth and reconciliation fuels a national movement. It is a "bottom-up" approach that allows separate communities, via coalition teams, to independently progress through truth and reconciliation at a pace that is appropriate to their local area. For our project, our coalition utilized a community-university partnership. Because it is connected to the broader EJI approach, though we have some independence and unique aspects to our approach, we are also connected with a broader truth and reconciliation movement. We also are creating a model that can be repeated in other places that need additional resources to help with coalition building. We have conceptualized truth and reconciliation by blending what we have learned, others' conceptualizations, and our experiences working on truth and reconciliation efforts through our graduate course. Examining four international cases (Canada, South Africa, Germany, and S. Korea) has shown that it is absolutely possible for countries to demonstrate national efforts to address macro-level terrors.

We note that truth and reconciliation is an ongoing process and not an outcome. Additionally, it is a process that includes both macro (e.g., national) and micro (e.g., grassroots) approaches. So, what would be some indicators that we are ensuring progression in the process and not stagnation across these approaches?

For both approaches –national and grassroots– to truth and reconciliation, the process must start with honest conversations and engagement with impacted communities. Example cases from national approaches above were able to ignite this process with the resources of state entities. However, in grassroots approaches, multiple sparks are needed to ignite a broader discussion across a given community. For our community-university partnership, this included creating a

study away course that impelled students to reach out to community stakeholders to engage coalition building around the topic (e.g., conversations with local librarians).

More formal steps are also needed to create sustainability in the movement. The EJI has included a mechanism for engaging students in the process via an essay contest (Equal Justice Initiative, 2017). This is a step that is included in the process of erecting historical markers, for which our local efforts are just beginning. Students are encouraged to learn about the events, reflect on their thoughts and feelings, and submit an essay to the local coalition. Winners are rewarded with a monetary award that goes towards their college expenses. This aspect of the process includes local schools in, and adjacent to, the local communities where the lynching(s) took place. Including schools in the process adds another coalition member and creates an opportunity to broaden the discussion to future generations. Finally, awardees read their essay at the unveiling ceremonies of the markers.

Key to this process is the ability to obtain buy-in from key community stakeholders, with the intent of engaging and contributing. Our process used a community–university approach because the resources of the university have a wide reach that creates a certain level of respectability and validation to the project. Engaging communities whose current members were not directly responsible for the past events creates a significant barrier to starting the conversation and continuing it. However, partnerships with key community stakeholders (i.e., university) help ease buy-in and promote coalition building.

We hope that the model we have chosen to implement can guide other communities wanting and needing to start this process. The model can be used to promote continued and sustainable truth and reconciliation for racial terror lynchings that created modes of interaction that continue to haunt communities in contemporary times.

REFERENCES

Angelou, M. (1994). *On the pulse of morning*. In M. Angelou (Ed.) The complete collected poems of Maya Angelou (pp. 269-273). New York: Random House.

Associated Press, (October, 2019). *New bulletproof memorial to Emmett Till replaces vandalized sign in Mississippi*. NBC News. https://www.nbcnews.com/news/nbcblk/new-bulletproof-memorial-emmett-till-replaces-vandalized-sign-mississippi-n1069201

Boggs, G. L., & Kurashige, S. (2012). *The next American revolution: Sustainable activism for the twenty-first century*. Berkeley, CA: University of California Press.

Cone, J. H. (1999). *Risks of faith*. Boston, MA: Beacon Press.

Congress.gov. (n.d.). H.R.40 - Commission to study and develop reparation proposals for African-Americans act. https://www.congress.gov/bill/115th-congress/house-bill/40

Curnutte, M. (2019, May 13). Oxford recognizes lynchings, more than a century after deadly injustices. https://www.cincinnati.com/story/news/2019/05/13/memorial-oxford-ohio-honors-black-men-lynched-white-mobs-19th-century/1129547001/

EJI, no date. *Community remembrance project*. Equal Justice Initiative. Montgomery, AL.https://eji.org/projects/community-remembrance-project/

Equal Justice Initiative (2017). *Lynching in America: Confronting the legacy of racial terror (3rd ed)*. Montgomery, AL. https://eji.org/wp-content/uploads/2019/10/lynching-in-america-3d-ed-080219.pdf

Federal Foreign Office. (2020, Jun. 17). Germany and Korea (Republic of, South Korea): Bilateral relations. https://www.auswaertiges-amt.de/en/aussenpolitik/laenderinformationen/korearepublik-node/korearepublicof/229518

Grey, S., & James, A. (2016). Truth, reconciliation, and "double settler denial": Gendering the Canada-South Africa analogy. *Human Rights Review, 17*(3), 303–328. doi: 10.1007/s12142-016-0412-8.

History.com. (2018). *Genocide*. https://www.history.com/topics/holocaust/what-is-genocide

Ibhawoh, B. (2016). The contentious history of the international bill of human rights. *Canadian Journal of History, 51*(2), 442. doi: 10.1177/0022009419864198c

Jaccard, J., & Jacoby, J. (2020). *Theory construction and model-building skills: A practical guide for social scientists*. New York: Guilford Publications.

Kim, H-J. (2013). *Truth commissions in South Korea: Lessons learned*. Middle East Institute. https://www.mei.edu/publications/truth-commissions-south-korea-lessons-learned

Klein, D. M., & White, J. M. (2015). *Family theories: An introduction (4th ed)*. Los Angeles, CA: Sage Publications

Korean Council for the Justice and Remembrance for the Issues of Military Sexual Slavery by Japan. (2020). *Activities*. http://womenandwar.net/kr/activities/

Miami University. (n.d.). Truth and Reconciliation. https://www.miamioh.edu/diversity-inclusion/truth/index.html

Preamble. Promotion of National Unity and Reconciliation Act. Republic of South Africa. (1995). *Government Gazette*, *361*, no. 16579.

Nagy, R. (2012). Truth, reconciliation and settler denial: specifying the Canada–South Africa analogy. *Human Rights Review, 13,* 349–367. doi: 10.1007/s12142-012-0224-4

National Coalition for Blacks for Reparations in America (N'COBRA). (n.d.). Homepage. https://www.ncobraonline.org/

Tuhiwai-Smith, L.T. (2012). *Decolonizing methodologies: Research and indigenous peoples*. New York, NY: Zed Books.

Sowell, T. (2007). *A conflict of visions: Ideological origins of political struggles*. New York: Basic Books.

Stevenson, B. (2014). *Just mercy: A story of justice and redemption*. New York, NY: Spiegal & Grau.

Stevenson, B. (March, 2012). *We need to talk about an injustice*. TED Conference (www.ted.com/talks/bryan_stevenson_we_need_to_talk_about_an_injustice).

Taylor, J. (2015). *National responses to the holocaust: National identity and public memory*. Newark, DE: University of Delaware Press.

The Truth and Reconciliation Commission of Canada. (2015). *What we have learned: Principles of truth and reconciliation.* http://nctr.ca/assets/reports/Final%20Reports/Principles_English_Web.pdf

Truth and Reconciliation Commission, Republic of Korea. (2005). *Truth and reconciliation: Activities of the past three years.* https://www.usip.org/sites/default/files/ROL/South_Korea_2005_reportEnglish.pdf

United States Institute of Peace. (1992). *Truth commission: Germany 92*. https://www.usip.org/publications/1992/05/truth-commission-germany-92

United States Institute of Peace. (2012). *Truth commission: South Korea 2005*. https://www.usip.org/publications/2012/04/truth-commission-south-korea-2005

Walsh, C.E. & Mignolo, W. (2018). *On decoloniality. [electronic resource]: Concepts, analytics, and praxis*. Duke University Press.

Williams, J. E. (2009). Legitimacy and effectiveness of a grassroots Truth and Reconciliation Commission. *Law and Contemporary Problems*, *72*(2), 143-149.

Creating a Complete Learning Community

A New Chapter for Peace Learning Center and the Tribes Learning Community

LYNNE MCMAHAN, TIFFANY TALBERT

ABSTRACT

More than one hundred years ago, John Dewey espoused an aligned belief that classrooms should be a model of the family, a complete community where students would be nurtured and grow through the learning culture. His profound belief in democracy and progressive education focused his pedagogical philosophy around creating civically engaged citizens. This ideal is one that is critically needed in 2020—the year where racial and social justice and a global pandemic have unearthed and tested individual and systemic rights and responsibilities, requiring civically engaged citizens to move us through this unprecedented time. This article is intended to encourage and anchor the reader in the mission and vision and curriculum of two purpose-filled organizations (Tribes Learning Community, TLC and Peace Learning Center, PLC) that have taken Dewey's beliefs and philosophy in a civically engaged, democratic classroom to the level of restorative action to build equitable, safe and courageous learning communities of trust and care for our students and the future of their world beyond the year 2020. To build well these equitable and effective learning communities, teaching and learning specific skill sets through social emotional learning, collaboration, and innovative strategies are essential.

Keywords: *civic engagement, resiliency, learning communities, relational trust, social emotional learning, equity, restorative practice*

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INTRODUCTION

In the United States, the year 2020 has shined a light on equity as a central force for the educational, health, and economic outcomes of students, their teachers, and their families. Many schools and districts that serve youth from lower income families feature arbitrarily enforced rules, punitive discipline, silent lunchrooms, minimal recess, and authoritarian adults from non-representative communities of their students. These practices create hostile learning environments where learning is difficult and relationships are not prioritized. Add to this, a global pandemic has isolated not only students from their peers and teachers, their teachers and families are feeling this isolation as well.

With this in mind, teachers and administrators in our preK-12 schools who are working diligently to change this paradigm of challenge to creative and constructive learning are asking the critical "how to" question: "How do we build safe and courageous learning communities of trust and care for our students in schools and classrooms during this time of racial and social justice restoration alongside an isolating global pandemic?" We believe the collaboration of Peace Learning Center (PLC) and the Tribes Learning Community (TLC) can answer this critical question through their combined curriculum focusing on building civically engaged, democratic classrooms that center the teaching and learning experience through equitable practices, social emotional learning skill development, and restorative practices.

More than one hundred years ago, John Dewey espoused an aligned belief that classrooms should be a model of the family, a complete community where students would be nurtured and grow through the learning culture. His profound belief in democracy and progressive education focused his pedagogical philosophy around creating civically engaged citizens. What better place to develop this complete community of learning where productive individuals and citizens

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collaborate and learn through caring and positive classrooms and schools, both virtually and in person but in the container of the classroom? Within this caring container of the classroom, educators and students can unpack and experience individual and systemic rights and responsibilities, through civic and community engagement to move all of us through this unprecedented time. Classrooms can provide opportunities for deeper and more accurate conversations about our history and civic duties in a democracy where an individual's inalienable rights and "justice for all" at the foundation of our nation's constitution, has not been the lived experience for many of our children and their families, or the colleagues we work with. In order for our nation to move from the racial inequality our schools and classrooms have maintained and move away from this lived experience, we need a new way of learning and being together. We need a safe place to facilitate courageous conversations with our students through a critical pedagogical approach, while supporting students with social and emotional skill building to offset and thrive in the social isolation the COVID-19 pandemic has created. Knowing one's self well is critical to this deeper learning and engagement in courageous conversations.

We believe the curricular process of the TLC and the curriculum design of PLC provide educators and students this critical pedagogical opportunity. The following sections of this article include the work each organization is missioned to do, as well as real stories to anchor these missions.

THE MISSIONS OF PLC AND TLC: IN THE BEST INTEREST OF EDUCATORS AND THEIR STUDENTS

In order to answer the question "how do we build safe and courageous learning communities of trust and care for our students in schools and classrooms during this time of racial and social justice restoration alongside an isolating global pandemic?" through the process of TLC and PLC curricula, we begin with the mission and history of each organization and their stories. Each organization was created to fulfill the duty of care to support and to create more civically engaged, equitable and peaceful learning communities.

Peace Learning Center's mission "supports communities in redefining peace through equity, social emotional learning, and the implementation of innovative practices. Our vision is a healed world where strong and caring communities strive together to fully live in peace" (peacelearningcenter.org). PLC has been working in the Indianapolis community for 23 years, serving over 230,000 youth and adults.

"The clear purpose of the Tribes process is to assure the healthy development of every child so that each one has the knowledge, skills and resiliency to be successful in a rapidly changing world" (tribes.com). When Jeanne Gibbs wrote the first Tribes book in the 1970s, little did she realize that the Tribes Learning Community process would help build community in educational settings well into the 21st century. With the support of many dedicated staff and district trainers, Tribes has reached over 46,000 educators and their students in over 10,500 schools in 43 countries. This leading social emotional learning (SEL) program currently offers training for elementary, middle and high school educators, as well as after school and youth development programs.

The two organizations combined will have an impact on hundreds of thousands of youth and adults, educators and students, and communities around the world with their curricular focus on Social Emotional Learning, Equity, and Restorative Justice. TLC will provide the additional evidence-based curriculum that ensures classrooms move through a sustainable group development process of Inclusion, Influence, and Community.

PEACE LEARNING CENTER

Over 23 years ago two men were cross-country skiing in Eagle Creek Park in Indianapolis, Indiana when they came across an old home abandoned by time and resources. Today, that building is the site of Peace Learning Center (PLC), a nonprofit organization whose mission is to support communities in redefining peace through equity, social emotional learning, and the implementation of innovative practices. Tim Nation, co-founder, Executive Director, and one of those two men, had a vision that PLC could be a place where youth could learn about conflict resolution outside of their school settings.

After many evolutions of the work at PLC, today these programs focus around three key categories: Social Emotional Learning, Equity, and Restorative Practices. Over the years PLC's work in Restorative Practices and Equity has been bolstered by innovative programs backed up by data and external evaluations. In much the same way as Tribes, PLC's approach is to work institutionally while also working on individual skills growth in each area. Through it all, the original concept of PLC has remained a priority: students need basic social emotional learning (SEL) skills such as conflict resolution to be successful at home, in school, and beyond. The SEL curriculum, developed by a team of professional facilitator/coordinators, addressed growing skills for students Preschool through 6th grade through a series of eleven lessons focused on the five SEL skills: social awareness, self-awareness, self-management, responsible decision-making, and maintaining healthy relationships (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2020).

While the end goal is to increase SEL skills for youth, PLC also hopes to build community and mutual respect in the classroom. Lesson subjects include: Being Yourself, Our Emotions Are Important, Mindfulness, We Are a Team, Handling Conflict Peacefully, Upstander or Bystander, and Peace Leaders in our Community. Each lesson is thirty minutes to an hour long, includes hands-on activities for youth and is accompanied by follow-up activities suggested for teachers. SEL skills are reinforced through field trips to PLC's site where grade level teambuilding challenges create opportunities for youth to use their skills in new environments and with new individuals.

Developed out of a rising need from schools, the equity work was created as a response to schools' requests for meaningful and actionable professional development around diversity and differences. The foundation of this work is the "What's Hidden Within: Implicit Bias 101 Workshop." This four-hour workshop examines what implicit bias is, how it differs from overt bias, how to recognize our own explicit and implicit bias and how we move past bias through actionable steps. Unique to the workshop is the built-in time for schools to develop personal and institutional action plans for next steps to mitigate bias. This program has been externally evaluated by Indiana University Purdue University's Lilly Family School of Philanthropy and used widely throughout the state of Indiana.

PLC has a strong Restorative Justice program that offers an innovative way to build healthy school cultures with built-in protocols for handling conflict and wrongdoing. The program teaches schools to build relationships and community through proactive circles; lead restorative chats where participants address one another in informal ways oriented toward fixing their own issues; lead responsive circles for full group dialogue about issues facing the whole group; and employ restorative conferences which bring together all parties where issues of serious harm have occurred. The Restorative Justice

program was developed from the model used by the International Institute of Restorative Practices. Like Tribes, the restorative practices work is a demonstrating and training model that empowers educators to make them an active part of their classroom experience.

The combination of each of these components, known as "One Indy," was evaluated in the 2018-2019 academic year with the goals of: "1) understanding the effectiveness of the initiative and its components; 2) identifying strengths and weaknesses of the initiative; and 3) providing recommendations to improve the One Indy initiative" (Mulholland, 2019, p. 14). Year after year internal evaluations have shown growth in SEL skills based on self-evaluation of students, as well as teacher evaluations of students' skill growth. However, key takeaways from the 2019 external evaluation shaped PLC's next steps as an organization. The first recommendation was to increase the engagement of teachers.

"Teachers play a huge role in shaping how positive conversations and relationship building can occur throughout the day. When the teachers are not participating in the sessions this 'affects the power in the lesson.' Generally, the more involved the teacher is in the SEL lessons, the more likely that the students are also going to be involved and receptive to the lessons" (Mulholland, 2019, p.14).

The second recommendation was to increase opportunities for training for teachers around SEL skills. It was clear from surveys and focus groups with teachers that time and attention needed to be spent on providing teachers with an orientation and understanding of the need for instruction and skills in SEL. But perhaps one of the most critical deficiencies in the One Indy SEL program was that it was not on the CASEL approved program list which many educators and administrators look for when choosing curriculum and programming for their schools.

An example of the Restorative Justice Program

is illustrated in the following story. With social media usage increasing and the divide between those different from ourselves becoming larger, more schools have found a need for PLC's holistic approach for not only preventing, but also addressing the challenges they face. A school principal reached out to PLC when an incident of racial discrimination made national coverage. Using a popular application, Snapchat, a student took a photo of Sikh students (who wear turbans for their religion) and captioned it "bomb squad." The snap soon went viral and all parties involved were called in for a restorative conference facilitated by PLC. The Sikh students maintained from the beginning that they did not want the other student punished, rather they wanted to dispel any perpetuated misconceptions about their culture and religion. As a group, the student who did the harm and those who were harmed, decided to provide educational presentations to the entire student body to educate them on the Sikh religion and culture. PLC's restorative practices tools' emphasis on equity through diversity education, and conflict resolution resources, turned the incident into a learning, growing, and relationship-building experience for everyone.

TRIBES LEARNING COMMUNITY: A NEW WAY OF BEING TOGETHER

The *Tribes* process for building communities for learning originated in the 1970's by author Jeanne Gibbs to teach small groups of students and their teachers substance use and abuse prevention, replacing risky behaviors with positive choices. The focus was on the individual student, tapping into the human development themes of resiliency and belonging. The *Tribes Learning Community* (*TLC*) process created community building through inclusion and an active, safe environment. An unintended consequence of the original process, educators found the method gave them the opportunity to teach core academic subjects in the small group system more effectively. Student behavior

> *We, as public educators, must welcome all students, whatever a student comes with in their "backpack" full of life experiences that may include these societal factors. We must then passionately and compassionately provide opportunities for their emotional, social and academic success. We must learn well to understand the individuals they are when they come to us, helping them find a place of nurture and trust to grow beyond their "categories" of poverty, racial isolation, and student mobility.*

problems decreased, student self-esteem and responsibility increased, and the overall climate of the classroom improved. The process is based on a synthesis of a wealth of research on human development, social emotional academic learning, resiliency, a caring culture, community building, professional development, authentic learning and assessment, reflective practices and systems change (Benard, 2005, p. 4).

As with all effective processes, the pedagogy and andragogy of *Tribes* improved over the decades of implementation and consistency of use, as Jeanne Gibbs embedded the statement "trust the process" for educators to continue to be consistent in their facilitation, trusting that when challenges occur during the influence stage, if educators and students stay the course, a strong healthy learning community will emerge. The cooperative learning model built on positive group dynamics became one of the lead strategies of this improved process, transferring responsibility of problem-solving and group learning support from the teacher, who becomes facilitator of the process, to the students managing their work together. Four *Tribes* Agreements were determined and comprise the "common language" of *Tribes* communities. The four agreements of mutual respect, attentive listening, appreciations/no put-downs and the right to pass (as well as the right to participate), are the core tenets of building the classroom learning community.

As a process, building a *Tribes* learning community has developmental stages that occur within the class as the greater community or in the small cooperative groups called *tribes*. The three stages of group development are inclusion, influence and community, each corresponding to basic human needs. "Inclusion—the need for safety and belonging; influence—the need for respect, autonomy, identity, and power; and community—the need to be connected to something larger than ourselves that gives our lives meaning and purpose" (Benard, 2005, pp. 132-133). Specific activities help move the classroom community down the *Tribes Trail* (the group development process) as it is called. Two important components reinforce the group development down the *Tribes Trail*.

One component is the community circle, where the class meets on a regular basis to discuss the community's norms and expectations, as well as creating an opportunity for meaningful and respectful dialogue. In a circle, everyone can be seen and heard. "The circle is an ancient and universal symbol for unity and wholeness. For many millennia human beings have met in tribal or village circles to tell stories, provide mutual support, and arrive at an understanding of the common good" (Garfield et al. as quoted by Benard, 2005, p. 89).

Reflection is the second component that is necessary to community and small group development. In reflection goals, working relationships, and the curriculum are processed by the class or in their *tribes*. Reflection increases meaning from the activity, continuously improving the quality of the group's task, as well as giving teachers an immediate method for assessing learning objectives.

Both components work because the level of relational trust has evolved from the community the teacher and students have built together. The focus of the community becomes the students and their learning, not the teacher and the teaching. This dynamic term of "relational trust" emerged from a longitudinal study of 400 schools in the Chicago area that began in the 1990s by Anthony Bryk and Barbara Schneider, affirming the strong belief that we must keep relationships and people at the heart of education in order to keep ourselves moving forward and positively in this often challenging work. In their book, *Trust in Schools: A Core Resource for Improvement,* Bryk and Schneider (2002) shared that relational trust was a critical factor to the ultimate outcome school reform was intending to produce, that of school success and student achievement. They were able to show that schools that were successful academically had high levels of relation trust. These trust relationships were between principals and faculty, faculty trust with each other, and trust between students and their teachers. Student benefits to relational trust with their teacher and peers takes on a level of inclusion that supports the emotional and academic well-being of all students, including the external factors that students of poverty and students of color experience (Bryk & Schneider, 2002).

These external factors are the reality of schools as schools are a microcosm of the greater community and mirror back the issues that emerge from it. With that said we, as public educators, must welcome all students, whatever a student comes with in their "backpack" full of life experiences that may include these societal factors. We must then passionately and compassionately provide opportunities for their emotional, social and academic success. We must learn well to understand the individuals they are when they come to us, helping them find a place of nurture and trust to grow beyond their "categories" of poverty, racial isolation, and student mobility.

The mission of *Tribes,* "to assure the healthy development of every child so that each has the knowledge, skills, and resiliency to be successful in a rapidly changing world" (Gibbs, 2001, p. 10) puts the essential component of relational trust at the forefront of the process: to create democratic classrooms where students and

teachers teach and learn together and at the end of the year, have grown to be better people through relationship and learning. The *Tribes* agreements and community building process provides the learning community the tools and practice to create this relationship and bond, building relational trust between students and teachers, as well as giving staff members collegial connection in the six plus hours they are together each school day.

The school and classroom community learns that when trust and belief in the process of *Tribes* happens, the consistency of use occurs, plateaus in the process are reached, overcome and deepened, and the emergence of an authentic, strong, professional learning community evolves in each classroom. Through positive and caring classroom communities, the greater school community blossoms.

To share the story of TLC, the story of one *Tribes* focused school illustrates well the benefits of this process. In 2004, when the opportunity came to open a new school, literally from a bare piece of land, the questions of how to create caring and positive classrooms and school culture alongside Dewey's democratic ideals and pedagogical philosophies, were at the forefront of planning and development. The new principal wanted to create a home and a family where staff members, students and their families would come to grow and learn as caring individuals and members of a community, while focusing on social justice by creating a holistic place for all. The diverse New Mexico community was an ideal opportunity for this to occur, as students were not only of Spanish descent, but Mexican American, Native American from various tribal communities, African American and Anglo. Staff members were hired intentionally to meet the needs and perspectives of the various community members, and family and community collaboration in building a learning community was welcomed.

The process for creating community through *Tribes: A New Way of Learning and Being Together* was selected as the principal had

years of imbedding it in her teaching and administrative experience. The goal was to create a community for learners that would sustain both the individual and the family it would become long after the principal had moved on. At its highest and best *Tribes* has helped both teacher and student co-create an enlightened learning community where healthy interactions and meaningful relationships are the norm, and where individuals reach their full potential by participating in an environment where mutual respect, collaborative learning, and commitment to the whole matter most. This was the legacy the principal hoped to leave.

This new school embraced the belief of creating a strong, sustainable professional community for learning. The learning community worked hard to live up to the original intention and vision. In the first year, one of the fourth-grade teachers said best what the intention of becoming would be:

"A school where the students are given grounding in the skills which will allow them to become persons of civic efficacy and social responsibility; where students are provided the opportunity to acquire self-reliance and self-motivation; and where diversity is respected; a school where professional collaboration and cross-grade level dialogue promotes achievement of standards-based learning for all our students; and where a love for life-long learning is instilled in students and staff, reminding us of what we are about" (McMahan, 2007, p. 80).

The mission of providing an education for the "whole child" and creating a collaborative environment through the *Tribes* process yielded a bountiful harvest of growth and learning as evidenced by continual improvement on the New Mexico Standards Based Assessment scores. From the first year as a school to the second year, students gained nearly 3 percentage points in reading and over 7 percentage points in math. From year three to year four students gained another nearly 7 percentage points in math and nearly 1.5 percentage points in reading.

After four years and substantial growth in student population from 765 to 1,550, the school divided into three new schools with three new visions and missions. The hope was that the sustainability through the *Tribes* professional learning community process carried on and embedded in the hearts of teachers and students. One of the third-grade teachers described this intention:

"I believe as a teacher that creating a strong community within the classroom is vital for a productive year. By creating a strong bond, we are setting high goals and standards for our students to become life-long learners. My classroom is full of students that truly care about each other and feel comfortable sharing things with each other. My students work as a team to help each other to succeed. These children are very good about welcoming new students into our classroom by accepting them and making them a part of our community. Another positive aspect of having a sense of community is that it extends beyond my classroom walls and out into the entire school. I believe that not only do the children feel strongly about their community they have created, but I know that all of the teachers feel a bond with each other" (McMahan, 2007, p. 136).

This teacher felt that the bond created by students and staff members formed the strength of the learning community and, with that foundation, could become the complete learning community that John Dewey had hoped would occur in a progressive, democratic educational environment.

CONNECTING THE STORIES OF PLC AND TLC

The acquisition of TLC as an organization by PLC has been a mutually beneficial intersection of the stories of each purpose-filled organization. The dilemma PLC struggled with in positioning the SEL curriculum with CASEL certified curriculum became more pronounced in the schools PLC served. TLC, with extensive

evaluation and high value alignment was a perfect fit to complete the trio of offerings at PLC: Social Emotional Learning, Equity, and Restorative Justice. In schools like the one described, two-year evaluations of *Tribes* schools found improvements over control schools, such as:

● evidence of improved student inclusion, collaboration, respect for multiracial populations, sense of value, resiliency, and student engagement;

● students and staff enjoyed safe and supportive classroom and school environments;

● teachers and principals reported declines in student referrals and suspensions;

● evidence of better classroom management and increased teacher collaboration and planning;

● three-quarters of teachers reported that the *Tribes* process helped them to address academic standards and helped students master standards; and

● second and fifth grade reading and math scores increased more in *Tribes* schools than in comparison schools (WestEd, 2003).

What was even more compelling to PLC was that *Tribes* emphasized and reinforced their two other pillars of programming. Community Circles are at the heart of Restorative Practices work. These "proactive circles" are 80% of restorative practices and place meaning in relationship building among teachers and students. The *Tribes Trail* with its first stop of inclusion, gave life to their values of equitable practices, inclusiveness, and antiracism. As mentioned earlier, schools are microcosms of the greater community and the inequities that plague it also affect our students.

While PLC was determining how to address the issue with their social emotional learning programming, *Tribes* was beginning a search of

a different nature. After several decades functioning as an organization run primarily by founder Jeanne Gibbs, her children, and long-time trainers, it had become apparent that it was time for *Tribes* to find a new home. Candidly, many of those involved in the everyday business of *Tribes* were ready to retire from the profession and believed the organization could benefit from a younger, more diverse ownership. Having worked on collaborative projects with PLC in the past David Gibbs, Jeanne's son, felt strongly that PLC would move *Tribes* in the right direction for future success and that PLC had solid value alignment with the curriculum his mother created. The partnership was mutually beneficial, allowing *Tribes* to find new ownership as well as filling a void in programming for PLC.

In PLC's home community of Indianapolis black students are 2.6 times more likely to be suspended than their white peers (Central Indiana Community Foundation, 2019). Due to disproportionate suspensions and expulsions for youth of color and LGBTQ youth, researchers have coined the term "school-to-prison pipeline." What has been found is that students who are suspended just once in their school career are less likely to graduate with a high school diploma. Furthermore, youth that do not graduate from high school are 3.5 times more likely to be arrested than peers who do (Central Indiana Community Foundation, 2019). The long-term effects of a single-biased and unjust interaction with the educational disciplinary system are real and felt by many. "Because educational attainment beyond high school has become the key determinant of economic opportunity and social mobility" the gaps in graduation caused by unjust discipline systems have real consequences for students of color (Lumina Foundation, 2019, p. 98).

Both TLC and PLC have worked diligently to overcome this "school-to-prison pipeline" dilemma by providing proactive SEL work that builds relationships between teachers and students and between students and their peers,

reducing bias, which in turn reduces the chance for disproportionate disciplinary actions. Moreover, the educational system in Indiana as well as the educational systems in most states across the country have acknowledged the need for SEL skill development in their districts and school. The Indiana Department of Education announced in 2019 that schools should implement SEL programming in some capacity (CICG, 2019). Many educators understand the necessity of these skills, but most believe they do not have the time or resources to dedicate to the topic.

While 70% of principals expect their teachers to incorporate SEL skill development into their classrooms, they also acknowledge that "it's hard because they have to get through so much curriculum for tests" (DePaoli, Atwell & Bridgeland, 2017, p. 21). In fact, more principals (71%) note that the greatest challenge to implementation is lack of time. The difference between the schools who are succeeding in SEL and those that are not comes down to, once again, equity. PLC sees *Tribes* as a way to level the playing field by providing teachers and students with tools and resources to incorporate SEL into their everyday curriculum. It is often said in the *Tribes* community that this process is not another thing for teachers to add to their plate, instead it is the plate on which everything else is supported. The *Tribes* plate that has always included SEL skill building and strategies for building resilient learning communities, now includes and supports PLC's curriculum of SEL, Equity and Restorative Justice.

This intersectionality of the Tribes Learning Community and Peace Learning Center is a new story that has yet to be fully realized and expressed, but as one organization working together to create a complete community of learning for the teachers, students, and families served, Dewey can be proud that his legacy of a democratic, civically engaged education will live on.

REFERENCES

Benard, B. (2005). *What is it about tribes: The research-based components of the developmental process of tribes learning communities*. Windsor, CA: CenterSource Systems.

Bryk, A.S. & Schneider, B. (2002). *Trust in schools: A core resource for improvement.* New York, NY: Russell Sage Foundation.

CASEL (2020). "What is SEL?" https://casel.org/what-is-sel/

CICF. *Central Indiana Community Foundation,* 11 Nov. 2019, www.cicf.org/

DePaoli, J. L., Atwell, M. N., & Bridgeland, J. (2017). *Ready to Lead: A National Principal Survey on How Social and Emotional Learning Can Prepare Children and Transform Schools* (pp. 1-57, Rep.). Chicago, IL: Civic Enterprises with Hart Research Associates.

Gibbs, J. (2001). *Tribes: A new way of learning and being together*. Windsor, CA: CenterSource Systems, LLC.

Lumina Foundation (2020). *A Stronger Nation: Learning beyond high schools builds American talent* (pp. 96-102, Rep.). Indianapolis, IN: Lumina Foundation.

McMahan, L. (2007). *From the Ground Up: Building and sustaining a new school's learning community*. Albuquerque, NM: University of New Mexico.

Mulholland, S., PhD. (2019). *Evaluation of One Indy: Evidence-based School Services Program* (pp. 1-16, Rep.). Indianapolis, IN.

WestEd (2003). *Evaluation of the implementation and impact of Tribes TLC*. San Francisco, CA.

Hair Discrimination is Racist

Why Black Communities Advocate for Hair Peace

Jantina Anderson

SUMMARY

Black girls are at greater risk than other girls for receiving citations due to dress code violations and talking back to teachers, as well as for much less severe behaviors, such as gum chewing, defiance, and failure to comply with prior discipline. Further, these disciplinary measures have a greater likelihood of excluding Black girls from the classroom and schools. When taking a closer look at a recent trend around the dress code policy infractions, it is clear that some policies are discriminatory, if not racist.

Black girls are being excluded from the opportunity to learn due to wearing natural hairstyles, which are common in the Black community; afros, braids, twists, and locs. As such, this brief presents recent dress code policy cases which resulted in disparaging labels and exclusionary discipline due to Black girls' natural hairstyles.

It also addresses the implications Black girls are subjected to due to the implementation, interpretation, and enforcement of said racist dress code policies.

Finally, opportunities for schools to promote awareness of different cultures which foster environments of inclusivity, growth, development, and success for all students are proposed.

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> *These disciplinary measures have a greater likelihood of excluding Black girls from the classroom and schools. When taking a closer look at a recent trend around the dress code policy infractions, it is clear that some policies are discriminatory, if not racist.*

PRESCRIBING HAIRSTYLES IS A POLITICAL ACT

When examining school dress code policies, it is apparent they have become increasingly prescriptive. This is largely due to the early 1990s movement to address gang violence on school grounds via implementing dress code and uniform policies intended to prevent students from wearing gang attire (DaCosta, 2006; Gilbert, 1999; Mitchell-Wilson, 1998). The catalyst of this movement was a challenge made by former President Bill Clinton during his re-election campaign (Dussel, 2005). Due to the former president's encouragement and the published success of a dress code and uniform policies launched by the Long Beach, CA School District, school administrators, with the support of the national government, began implementing dress code and uniform policies across the nation (DaCosta, 2006; Gilbert, 1999; Mitchell-Wilson, 1998). With reflections of each schools' understanding and beliefs of appropriate attire and aesthetics, dress code policy language began to include guidance around clothing colors and styles, accessories, hair colors and styles, and make-up. Consequently, some students and community members voiced, and continue to voice, their concerns around the loss of students' opportunity for personal and cultural expression, and the perception of racist intent when the policies are inconsistently enforced and disparately impact students of color and more specifically, Black girls (Kim, 2014; Klein, 2013; Metler, 2017).

As noted in a report, Unlocking Opportunity for African American Girls: A Call to Action for Educational Equity, by the NAACP Legal Defense and Educational Fund, Inc. (NAACPLDF), National Women's Law Center (NWLC) (2014), Black girls are at greater risk than other girls for receiving citations due to dress code violations and talking back to teachers, as well as for much less severe behaviors such as gum chewing, defiance, and failure to comply with prior discipline. Further, a 2018 report published by the

> *Schools' dress code and grooming policies are negatively impacting Black girls' opportunity to learn in the classroom, socialization with their peers in academic and extracurricular settings, and outlook on their natural appearance and culturally aligned aesthetic.*

NWLC, stated school dress codes in the District of Columbia (DC) promote race and gender discrimination, and create unnecessary and sometimes illegal hardship and burdens for Black girls in their school districts. As stated by a participant in the NAACPLDF and NWLCS 2014 report, "they have different rules for us [African American girls] than they do for white and Asian girls. White girls and Asian girls can wear anything and get away with it, but they will send us to the dean for wearing the same thing."

Schools' dress code and grooming policies are negatively impacting Black girls' opportunity to learn in the classroom, socialization with their peers in academic and extracurricular settings, and outlook on their natural appearance and culturally aligned aesthetic. Despite the narratives of safety and quality used by schools who utilize more prescriptive dress code policies (DaCosta, 2006), little research has been conducted to examine the implications of the policies for distinct student populations. Consequently, this policy brief discusses recent dress code policy cases which resulted in Black girls' hair being labelled as a distraction to school spaces and non-compliant with said policies. This brief also addresses the implications Black girls are subjected to due to the implementation, interpretation, and enforcement of the dress code policies. Further, efforts communities and organizations have taken to disrupt the current practices, which infringe on the boundaries of race neutral and unintentionally disparate impact, will be discussed. Finally, opportunities for schools to promote awareness of different cultures which foster environments of inclusivity, growth,

development, and success for all students are proposed.

HAIRSTYLE SEGREGATION

While diversity, equity, and inclusion are three words that are repeatedly touted as values and a priority, schools continue to grapple with the reality of their existence within staff representation, policy language, and cultural norms. As a result, students and their communities have withstood experiences which have felt racist and exclusionary. At the center of these particular experiences were dress code policies and disciplinary practices, which excluded or reduced the opportunity to learn for young Black girls during the past seven years. Consequently, students, parents/guardians, and school communities have called out the racism and demanded space and consciousness around definitions of safety and inclusion shared by them.

Students', parents'/guardians', and community members' ideals of inclusion expand the notion of safety and quality to address and incorporate individual and cultural expressions which support the success of the student beyond academic scores (Fox, 2017; Lazar, 2017). Parents/guardians, students, and community members advocate for the mental, physical, and emotional well-being and success of the child, along with their academic scores. This broader and distinct definition of safety and quality creates the opportunity for the students to receive care and support for their whole being/self. While the concept of caring and supporting the whole child is embraced by the community, it seems to be less of a priority for the school. As a result, the dissonance between schools' definitions and enactment of and students', parents'/guardians', and communities' ideals of inclusion ebbs and flows. This conflict and tension sustain exclusionary trends around Black girls' opportunity to learn and negates space for their healthy development. Currently, Black girls are being pushed out of schools and classrooms due to their hair texture and aesthetic expressions.

Natural Black hair textures which are known to have a tighter curl pattern and more coarse texture are healthiest when worn in styles which do not require daily manipulation or harsh chemicals. As such, Black girls are embracing their personal agency to wear their hair in braids, twists, afros, locs, and wraps. While most girls are able to fully embrace this process of maturation, the freedom to choose their hair aesthetic, Black girls are met with two barriers, society's natural hair biases, and schools' adaptation and enforcement of society's hair preferences.

In 2017, Perception Institute published a hair bias study which underscored what Black women have known since arriving on the shores of North America; there is an unequivocal disdain for the hair that grows naturally from their scalp. As shown in Table 1, the "Good Hair" Study: Explicit and Implicit Attitudes Toward Black Women's Hair found that, "on average, white women show explicit bias toward black women's textured hair" (McGill-Johnson et al., 2017, p. 6).

TABLE 1. AVERAGE ATTITUDES TOWARD TEXTURED HAIR – AFRO

	Black Women	White Women
Beautiful	4.3	2.6
Sexy/Attractive	4.1	2.5
Professional	3.4	2.3

Note: Reprinted from "*The good hair study: Explicit and implicit attitudes toward Black women's hair,*" by McGill-Johnson, A., Godsil, R., MacFarlane, J., Tropp, L., & Goff, P., 2017, Perception Institute. p.7
https://perception.org/wp-content/uploads/2017/01/TheGood-HairStudyFindingsReport.pdf

Further the study reported a social stigma related to afro hair, "white women perceive the United States to rate the afro significantly more negatively on beauty and sexy/attractiveness than black women (p<.001)". However, as shown in Figure 3, women, regardless of race, perceive the United States to view afro hair negatively as it relates to professionalism. "Black women perceive a level of social stigma against textured hair, and this perception is substantiated by white women's devaluation of natural hairstyles" (McGill-Johnson et al., 2017, p. 6).

FIGURE 3. PERCEIVED ATTITUDES TOWARD TEXTURED HAIR, BY GROUP – AFRO
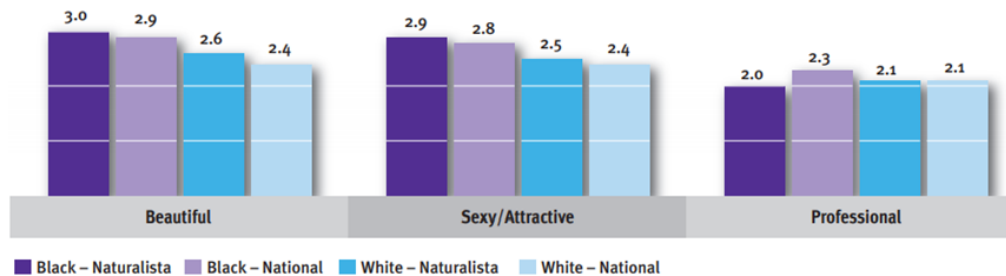
Note: Reprinted from "*The good hair study: Explicit and implicit attitudes toward Black women's hair,*" by McGill-Johnson, A., Godsil, R., MacFarlane, J., Tropp, L., & Goff, P., 2017, Perception Institute. p.7 https://perception.org/wp-content/uploads/2017/01/TheGood-HairStudyFindingsReport.pdf

Black girls have experienced these perceptions firsthand in their classrooms and schools, a space where protecting, nurturing, and developing the whole child should be priorities. This is exemplified in the conformance demands embedded in dress and grooming norms/policies which diminishes Black girls' space for self-expression and healthy racial socialization identity development.

During the past seven years, incidents involving Black female students in k-12 spaces, and scrutiny around their hairstyles has increased. Black girls, ranging in age between 7 and 15, have been subjected to school leaders' and teachers' unfavorable perceptions and labeling of their hair. Terms and phrases such as distractions,

materialistic, unsuitable, and a fad have been used to describe hairstyles commonly worn in Black communities (e.g. braided extensions, cornrows, afros, locs, and twist) (Fox, 2017; Golgowski, 2013; Jacobo, 2018; Kim, 2014; Klein, 2013; Lazar, 2017; L'Heureux, 2016; Mettler, 2017; Rosenblatt, 2018; Ross, 2016).

Further, Black girls have also been burdened with exclusionary practices enacted by those in positions of power who are ideally there to protect them and ensure their academic growth and development. Conversely, as a result of their hair aesthetic choices, Black girls and their guardians have faced similar notions and actions of school segregation which existed prior to Brown v. Board of Education. Black students were forcibly excluded as a result of their race. Black girls are excluded today, because of their hair texture and/or choice in presenting it, which some say is unique to their race (Crown Act, n.d.).

For example, Tiana Parker, a 7-year-old, straight A student, was told she could not attend school due to her hairstyle, dreadlocks. Deborah Brown Community School in Tulsa, OK told Tiana her hair was not "presentable" and may "distract from the respectful and serious atmosphere it strives for," (Klein, 2013). Her parents made the decision to enroll her in a new school (Golgowski, 2013).

After being harassed by students because of her natural afro, 12-year-old, Vanessa VanDyke, and her mother requested the school's assistance with addressing the peer harassment/bullying. In return, Faith Christian Academy, located in Orlando, FL, told Vanessa, her hair was a distraction and incompliant with their dress code

policy. As a result, she received an ultimatum; one week to cut or change her hair to comply with the policy or unenroll from the academy (Huffpost Weird News, 2013). Vanessa and her mother resisted the demand to change Vanessa's hairstyle. With an overwhelming amount of national support, and publicity, in favor of Vanessa's choice, the academy allowed Vanessa to remain enrolled and wear her hair in an afro.

Fifteen-year-old twin sisters, Maya and Deanna Cook, faced in-school suspension and were excluded from the prom, track team, school bus, and faced multi-days of in-school suspension as a result of wearing long braided hair extensions, a hairstyle that is common within Black culture. After parents, community members in support of the sisters, and national media outlets reported the case, the school remained firm in their stance (Williams, 2017). However, once the attorney general's office ordered Mystic Valley Region Charter School, of Malden, MA, to stop the enforcement of their dress code policy language, the school complied.

Prior to the start of the Kentucky 2016 school year, State Legislature, Attica Scott, brought national awareness via a social media platform, Twitter, to Louisville, Kentucky's Butler Traditional High School's new dress code policy. She perceived the policy to be institutionally racist because it targeted and banned many hairstyles primarily worn by Black students; braids, cornrows, dreadlocks, or jewelry adorned hairstyles. With the support of local and national communities, and the Kentucky American Civil Liberties Union (ACLU), the policy was suspended prior to the start of the school year (L'Heureux, 2016; Ross, 2016).

In 2018, at a Roman Catholic private Louisiana school, an 11-year-old, Black girl, Faith Fennidy, was not allowed to attend classes until she removed her braided hair extensions (Rosenblatt, 2018). Christ the King Elementary School added a prohibition in their policy over the summer which banned "extensions, clip-ins or weaves" to promote natural hair. Faith's parents withdrew her from the private school (Jacobo, 2018).

Until those in positions of power are able to recognize the unnecessary burden placed on Black girls to conform to Eurocentric ideals of appropriate appearance and beauty, Black girls and women will continue to carry the associated pain and stigma of their natural hair in spaces where their appearance should be the least of their concern.

Lastly, in 2019, Marian Scott, an 8-year-old, Michigan elementary student, was not allowed to take a school picture. Paragon Charter Academy excluded Marian from taking pictures due to the red hair braided into her bun. As reported by WILX a CNN affiliate, "the Jackson, Michigan, school's handbook says students' hair color must be "of natural tones" to get their picture taken" (Buchmann, 2019, para. 2). An email sent to families, the night before picture day, outlined acceptable and prohibited picture day aesthetics and attire. Marian Scott remained enrolled in the school but stated the incident made her feel "singled out" (Sorto, 2019).

INSTITUTIONAL INCLUSION, LET THEM LEARN

Let us learn! Let them learn! These two phrases where chanted during the school board meeting in Malden, MA as community members, parents/guardians, and students gathered in support of Maya and Deanna Cook. The crowd shouted the phrase as a means to advocate for the students' rights to focus on their education versus the negative implications of violating culturally insensitive dress code policies.

Because Black girls continue to face a greater potential of school discipline and exclusion, despite the offense, a variety of organizations have led studies, commissions, and campaigns to pass policies around the disciplinary disparities and outcomes experienced by Black girls. These efforts are inclusive of but not limited Congresswoman Ayanna Presley's bill, Monique Morris' "Pushout" scholarship and advocacy efforts, and the CROWN campaign created by Dove and the CROWN coalition.

H.R. 5325 – Ending Pushout Act of 2019, proposed by Congresswoman Ayanna Pressley, was heard by the House and referred to the House

Committee on Education and Labor on December 5, 2019 (Pressley, 2019).

> Pressley's legislation, co-sponsored by Rep. Ilhan Omar (D-Minn.), would establish $2.5 billion in new grants for states and schools to provide educators with implicit bias training, invest in counselors and social workers, and adjust school discipline policies — notably around "appearance" and "grooming" for students — with input from families and community members (Ruiz-Grossman, 2019, para. 5).

Further, the bill will create accountability for the Education Department to routinely collect additional "pushout" or exclusionary (suspensions/expulsions) discipline data and establish a task force responsible for investigating the impact of school disciplinary actions for Black and brown girls. As proposed, schools will gain eligibility for the funds created by this bill, if they ban exclusionary discipline for tardiness and absenteeism and for infractions such as dress code or grooming violations. Additionally, schools would have to eliminate corporal punishment, isolation, and restraining students (Ruiz-Grossman, 2019).

Dr. Morris has spent the last three decades researching, writing, lecturing, and advocating on social justice issues, policies, and practices focused on improving juvenile justice, educational, and socioeconomic conditions for Black girls, women, and their families (Dr. Monique W. Morris, n.d.). In 2016, Dr. Morris' published a book titled, Pushout: The Criminalization of Black Girls in Schools, which centered the experiences that lead to the exclusion and sometimes criminalization of Black girls in school spaces (Love our Girls, n.d.). Following the release of her book, she took bringing awareness to this phenomenon one step further by releasing a documentary with the same title in 2019 (Pushout, n.d.). Further, she has partnered with Congresswoman Pressley to advocate for federal

> *Creating spaces that acknowledge and embrace differences will serve as a model behavior and value for the students within these spaces. Ideally, the environment will translate as the norm for engaging and respecting differences beyond the classroom, and throughout each student's matriculation and maturation journeys.*

legislation and programs to support the success and well-being of Black girls in school.

Finally, the National Black Women's Justice Institute (NBWJI), an organization that works to address the challenges Black girls and women face as it relates to the school to prison pipeline, employment opportunities after incarceration, and the reduction of sexual and domestic violence in Black communities was founded and is led by Dr. Morris. NBWJI publish policy recommendations, in 2019, for federal, state, and local policy makers to consider in support of addressing the alarming statistics related to Black girls' suspension, restraint, corporal punishment, law enforcement referral and arrest rates in high schools (National Black Women's Justice Institute, 2019).

To end, as it relates to the discriminatory practices of excluding and/or punishing individuals because of their hair texture, a campaign called the CROWN Act was created in 2019. The CROWN (creating a respectful and open world for natural hair) campaign was created "to ensure protection against discrimination based on race-based hairstyles by extending statutory protection to hair texture and protective styles such as braids, locs, twists, and knots in the workplace and public schools," (Crown Act About, n.d.).

To date, seven out of fifty states have passed this bill, creating race-based protection in state employment, housing, education codes for hair texture and protective styles (Crown Act About, n.d.).

CHALLENGES TO CULTURAL INCLUSION

The efforts to understand this type of specific racism are rare. Racism is usually based on the color of one's skin which might suggest the individual's ethnic/racial heritage. Many of the current efforts that center the disproportionate rate at which some Black girls are disciplined, excluded from school spaces, and face criminal consequences do not tease apart and address the motivations for the treatment beyond students' race and gender.

The issue of Black girls wearing their natural, afro, hair is related to the disciplinary disparities but it is a much more nuanced concern. Before we can effectively discuss the policy language and efforts to enforce such dress code policies, we must first understand the reason policy makers and leaders via afro hair with such disdain and its connections to race.

The CROWN act comes the closest to exploring such nuances as it speaks more to the reasons why the definition of race should expand to include one's hair texture and styles. In order for additional states, policy makers, and leaders to buy into this connection and idea, further discussions and education around the historical, political, and social ways that hair texture and styles have been used as mediums of power most frequently used to disparage Black citizens is necessary to improve the impact of current and future proposals.

At this time, those in positions of power likely have little knowledge beyond their own experiences and understandings therefore, when students, communities, guardians advocate for inclusion they see the demand as unnecessary and their policies as neutral. They have no idea or choose to ignore the power afro hair and protective styles poses within the Black community and for those who wear them. Black girls are able to rid themselves of harmful chemicals which produce long-term health disadvantages. Black girls are also able to engage in physical sports and activities without concern around the state of their hair. Finally, Black girls are able to realize the beauty of their cultural and heritage and develop a healthy racial identity by embracing their natural texture and protective styles.

Despite the current arguments around the neutrality of the current policies and their policy maker's intentions, until those in positions of power are able to recognize the unnecessary burden placed on Black girls to conform to Eurocentric ideals of appropriate appearance and beauty, Black girls and women will continue to carry the associated pain and stigma of their natural hair in spaces where their appearance should be the least of their concern. They should have the equal opportunity to focus on learning and performing to the best of the ability without being distracted by the need to comply with a racist policy or standard. In order to reach this status, communities, parents, guardians, academics, and advocates must continue to raise this issue as a concern with the support of data and narratives to educate while advocating, and demand change.

PRIORITIZE CULTURAL UNDERSTANDING

Due to the growing racial, ethnic, religious and non-binary diversity of student bodies across the nation, consideration and familiarity of non-Eurocentric, non-Christian, and non-binary cultural values and norms is necessary to construct spaces where students feel comfortable existing wholly. This comfort will provide a level of freedom to focus on learning versus being distracted by unnecessarily prescriptive, greatly oppressive, and inherently racist policies which have the propensity to traumatize those most impacted by the language and enforcement of said policies. Further, creating spaces that acknowledge and embrace differences will serve as a model behavior and value for the students within these spaces. Ideally, the environment will translate as the norm for engaging and respecting

differences beyond the classroom, and throughout each student's matriculation and maturation journeys.

In order to achieve such spaces, policymakers and local leaders must begin building relationships with the families of the students, and become intimately familiar with the communities of the schools and student support systems. It is no longer enough for teachers and administrations to expatriate from their utopian suburbs or lifestyles each day to perform their daily role. They must become engaged school citizens who are open to, invested in, and value the culture of the students they influence and teach each day. Leaders and policy makers can achieve this by; learning the history and current landscape of the surrounding neighborhoods, meeting with nearby community organizations and organizers, conversing with school employees who live in the area, and hosting discussions with students and their families.

Further, it is also important for policy makers and local leaders to facilitate discussions with

students, guardians, and parents around policies and procedures, which impact their livelihoods, prior to finalizing such rules. This may occur in the form of phone or text surveys, parent or student councils, monthly community meetings held at multiple times with virtual attendance available. Efforts of this nature will serve as a means to prioritize the understanding of cultural norms and values of their students.

Additionally, these actions will serve to better inform the decision-making process of school policies. Implications of said policies will be realized prior to the expensive lesson of a student's experienced trauma. While relationships and conversations seem to oversimplify a potential solution to this particular challenge, they are far from easy, if done with the proper intent. The potential of positive revolution which benefits all students is couched in seeking to understand and acting to include by making time, providing attention, being open to and learning differences/unique narratives/others' values, and investing in collaborative outcomes.

REFERENCES

Buchmann, N. (2019, October 7). *Eight-year-old girl denied school picture because of her hair*. WILX.
https://www.wilx.com/content/news/Eight-year-old-girl-denied-school-picture-because-of-her-hair-562449021.html

DaCosta, K. (2006). Dress code blues: An exploration of urban students' reactions to a public high School uniform policy. The Journal of Negro Education, 75(1), 49-59.

Dr. Monique W. Morris. (n.d.) Bio. https://www.moniquewmorris.me/

Dussel, I. (2005). When appearances are not deceptive: A comparative history of school uniform in Argentina and the United States (nineteenth-twentieth centuries). Paedagogica Historica, 41(1&2), 179-195.doi:10.1080/0030923042000335538

Fox, G. (2017, May 21). *After backlash, Malden school suspends controversial hair policy*. The Boston Globe. https://www3.bostonglobe.com/metro/2017/05/21/trustees-malden-school-meet-over-hair-policy/P0gA6z5wAT65hq84DbagmO/story.html?arc404=true

Gilbert, C. (1999). We are what we wear: Revisiting student dress codes. Brigham Young University Education and Law Journal, Summer (1), 3-18.

Golgowski, N. (2013, September 11). *Oklahoma school changes dress code after 'no dreadlocks' policy sent girl home in tears*. New York Daily News. https://www.nydailynews.com/news/national/okla-school-dress-code-no-dreadlocks-policy-article-1.1452030

Huffpost Weird News. (2013, November 26). *Vanessa VanDyke Could Be Expelled After Having Her Hair Mocked*. Huffpost Weird News. https://www.huffpost.com/entry/vanessa-vandyke-expelled_n_4345326

Jacobo, J. (2018, August 21). *6th grader asked to leave private school over rule banning hair extensions, family says*. ABC News. https://abcnews.go.com/US/6th-grader-asked-leave-private-school-rule-banning/story?id=57311484

Kim, C. (2014, November 27). *Florida school threatens to expel student over 'natural hair'*. MSNBC: The Last Word with Lawrence O'Donnell. http://www.msnbc.com/the-last-word-94 .

Klein, R. (2013, September 5). *Tiana Parker, 7, switches schools after being forbidden from wearing dreads*. Huffpost Black Voices. https://www.huffpost.com/entry/tiana-parker-dreads_n_3873868?guccounter=1

Lazar, K. (2017). Black Malden charter students punished for braided hair extensions. *The Boston Globe*. https://www.bostonglobe.com/metro/2017/05/11/black-students-malden-school-who-wear-braids-face-punishment-parents-say/stWDlBSCJhw1zocUWR1QMP/story.html

L'Heureux, C. (2016, August 4). *Kentucky high school to change racist hair policy*. The Cut. https://www.thecut.com/2016/08/kentucky-butler-traditional-high-school-dress-code-suspends-racist-hair-policy.html

Love our Girls. (n.d.). *Meet Dr. Monique Morris*. https://logpledge.org/meet-dr-monique-morris/

McGill-Johnson, A., Godsil, R., MacFarlane, J., Tropp, L., & Goff, P. (2017). *The good hair study: Explicit and implicit attitudes toward Black women's hair*. Perception Institute. https://perception.org/wp-content/uploads/2017/01/TheGood-HairStudyFindingsReport.pdf

Mettler, K. (2017, May, 15). *Mass. school punishes twin girls for hair braid extensions. Their parents say it's racial discrimination*. The Washington Post. https://www.washingtonpost.com/news/morning-mix/wp/2017/05/15/mass-school-punishes-twins-for-hair-braid-extensions-their-parents-say-its-racial-discrimination/?utm_term=.aac1cab1b66b

Mitchell-Wilson, A. (1998). Public school dress codes: The constitutional debate. Brigham Young University Education and Law Journal, Spring (1), 147-171.

NAACP Legal Defense & Educational Fund, Inc. & National Women's Law Center (2014). *Unlocking opportunity for African American girls, A call to action for education equity*, LDF Communications Department. https://tminstituteldf.org/wp-content/uploads/2017/08/Unlocking-Opportunity-for-African-American-Girls_0.pdf

National Black Women's Justice Institute. (2019). *End school pushout for Black girls and other girls of color*. https://static.wixstatic.com/ugd/0c71ee_7d6b6469aa144b0397a4d7cd5d0f8051.pdf

Pressley, A. (2019, December 5). *All Info - H.R.5325 - 116th Congress (2019-2020): Ending PUSHOUT Act of 2019*. https://www.congress.gov/bill/116th-congress/house-bill/5325/all-info

Pushout Film. (n.d.) *About*. About | PUSHOUT (pushoutfilm.com)

Rosenblatt, K. (2018, August 22). *Louisiana girl sent home from school over braided hair extensions*. NBC News. https://www.nbcnews.com/news/nbcblk/louisiana-girl-sent-home-school-over-braided-hair-extensions-n902811

Ross, A. (2016, July 28). *Attica Scott: Hair policy 'stinks of racism'*. Courier Journal. https://www.courier-journal.com/story/news/education/2016/07/28/attica-scott-hair-policy-institutional-racism/87656240/

Ruiz-Grossman, S. (2019, December 5). Ayanna Pressley wants to stop the school-to-prison pipeline. Huffpost Politics. https://www.huffpost.com/entry/ayanna-pressley-racist-school-discipline_n_5de8484fe4b0d50f32ae0518

Sorto, G. (2019, October 9). *An 8-year-old girl wasn't allowed to take her school picture because of her red hair extensions*. CNN. https://www.cnn.com/2019/10/09/us/girl-denied-school-picture-hair-trnd/index.html

The Crown Act. (n.d.). *About*. About — The Official Campaign of the CROWN Act

Williams, J. (2017, May 12). *War on Black hair: Wearing braids gets Black girls banned from prom at Malden charter school in Massachusetts*. Newsweek. https://www.newsweek.com/wearing-braids-sends-black-girls-detention-malden-charter-school-608303

Collaborative App-Making as a Community Engagement Research Method

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ABSTRACT

This article details an ethnographic community engagement project involving mobile app technology as a participatory methodology to create a walking tour of a Baltimore neighborhood. Greenmount West is an historically African American community in Baltimore City that is now experiencing rapid gentrification. After receiving a "mash up" grant from a local museum, researchers from Towson University were partnered with the director of a local community center in the Greenmount West neighborhood and collaboratively crafted the idea to create a walking tour through the perspective of youth.

In this case, four Black young women who were already involved in activities at the community center were solicited to participate in the ethnographic research and mobile app development project. Through a community engagement process that matched traditional ethnographic methods and technological development as methods, they shared their perspectives on their changing neighborhood and were involved in every facet of producing the tour. The goal was to put the agency and perspective of these young women as the leading voice of this process and development of a mobile app walking tour.

The article provides a step-by-step process for how to use this particular technology as a form of community engagement and research.

Keywords: *Mobile Apps, Gentrification, Community Engagement, Technology, Ethnography*

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INTRODUCTION

In cultural anthropology, and one could argue in society at large, the smartphone is now an indispensable tool. Over the last several years through a process we refer to as "Networked Anthropology" we have experimented and conceptualized ways to use technology as a methodological tool in ethnographic research. We define this approach as, "An anthropology undertaken in the age of multimedia social networks, one in which all of the stakeholders – ethnographers, interlocutors, community, audience – are all networked together in various (albeit powerful and unequal) ways" (Collins and Durington, 2015, pp. 4-5). Through this approach we have developed ideas on how to utilize various technologies such as mobile apps as a way to not only explore communities but also as a means of producing material relevant to ethnographic research (Collins et al., 2017).

From keeping in contact with collaborators, to recording interviews, making photographs and film, and "live field noting"[1] the ethnographic process[2], anthropology has become app-driven: the smartphone has supplanted the ethnographer's paper notebook. That said, the process is not without controversy, and questions over the ethics of app-based media continue to arise--as well they should. Many apps are, after all, for-profit platforms that are (on many levels) monetizing the work of anthropology for profits that neither the anthropologists nor the communities in which they work will enjoy. Yet, we make the assertion that any community engagement activity in the 21st century is relying upon this technology as well, whether one is conscious of it or not. Therefore, this conceptual project informed by and producing ethnographic

For many of us, the collaboration needs to come first, and, moreover, arise from people in the community. In other words, only when people articulate their need for our collaboration do we begin the research process.

research challenges community engagement practitioners to consider the role technology should inform their methods and findings.

There are many concerns about using technology in ethnographic research and while there is a comfort level with most audio-visual technologies, researchers have been slow to incorporate other networking and social media technologies in their work in a meaningful way. The same concerns are also present in the general public, whose digital labor -- the liking, sharing and following actions of individuals on mobile apps -- create a product for app developers and social media platforms to develop algorithms and targeted advertising. Essentially, our work as anthropologists and the browsing of our collaborators is a product that becomes monetized and sold back to us through mobile apps and social media. At the same time, we have simultaneously noted that the journal articles and books that anthropologists publish are hardly profit-sharing endeavors in and of themselves. The paywalls academic journals erect are obstacles to access for many of the communities in which anthropologists work, an obstacle that this journal thankfully works against. Smartphone-based apps, on the other hand, are accessible and familiar to both anthropologists and our community collaborators. For example, we all can show pictures and videos to friends and family, and people can discuss

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[1] Taking field notes is one of the primary methodologies in cultural anthropology. When conducting ethnographic research an anthropologist will listen intensively to collaborators while conducting participant-observation (both participating in and observing cultural interactions) and will later reflect on this experience and record post-event field notes as records. "Live" field noting connotes the process of doing this in real time as events are

occurring. While one can use tools such as pen and notepad for this, the smartphone offers up another tool to not only jot down notes in a writing application, but also record video, sound and take photos.
[2] Ethnography is the primary methodology of cultural anthropology which utilizes fieldwork and participant observation to study cultures while being immersive in those environments over an extended amount of time.

Figure 1

The landing page for the Greenmount West mapping project.
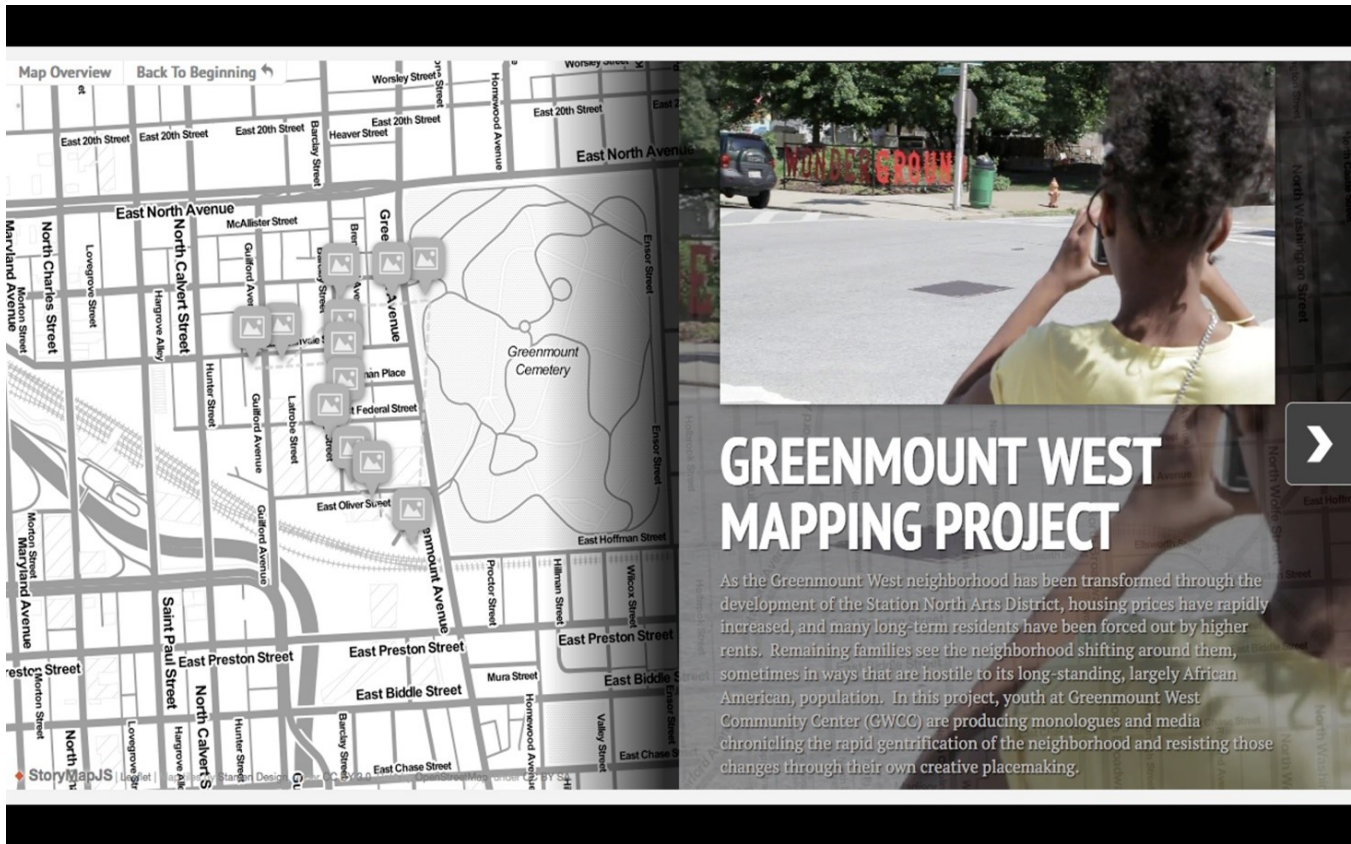
results accessible online much more readily than essay publications in obscure journals. Our assertion is that the smartphone can help drive an ethnographic project with the goal of creating a collaborative mobile app development to produce an outcome accessible to all parties.

This essay outlines an ethnographic project that produces a collaborative, app-building exercise in Baltimore, MD, involving anthropologists (Collins and Durington), the Program Manager of Greenmount West Community Center (Everette) and young residents of the neighborhood (Anderson, Foseca, Holmes and Watkins). Over the course of several weeks in the summer of 2019, we created and published an app-based walking tour of the Greenmount West neighborhood from the perspective of its young residents aged 9-12 years old. Our young

collaborators were already involved in after school projects at the Greenmount West Community Center and when presented with the opportunity to participate agreed to do so with the consent of their parents and guardians. As researchers, we were pleasantly surprised by the tenacity and initiative shown by our young collaborators as they intensively discussed their neighborhood, engaged in mapping exercises and guided our walks throughout the neighborhood as we developed the tour. We also knew that our young collaborators had a keen sense that the neighborhood was changing and were already familiar with the term "gentrification" having heard it discussed by many around them. They also shared with us throughout the process the possibility that they may be losing their favorite places or might have to even move and leave their friends due to changes in the neighborhood.

Figure 2

The izi.travel website for the Greenmount West walking tour. https://izi.travel/en/88aa-greenmount-west-community/en
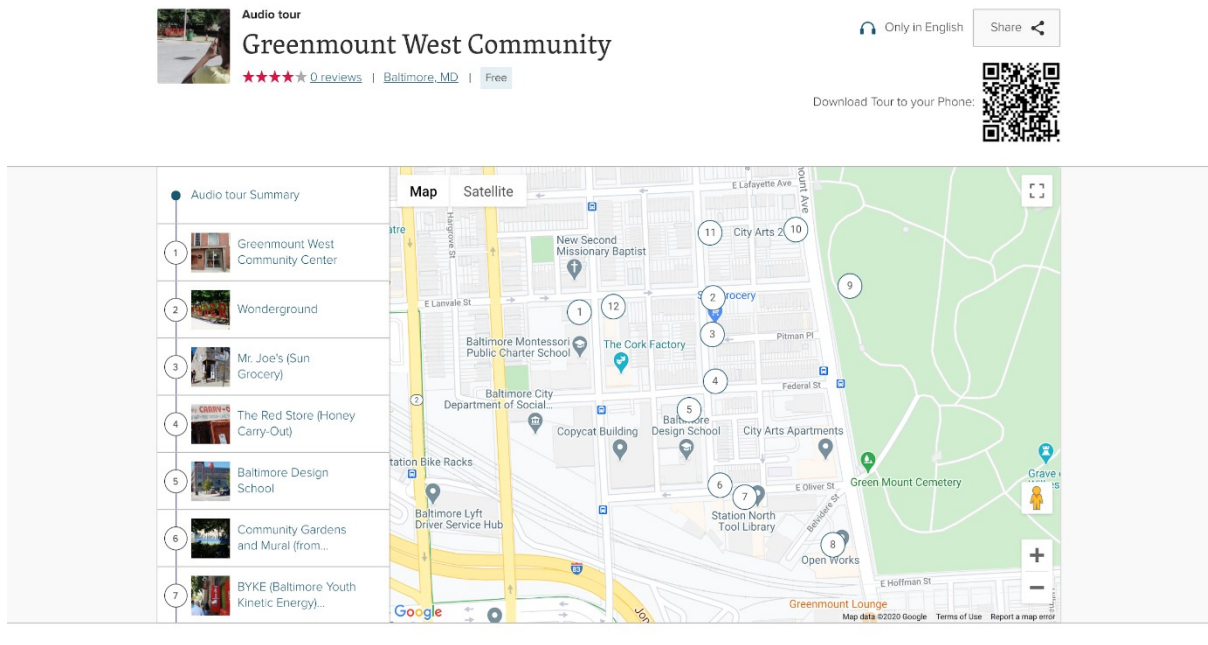
Gentrification has occurred in Baltimore just like many other cities throughout the United States in a process undergirded by discriminatory historic processes such as redlining that depreciated urban neighborhoods in the latter 20th century (Durington et al 2009). Gentrification relies upon the stereotyping of racialized urban neighborhoods as riddled with crime, drugs and other social pathologies making them ripe for possible change by developers, politicians and others as potential investments for redevelopment. These neighborhoods and communities tend to have little home ownership and high rental occupancy and thus become attractive for redevelopment that caters to new, often mostly white, residents who move while historic, often Black, residents are displaced. This same process has occurred in dozens of historic Black neighborhoods throughout the United States and in Baltimore.

Greenmount West is an historic African American neighborhood adjacent to the west downtown core of the city of Baltimore. The larger demographic profile of the community in which Greenmount West is located is 93% Black, with a median household income of $31,219, and 50.1% of children living below the poverty line. An indicator of incoming change is a rising racial diversity index of 17% with Whites making up 2.4% of the total population as of 2018.[3]

Gentrification in the Greenmount West neighborhood was inevitable with the changing development patterns of Baltimore, but it was triggered through the designation of a nearby newly labeled arts district by the city which is often just one signal of impending gentrification. When this occurs, housing prices rapidly increase, and many long-term residents are then forced out by higher rents. Those remaining families see the neighborhood shifting around them, sometimes in ways that are hostile to its long-standing, largely

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[3] https://bniajfi.org/community/Clifton-Berea/

Black population. This project's goals were therefore two-fold: to document a neighborhood undergoing rapid change through gentrification, and to help neighborhood youth engage in placemaking in a neighborhood changing before their eyes, in often unwelcoming ways.

SMARTPHONES AND APPS AS A RESEARCH TOOL

As smartphone access has increased globally, apps have become an everyday part of life for many people in the world. The ubiquity of apps demands that researchers pay attention to them as a medium of communication and as cultural media in their own right. Apps are global and utilized everywhere throughout the world. One only has to survey a classroom to find dozens of apps that students use on a daily basis to post content on social media, navigate their surroundings through GIS mapping or connect with others around them in unique ways. In South Korea, for example, nearly 100 percent of the population uses Kakaotalk (a messaging app with video capabilities) (Hjorth 2014). It would be difficult to do any research in South Korea without Kakaotalk -- it has become literally the platform upon which social life is built. Beyond this particular example, it is easy to assert that apps are a global phenomenon. In other words, not only should researchers be studying life in the context of these apps, but the apps themselves function as indispensable field working tools. If a researcher is not gauging what mobile apps their collaborators are using in their everyday lives, then they are truly missing a major part of the culture they are studying. While we still need to be critical of these new media, as Kenner (2016) has pointed out in her study of the neoliberal underpinnings of asthma apps, we no longer have the luxury of simply ignoring them as ancillary to either our scholarly work or our work in community engagement.

Besides, apps offer researchers distinct affordances in their work in urban communities. First, apps are mobile, and, as such, they mirror

> *Fundamentally, community engagement work and research must always start with the perspectives of the local populations we interact with. And, simultaneously, there should be an ethical concern to create a constant mechanism for feedback and involvement. Hence, we do not adhere to the hierarchical authorship of the academics being the sole authors, but positioning our interlocutors in the same space.*

the mobility of communities themselves: the daily travels that bring people across their neighborhoods, through the city, and back again. Second, apps support multimedia. Unlike conventional media, divided up into print and visual media, apps evoke transmedia possibilities that mirror the way we counter media in daily life. Finally, apps accessed through smartphones present sensory experiences -- we often only know where to walk with a phone app, which is operated according to technology interfaces built into the app such as GPS tracking. With all of the multimedia contained in them, apps suggest a better way of engaging the senses in our research through what Sarah Pink calls "sensory ethnography" (Pink, 2009). Sensory ethnography encompasses multiple senses gleaned from walking, feeling, hearing and seeing. Thus, apps extend the possibility of higher forms of community engagement, experiencing and, ultimately, involvement. In this way, we have suggested that apps represent the future of the discipline of anthropology and ethnographic research (Durington and Collins 2016). Now is the time for practitioners of community engagement from any disciplinary background to recognize that the capacities of these technologies should not be ignored but actively utilized and theorized.

RESEARCH ETHICS AND DESIGN

We adhere to an ethical obligation to collaborate and reciprocate in our research as cultural

Figure 3

The research team prepares for a transect walk in the community.

anthropologists. Many of us collaborate with people in the communities where we work. This, after all, is part of the applied and public research that characterizes much of the work in community engagement writ large. Of course, the meaning of collaboration varies across context and discipline. In anthropology, collaboration has meant researchers striving to incorporate the voices and the perspectives of the people with whom we work in the research we produce. For many of us, the collaboration needs to come first, and, moreover, arise from people in the community. In other words, only when people articulate their need for our collaboration do we begin the research process. The same ethos should guide any community engagement exercise and anthropology, among other social sciences, provides those parameters and methodologies.

While there may be some trepidation to use technologies such as mobile apps and others, to ignore their omniscience in culture would be a shortcoming.

This particular project grew out of an intermediary, the Peale Museum in Baltimore, that supports and displays storytelling projects from around the city. They had offered a "mash-up" grant program, where teams would pair up to produce original work together, and Collins and Durington had fortuitously proposed a very similar project to Everette and the West Greenmount Community Center. Both of the proposed projects involved documenting the changing face of the Greenmount West community. Everette proposed working with children at the Center; they were extremely conscious of the changing politics of the

Figure 4

Taking pictures of an important site on the walking tour for the online platform.

neighborhood, and the ways that processes of gentrification were infringing on their own sense of place through both enclosure and through increased rents that were literally pushing long-term residents out of the neighborhood altogether, including some of the youth and their families that we were working with. We all agreed collaboratively in rapport building sessions that the goal of the project would be to help the children articulate their stories of the neighborhood, and the eventual forms this would take included mixed media -- performance, an art installation and an app.

Design and implementation begins with rapport building and forming a community of practice. Initially in this dialogue, community members may express their desire to develop a new app to introduce their communities and their projects.

Geolocated apps allow a community to represent their neighborhood at a very material level: to people walking its streets. While this is certainly attractive as a platform, app development is an expensive proposition. Moreover, many of the functions that community groups may desire require extensive work on the back end, in the form of a substantial database housed on a server. One solution to this is to prototype specific app functions with the community in order to "triage" their relevance to community needs. In other words, after ascertaining what our collaborators want to do, we attempt to find platforms and ways to utilize technology to meet these interests. After this process, community members can revisit the question of app development with a better sense of what might work for their community.

Figure 5

The picture taken in Figure 4 in the StoryMapJS tool with contextual quotes from our collaborators and co-authors.
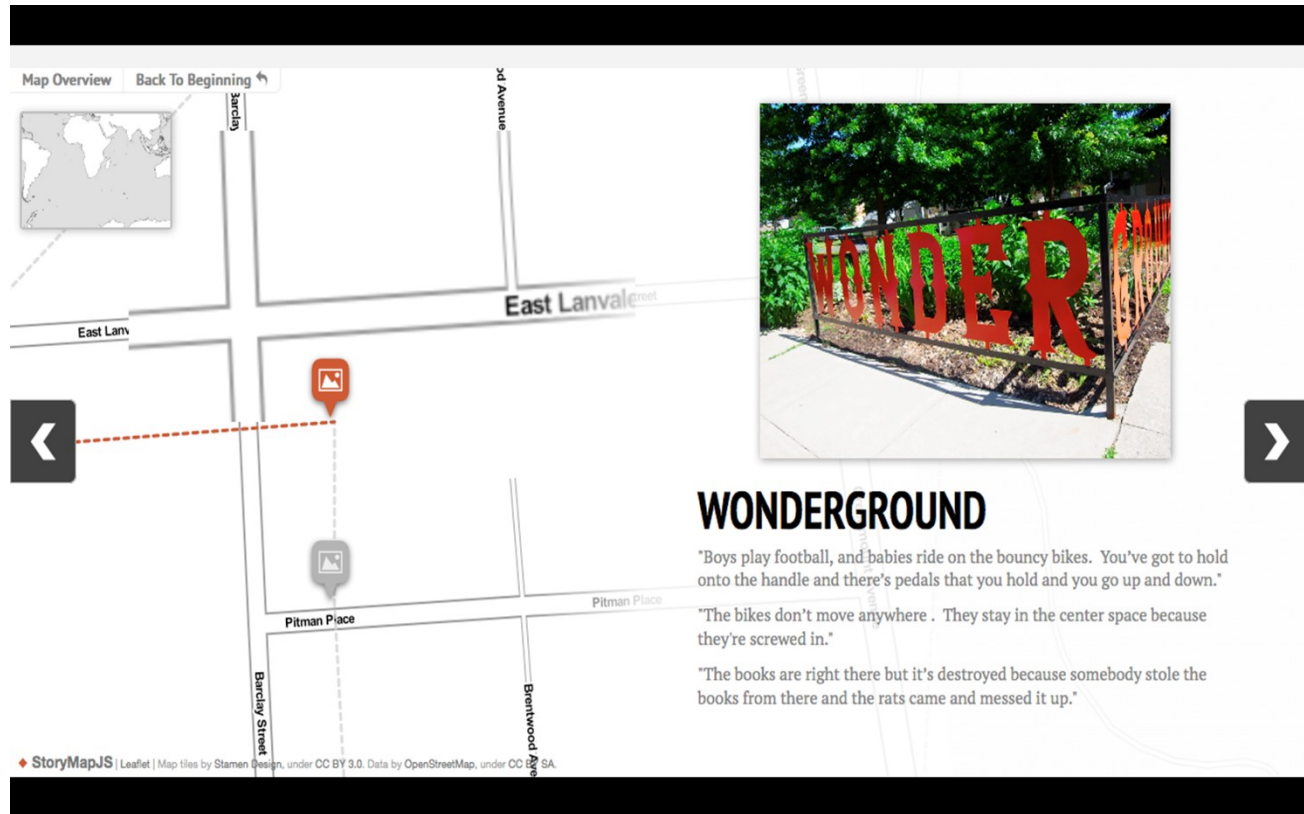
There are many app platforms out there that can be used for community projects like these. Many can be re-purposed in order to serve politically committed needs. Of course, many of these app platforms may be initially free, but require monthly fees in order to maintain and advertise the app. An exciting development in recent years is the proliferation of open source and open access platforms that remain accessible without monetization. After considering multiple app platforms, we decided on a free tour app platform called "izi.TRAVEL." The platform supports the development of geolocated tours, multimedia tours, and includes possibilities for text, audio, photography and hyperlinked media. As of the writing of this essay, the app remains free, although there are now pop-up ads on the smartphone app (that, of course, can be removed through paying a fee). More importantly, there are no fees for uploading multimedia content to the platforms despite the size of data. Since several universities and non-profits have created tours hosted on izi.TRAVEL, there are an especially rich and varied collection of "tours" available for Baltimore. Many of them are examples of "creative misuse" (Farman, 2016), a process whereby one utilizes technology for a purpose it was not designed for, such as utilizing a travel platform to spotlight social problems and structural inequalities in a city rather than tourist attractions.

Of course, there is always the option of developing different apps or migrating to a fee-based platform. Whatever platform people choose, the important point is that the data should exceed the platform: collaborators should generate more interviews, more video, audio and mapping than they need for their app. And it is helpful to be

redundant. For example, a walking tour developed on this platform can be easily replicated on other web platforms that serve as a quasi-archive. It may be that this excess data ends up on an online archive for others to peruse, as Durington and Collins did with their "Anthropology by the Wire" project (http://anthropologybythewire.com).

Despite its recent tumultuous activity, we have found the Tumblr platform useful for this purpose. But whatever the case, collaborators need to have as rich and varied a data set as possible, if for nothing else, to support multiple forms of dissemination that might result in the future of being used in other media-based community engagement projects with collaborators. And, with digital photography and media technologies being readily available on the average smartphone, the tools are there at hand and collaborators already possess a level of proficiency. One only has to glance at Instagram to realize the huge amount of photography posted by youth populations, even if they are mostly selfies.

What follows are steps in the methodology that utilizes technology for participatory ethnographic research that we have developed and implemented in this project. While there is a focus on developing and utilizing technology, there is a simultaneous opportunity to glean valuable ethnographic information throughout the participatory process. The development of a collaborative mobile app walking tour includes multiple conversations, social mapping, participant observation, background research and media analysis and production. All of these are hallmarks of ethnographic research, therefore the assertion is that the mobile app development is the end to an ethnographic means.

Methodology I: Community and Technology Assessment

It is important for the reader to understand that while the description of the mobile app

> *It is the editorial control given to the people you are working with that empowers their voices as experts in the community and creators of its representation.*

production methodology focuses on showing the reader how to do this, it should also be realized that this process is not done by automatons working in silos. It should be taken as a given that as we work collaboratively; we are discussing a variety of things such as background stories, observations about the community, likes and dislikes and other everyday things that most technology developers might dismiss, but ethnographers value as data. As our youthful collaborators were being taught about the development of a mobile app walking tour, they were providing us ethnographic insight into their daily lives, their families and their communities. Therefore, we recommend that community engagement practitioners wear two hats simultaneously: experiment with these technology methods, but remember that ethnographic insight undergirds the process and the dual data produced by the process, both technological and cultural.

The first step in this process is to decide which features of the community to highlight. Here, we take our prompts from participatory action research[4] and, in particular, the experiences of photovoice researchers (Gubrium and Harper, 2013). Photovoice is a methodology that empowers communities to represent themselves through collaborative, visual forms such as photography that is frequently exhibited in schools, galleries, coffee shops and other significant places in communities. The idea is that communities represent their daily lives, and then there are convening events where dialogue is

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[4] Participatory Action Research (PAR) seeks to utilize research between community members and researchers to

develop information for direct change through collective inquiry.

Figure 6

Recording descriptive audio for the walking tour.

fostered between community members and others. In June of 2019, Collins, Durington, Everette and children from the Greenmount West Community Center met to map their neighborhood through an examination of the "daily round[5]." Associated with the work of Eliot Liebow, Ulf Hannerz and others, "daily round" methods emphasize the neighborhood as a source of rich social connection and reciprocity, and as a method is an important corrective to overemphasis on family and employment as the only salient sites for social observation. This honed method from social science helps push back against murky uses of reciprocity as a community engagement strategy. As Dostilio et al. states, "Understandings and applications of the concept

of reciprocity may vary widely, distinctions among uses of the term may be overlooked, and this term may be easily conflated with others" (Dostilio et al., 2012).

By thinking critically about the hierarchical nature of community engagement work we seek to empower our community collaborators to safeguard issues that can occur despite possessing a participatory and reciprocity ethos. This is particularly important in a place like Baltimore where youth are not only racialized but often not provided a voice or platform to talk about their communities. By providing a space and a platform for their voices, our young collaborators are positioned as those possessing local knowledge

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[5] A focus on the "daily round" gives meaning to the daily walks to and from locations such as school, neighbors'

houses, stores, work and others and the social encounters and observations one has during those times.

and educating academic outsiders about their communities and lives demonstrating true reciprocity. And the fact that we are positioning our interlocutors as co-authors of this piece and not simply as research participants demonstrates a disruption of hierarchy in participatory work and authorship that all community engagement practitioners should employ.

Methodology II: Media and Documentation

Having identified numerous sites, the collaborators agreed on some good days and times for "transect walks[6]" through the community that would capture all of the sites the children had identified. Of course, the point was to not only identify those sites, but to explore their significance and the sense of belonging that came with the children's place-making. Accordingly, the team brought multiple technologies with them -- cameras, digital recorders, and video cameras. Over a three-hour session, the group created an overlapping media archive.   While we benefit from having access to these different technologies, it is important to assert that this could be done with the average smartphone as well. The capturing of media on these transect walks is collaborative as well. While we are shooting footage of the children talking to create a primary editing roll, we employ other cameras simultaneously and also put these cameras in the hands of our collaborators. This footage is spliced in and often possesses on-the-spot interviews of our collaborators interviewing each other in addition to describing sites important to them on the daily round. As the process unfolds, we have seen time and time again that the more you provide the means of representation to your interlocutors, the collaboration becomes more powerful and our partners begin to take more control of the process of representation in community engagement.

After creating the video, still photography and audio footage, we utilize editing software such as Adobe Premiere and Audacity to edit video and audio into clips. We also utilize Adobe photoshop for still photography. This edited cache of

multimedia is then given back to our collaborators for assessment and possible inclusion in the mobile app walking tour or any other means they might need it for. This latter step is crucial in that the community members must be positioned as the primary editors. We simply provide the fodder for them to utilize in collaboration. (We can promise the reader that this particular set of collaborators had no problem telling us what they didn't like.) This method tends to take the labor off of our collaborators and is useful for rapid projects, but there are other methods that utilize longer amounts of time to work with and tutor interlocutors through these technologies. Although it may be redundant, it is important to stress once more that all of these editorial processes can be found on free platforms and in apps on smartphones. Our savvy collaborators also had the capacity to edit media as it was loaded on to the izi.travel platform to build out the mobile app walking tour. This process of collaborative media creation once again positions our partners as both the educators about the community where they live, and also ensures that the now created media representations are vetted and approved before being disseminated on a public platform.

Methodology III: Prototyping Technology

Even after collaborators have a sense of the sites, there's still a real question about what kind of app to build. With a tour app, the questions also include: where do you want people to go, and how do you want them to get there? The first step in any app design is to create a model of the tour that captures the flow of sites across the map. In the past, Durington and Collins have used pencil and paper or prototyping applications like "Prototyping on Paper" (POP), which allows users to hyperlink their pen-and-ink drawings in order to simulate the flow of an app. In either case, the point of the exercise is to think about the user experience. This app is about walking. But how should people walk? In what order should they see significant sites? And how? What kinds of explanatory context should accompany images

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[6] A "transect walk" is different than a "daily round" in that you determine a specific route to walk with community members' input and then observe resources, landscape

and other features to prompt explanations of what meaning those observations have to community residents.

Figure 7
One of the stops on the walking tour is referred to as "The Red Store" by youth in the community despite its actual name. As the ethnographic quote illustrates it may be problematic, but it does have "icys."
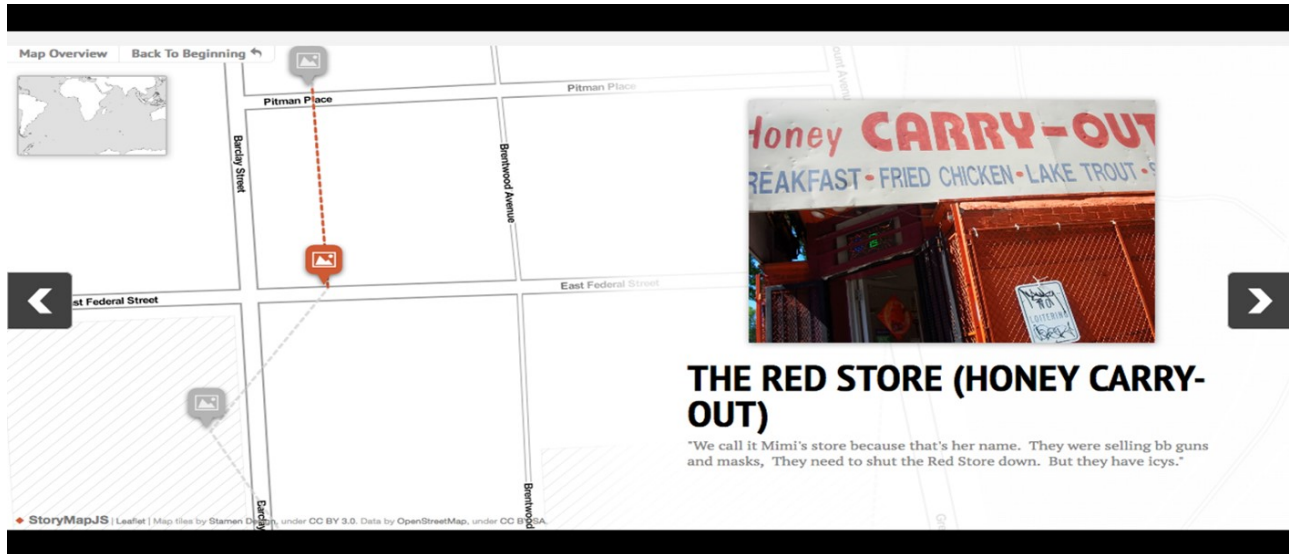
and audio? And how detailed should these be? And are they narrated by our collaborators? Many features in a community may require sophisticated contexts and some features associated with gentrification may be welcomed by a community that has historically experienced under-investment. But there are also tensions and to see those through the lens of youth in the community provides a rare perspective.

For the prototyping phase of our project, we utilized a mapping tool, Knight Lab's "StoryMap," a free application that allows people to visualize their daily round with text and photographs.

These entries were completed with the children from the Community Center and became the basis for mapping out the narratives for the app, as well as selecting media. Laying out the prototype also showed us the holes in our work: where we needed more photographs or where there were more questions that needed to be answered.

Methodology IV: Editing

Once entries are complete, we undertake an editing process that involves conversations with

our collaborators about what is working and not working. Using the same software noted above (Adobe Premiere, Audacity, Adobe Photoshop) we then complete another round of editing to "clean up" the footage and find additional footage, pictures or audio to fill the identified holes in the narrative being created. While capturing media is often seen as the primary component of this type of participatory fieldwork, we would assert that the editorial process is where true collaborative voices are truly realized and media-based community engagement comes alive. It is the editorial control given to the people you are working with that empowers their voices as experts in the community and creators of its representation.

Methodology V: Walking and Applying Knowledge

The izi.TRAVEL platform allows users to test their app tour before publishing it to the platform for the general public. This iteration is where the collaborative creative process is realized and excitement builds. Our young collaborators lead the way once more on the walking tour but this

time with a smartphone in hand and earbuds in their ears listening to their voices and viewing the media they have created as they are geolocated on the route. The initial prototype walk-through also provides another layer of editorial control as we test out whether certain media are ordered correctly and the zones of geolocation are pinned correctly on the izi.travel platform.

After completing the walk-through, we have a debrief about the process, what worked and didn't work, discuss possible reordering of sites and possible changes. As anthropologists, this debrief provides another capacity for ethnographic data collection due to its format as a semi-structured interview which becomes valuable for reflection.

In this case, we were able to ascertain even more insight into the feelings our young collaborators had about their neighborhood changing and their concerns about losing things valuable to them. We see many possibilities for community engagement methodologies and data collection at this stage. Questions are asked once more about why particular sites are important and what meaning they have for our partners, both foundational ethnographic data points.

Methodology VI: Going Live

Once the group has agreed that the tour is set, the button is pushed and the tour is made live. This is an exciting moment, particularly for our youthful partners to see it come to life not only on a computer and smartphone, but now in the public sphere. Just as with the photovoice methodology, opportunities now exist to take friends, family members and others on the walking tour placing educational power with the children.

Feedback can be solicited by those taken along on the tour which becomes another valuable component of data expanding the local knowledge of sites for researchers. And participant observation can be undertaken as well providing yet another set of fieldnotes for ethnographic assessment and possible inclusion in the mobile app walking tour.

Methodology VII: Assessment

Effective community engagement is only as strong as the capacity to assess its impact. While this particular community engagement project is in its nascent stages, past utilization of this methodology has proven quite effective. For instance, we utilized the same process with partners from East Wilmington, DE, and the National Park Service (NPS) in 2018. Community members reported back in follow up conversations that while the app and walking tour was a positive outcome, it was the opportunity to build rapport with individuals they would normally not be able to talk about during the planning process that was the most meaningful. In addition, the NPS has utilized and replicated the model as a community engagement tool as they develop sites in Delaware. In addition, we have utilized the walking tour development project with students at Towson University in partnership with a variety of other communities including one in South Baltimore. This multi-year community collaboration with a fellow anthropologist in our department has provided both quantitative data of usage by high school students and anecdotal qualitative data. Quotes from students demonstrate that they appreciate the chance to develop technology tools and possess the authority to represent their lives and community. Finally, a walking tour developed with community members in the Baltimore neighborhood of Sharp Leadenhall illustrates how a walking tour can be utilized as a template for individuals becoming docents for walking tours themselves. Rough drafts can become fully developed web-based tours and resources as seen at the website https://sharpleadenhallwt.tumblr.com/ where a rich multimedia tour was created.

We look to the literature on community engagement once more to utilize another assessment tool. Distilio et al. (2012) provide a framework for gauging the nature of participatory community engagement through a three-step analysis of exchange, influence and generativity:

Figure 8

Our collaborators and co-authors.

Exchange: Participants give and receive something from the others that they would not otherwise have. In this orientation, reciprocity is the interchange of benefits, resources, or actions…

Influence: The processes and/or outcomes of the collaboration are iteratively changed as a result of being influenced by the participants and their contributed ways of knowing and doing. In this orientation, reciprocity is expressed as a relational connection that is informed by personal, social, and environmental contexts…

Generativity: As a function of the collaborative relationship, participants (who have or develop identities as co-creators) become and/or produce something new together that would not otherwise exist. This orientation may involve transformation of individual ways of knowing and being or of the systems of which the relationship is a part. The collaboration may extend beyond the initial focus as outcomes, as ways of knowing, and as systems of belonging evolve. (Distilio et al., 2012, p. 19-20)

With this matrix in mind, this project in Greenmount West meets each of these community engagement criteria. There is demonstrated exchange through rapport building and collaborative exercises in developing the walking tour. Influence is demonstrated by having our young collaborators take the lead in developing the app, flipping the often-hierarchical nature of the research process. Finally, generativity is demonstrated in the outcome of the app being developed and a different way of seeing and knowing about the community through the lens of younger inhabitants.

FINDINGS

The ethnographically informed mobile app walking tour project described in this article has findings typical to the nascent stages of long-term anthropological research that are valuable to cultural anthropologists but could be even more valued by community engagement practitioners.

1) When attempting to do any type of community engagement research that is ethnographically informed, the voice of your collaborators should guide the process as we have described.

2) When introducing novel technologies such as mobile app projects to community collaborators, a methodical process should be followed while ensuring that it is not deterministic. The insight of collaborators could and should change the course of the project.

3) While we may have an academic understanding of processes like gentrification, adding voices of those that are not often listened to such as youth, is an important indicator of what is occurring to all members of a community. Youth are just as anxious about being displaced as adults may be and their focus may be different than adults, and may be the safe spaces and friends that they rely upon on a daily basis.

4) By showing what youth value in a community, we are able to understand differential appreciation attached to space and place. While the neighborhood corner store may just be a place to get a snack or drink for an adult and perhaps not regarded as important on a walking tour, for a young person it may be the center of their cultural universe.

5) And, for those who both discount and underestimate the voice and technological savvy of youth in urban environments, you are missing an important ethnographic

data set for understanding communities and their residents.

CONCLUSION

Although this exercise is specific to Baltimore's tumultuous urban development, this kind of collaborative work can be used in any community, and it underscores basic truths about the ways that urban-based research should be conducted. Researchers and university administrators can also highlight and replicate these novel experiments to demonstrate yet another tool for community engagement based in reciprocity. Translating this work to the public and our collaborators enhances participatory opportunities. This addresses an invitation by Hammersley for the "…higher education community to deconstruct key terms used to describe community engagement activities and relationships, and encourage critical reflection on our attempts to enact them through our research and practice" (Hammersley, 2017). Fundamentally, community engagement work and research must always start with the perspectives of the local populations we interact with. And, simultaneously, there should be an ethical concern to create a constant mechanism for feedback and involvement. Hence, we do not adhere to the hierarchical authorship of the academics being the sole authors but positioning our interlocutors in the same space. It also asks that researchers work with communities towards forms of dissemination that are meaningful to people living in those communities. Furthermore, it outlines a collaborative process that works to break down hierarchies by engaging community members as experts rather than the subjects of research. It is just one example of the methodological toolkit for a Networked Anthropology.

Theorizing about the experience of walking in the city, Michel de Certeau wrote,

> The long poem of walking manipulates spatial organizations, no matter how panoptic they may be: it is neither foreign

to them (it can take place only within them) nor in conformity with them (it does not receive its identity from them). It creates shadows and ambiguities within them. It inserts its multitudinous references and citations into them (social models, cultural mores, personal factors). (de Certeau, 1984, p. 101)

Of course, walking around the neighborhood is no panacea to the many problems that may bedevil a community. It will probably not address questions of segregation, redlining, disinvestment, gentrification and abandonment. But as a form of collaboration, walking around a community guided by a community member's vision may work to critique neoliberal understandings, where people "deserve" what they get and the only way to create a healthy neighborhood is to land a Starbucks and a Whole Foods franchise, the often-tell-tale warnings of eventual class and racial displacement.

In this context, walking creates a space for critique in the ideological overdetermination of urban development in the U.S. For people in a community, the app may have similarly ambiguous outcomes. Will this really help stop the skyrocketing rents? Will it keep schools from being replaced by dubious charters? Whatever else, the collaborative app is another technology of place and place-making, inscribing a visible record of neighborhood identity. It provides a platform for further conversations and participatory research. The data gathered together -- the maps, photographs, recordings, films and texts -- are, ultimately, data for the community, to be re-mixed and re-used for presentations, grant applications and exhibits. In a larger media-based community engagement practice this is just one tool, but it provides demonstrable participatory opportunities. And, what we learned from this particular project is the power of the perspective of our young collaborators and co-authors.

REFERENCES

Collins, S. G., & Durington, M. (2015). *Networked Anthropology*. Routledge.

Collins, S. G., Durington, M., Favero, P., Harper, K., Kenner, A., & O'Donnell, C. (2017).   Ethnographic Apps/ Apps as Ethnography. *Anthropology Now* 9(1): 102-118.

Durington, M., Maddox, C., Ruhf, A., Gass, S., & Schwermer, J. (2009). Civic Engagement and Gentrification Issues in Metropolitan Baltimore. *Metropolitan Universities Journal* (20)1: 101-114.

De Certeau, M. (2011). *The Practice of Everyday Life*. University of California Press.

Dostilio, L. D., et al. (2012). Reciprocity: saying what we mean and meaning what we say. *Michigan Journal of Community Service Learning*, 19(1) 2012, p. 17+.

Durington, M., & Collins, S.G. (2016). Games without frontiers. In Gubrium, A., Editor, Harper, K., Editor & Otanez, M. Editor (Eds.) *Participatory Visual and Digital Research in Action* (pp. 259-276) Left Coast Press.

Gubrium, A. & Harper, K. (2013). *Participatory Visual and Digital Methods*. Routledge.

Hammersley L. (2017). Language Matters: Reciprocity and Its Multiple Meanings. In: Sachs, J. Editor & Clark, L. (eds) *Learning Through Community Engagement*. (pp. 115-131). Springer.

Hjorth, L. (2014). Locating the social and mobile. *Asiascape* 1(1–2) 39-53.

Kenner, A. (2016). Asthma on the move. *Health, Risk & Society* 17(7–8) 510–529.

Pink, S. (2009). Doing Sensory Ethnography. Sage.

Stocking, G. (1992). *The Ethnographer's Magic and Other Essays in the History of Anthropology*. Madison. University of Wisconsin Press.

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Protective Factors Using the Life Course Perspective in Maternal and Child Health

A Community-Based Participatory Research Approach

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ABSTRACT

The life course perspective (LCP), a valuable theoretical framework for investigating racial disparities in birth outcomes, examines the cumulative exposure of risk and protective factors throughout the life span. Although risk and protective exposures are equally vital to health, most studies have focused solely on the risk factor exposures faced by vulnerable populations. In clear contrast to the traditional public health approach, which emphasizes a deficit model, strengths-based approaches focus on protective factors and fostering resilience.   These approaches view communities as valuable assets that have the capacity to fully engage themselves and their residents to achieve optimal health. Participatory action research methods are well suited to apply a strengths-based approach to understand health disparities. Our study aimed to explore maternal and child health protective factors from community residents' perspective. A group of researchers, including active members in the community with a long history of grassroots development work, conducted ten community-based participatory focus groups with community residents in Tampa, FL, using the LCP framework. A total of 78 residents participated in ten focus groups. Perceived protective factors during pregnancy included self-esteem, spirituality, pregnancy support, good nutrition, prenatal care, and community resources. Protective factors for non-pregnant women were self-esteem, spirituality, social support, health literacy, community support and community resources, and societal factors. For children and adolescents, relevant protective factors were self-esteem, positive role models, nutrition and physical activity, and community support. The identified factors are community assets or strengths that mitigate or eliminate maternal and child health risks in families and communities residing in low-income neighborhoods, which must be considered in developing effective maternal and child health interventions.

Keywords: *Community-based participatory research (CBPR), maternal and child health, life course perspective, protective factors, qualitative research*

INTRODUCTION

The disparity in birth outcomes between Black and White Americans is one of the most persistent and striking health disparities in the U.S. Black infants are twice as likely to die within the first year of life and have higher rates of low birth weight and preterm birth than White counterparts (Hauck et al., 2011; Salihu et al., 2011; Tucker et al., 2007). To explain this disparity, researchers are exploring relationships between healthcare, social, environmental, bio-behavioral, economic, and structural factors over the life course (e.g., racism) and across generations (Lu & Halfon, 2003). In this context, the life course perspective (LCP) has been proposed as an overarching theoretical framework to guide multidisciplinary research in racial/ethnic disparities in birth outcomes (Lu & Halfon, 2003).

The LCP explains how risk and protective factors at the individual, relationship, community, and societal levels influence health over the life span (Centers for Disease Control Prevention [CDCP], 2011; Hellserstedt, 2013). The LCP suggests that conditions a mother is born into and grows up in, as well as her pregnancy circumstances, are all important for reproductive success and future health (Lu & Halfon, 2003; Pies et al., 2012). In this context, G. H. Elder (1998) proposes the principles of life course theory, which includes: (1) Life-Span Development, which explains that both human development and aging are lifelong continuous processes; (2) Human Agency, which states that persons as individual agents shape their lives through the choices and actions they take but within the constraints and opportunities of their socio-historical circumstances; (3) Time and Place, which highlights the influence of the historical times and places on the life trajectories of individuals and communities; (4) Timing, which focuses on the consequences of life transitions, events, and behavioral patterns that vary according to their timing in a person's life; (5) Linked or Interconnected Lives, which illustrates that human lives are interdependent and that socio-historical influences happen within a network of shared relationships. Through these

principles, life course research emphasizes the study of cumulative exposures of protective and risk factors that contribute to good or poor health trajectories (Elder & Giele, 2009; Hellerstedt, 2013; Lu et al., 2010). Studies have suggested that Black women residing in the U.S. may be exposed to fewer protective and more risk factors throughout their life course than White women (Lu & Halfon, 2003).

Although risk and protective exposures are equally vital to optimal health, most studies have focused solely on the risk factor exposures faced by vulnerable populations (Salinas-Miranda et al., 2017). For example, there is evidence that Black women are more likely to be exposed to discrimination and more social stressors (Nuru-Jeter et al., 2009). Moreover, the disparities persist even for Black women who are highly educated and with higher incomes, suggesting that American women living in the same socioeconomic category may not have the same life experiences (Lu & Halfon, 2003). Racism is also a factor that exerts its influence over the life course (Nuru-Jeter et al., 2009), affecting adults and children. In contrast, the evidence on protective factors specific to maternal and child health remain scant and loosely defined. Some hypothesized protective factors include resiliency (stress-coping mechanisms), healthy relationships, and health-promoting policies (Hellerstedt, 2013).

The traditional public health approach emphasized a deficit model which viewed communities as problems that need to be fixed (Hellerstedt, 2013). In clear contrast to such traditional views, strengths-based approaches, such as community resiliency, appreciative inquiry, and asset-based mapping analyses, focus on community protective factors that foster resilience (Zimmerman, 2013). Such positive perspectives represent a paradigm shift that views communities as valuable assets that have the capacity to fully engage themselves and their residents to achieve optimal health (Zimmerman, 2013). In line with the current asset-based approaches in maternal and child health, our

study adds information on specific protective factors that are relevant for disadvantaged communities of color (Friedeli, 2012; Lightfoot, McCleary, & Lum, 2014; Morgan & Ziglio, 2007; Schooley & Morales 2007). Other authors have used strengths-based approaches, but studies that capture low-income neighborhood residents' perspectives are less common. Participatory action research (PAR) methods are well-suited to apply a strengths-based approach to understand disparities (Minkler et al., 2003) and capture the unique perspective of the community members themselves in explaining the protective factors that lead to optimal health. Maternal and child health programs could benefit from a greater focus on community-centered and community-driven approaches to understanding disparities in MCH. The health care field needs to integrate PAR into community health needs assessments and make informed decisions based on the community perspective (Wallerstein & Duran, 2006). Research using the LCP can be significantly enhanced through the use of community-based participatory research (CBPR), a strategy that utilizes the intimate participation of community residents in every decision-making phase of the project (Blumenthal, 2011; Israel, 2005; Minkler & Wallerstein, 2003; Schulz et al., 2002; Wallerstein & Duran, 2006). CBPR is a useful technique for collecting the community perspective and results in culturally-tailored public health interventions that are more pertinent to the lived experiences of community residents (Blumenthal, 2011; Israel, 2005; Minkler & Wallerstein, 2003; Schulz et al., 2002; Wallerstein & Duran, 2006). Therefore, using the CBPR approach to frame the inquiry and the LCP as the guiding theoretical framework, this study explored maternal and child health protective factors from community residents' perspectives.

MATERIAL AND METHODS

We conducted this study as part of a mixed-methods CBPR project, funded by the National Institute on Minority Health and Health Disparities (NIMHD/NIH). Details regarding the specific methodology of the larger study are described elsewhere (Salihu et al., 2015; Salihu et al., 2016; Salinas-Miranda et al., 2015; Salinas-Miranda et al., 2017). We conducted this study within a targeted urban community that encompassed five zip codes in Hillsborough County, FL, USA. The community's estimated population was 110,451 in 2013 (U.S. Census Bureau, 2013). Neighborhoods within this targeted area are largely impoverished (U.S. Census Bureau, 2013; Florida Department of Health, 2013). Within the study area, the majority of residents are Black (60%), followed by White (18%), Hispanic/Latino (12%), and other (10%) (U.S. Census Bureau, 2013). At the start of the study, Hillsborough County's Infant Mortality Rate (IMR) was 7.56 per 1,000 live births, (Florida Department of Health, 2013), above the Health People 2030 target of 5.0 infant deaths per 1,000 live births. Infants born to Black mothers within Hillsborough County die at an IMR of 13.9. In contrast, the IMR for White babies is 5.5 deaths per 1,000 live births (Florida Department of Health, 2013), demonstrating a disturbing Black-White disparity in IMR.

This project built and expanded upon an existing 15-year community-academic partnership between REACHUP, Inc., and the University of South Florida (USF) (Salihu et al., 2011). REACHUP is a community-based, 501(c)3 nonprofit organization that provides healthy start services and risk reduction services to mothers and children. Prior CBPR collaborations between USF and REACHUP have significantly reduced preterm birth in the area by 30% (Alio et al., 2013; Salihu et al., 2009; Salihu et al., 2011). We used this successful CBPR platform to plan, implement, analyze, and disseminate this project and created a Community Advisory Board (CAB). The CAB comprised eight active members in the target area with a long history of grassroots development work, who were well connected with various local organizations. Many members were past CBPR participants and therefore possessed expertise in research activities (Alio et al., 2013; Salihu et al., 2009; Salihu et al., 2011). They served as

The Community Advisory Board (CAB) and academic researchers at a bi-weekly meeting, hand-coding the paper-based focus group transcripts.

male adults and children 12 years of age or older with parental consent, and able to speak English or Spanish.

Individuals interested in participating in a focus group called the phone number provided in study flyers, and community research staff answered questions and provided study information. Informed consent was obtained, and $10 incentives were provided (an amount deemed acceptable and non-coercive). We monitored the participants' sociodemographic characteristics to prevent overrepresentation in any particular subgroup. Focus groups were conducted in private rooms in designated community locations and held at times most convenient for participants.

Trained community moderators facilitated the focus groups. Community co-moderators and graduate student volunteers at the USF College of Public Health enrolled in a CBPR doctoral-level course took detailed field notes. We used a semi-structured questioning guide with questions developed with CAB members.

The facilitators provided a summary of examples and asked for any additional feedback. We used probes when needed to encourage discussion. All focus groups were recorded with a tape recorder and transcribed verbatim, except for one focus group where we only took field notes. Transcription of each focus group was performed by a trained community member who was familiar with the local language. In order to maintain confidentiality, identifiable information was deleted from transcripts.

Trained CAB members hand-coded paper-based transcripts, using flipcharts, sticky notes, and scissors (Krueger & Casey, 2000), facilitated by USF researchers during one of our bi-weekly meetings. Hand coding is a commonly used qualitative method signifying that coding was done through comprehensive review and re-

gatekeepers between the academic researchers and the larger community and represented the community's racial/ethnic diversity. CAB volunteers took ownership of the study plan and protocol. They participated in bi-weekly face-to-face CBPR trainings and discussion meetings to ensure methodological rigor and develop a shared vision of the research process. All CAB members completed a Human Subjects Protection Certification course. The study was approved by the USF Institutional Review Board (IRB) and the UF IRB.

Trained community members conducted ten focus groups. CAB members recruited participants through word of mouth, email, flyers, social networks, and social media. We used purposive sampling, a sampling strategy used commonly in qualitative research that carefully selects participants based on their experiences, rather than random sampling.

Purposive sampling was used to identify individuals who could provide insight into the community context (Krueger & Casey, 2000). Participants were selected based on the following criteria: residency of five years or more in any target ZIP code, interested in sharing views about mothers and infants in the community, female or

review of transcripts and not using a computer program (Patton, 2002). We conducted exploratory thematic analysis (Sandelowski & Barroso, 2003) by reading the data while reflecting on study aims. We then coded meaningful categories by dividing CAB members into groups of two to three by focus group transcript and creating codes from the community perspective. We listed the categories and discussed them for contrast and comparison across focus group transcripts, which led to the identification of concurrent themes across focus groups (Sandelowski & Barroso, 2003). Illustrative quotes were selected to represent themes (Strauss & Corbin, 1998). Findings from early analyses were presented in two community forums to check for validation. These early findings also led to the creation of a community needs assessment survey (Salinas-Miranda et al., 2015) and a community-based dietary intervention (Salihu et al., 2016). Risk factors were published in a separate article (Salinas-Miranda et al., 2017).

Two members of the research team then preserved written notes digitally with NVivo qualitative analysis computer software, including illustrative quotes (NVivo qualitative data analysis Software; QSR International Pty Ltd. Version 11, 2015) to maintain a record of the analysis and to conduct conceptual/thematic descriptions (Sandelowski & Barroso, 2003). We used axial coding, an established qualitative data analysis technique of linking categories to subcategories and connecting categories at a higher conceptual level (Strauss & Corbin, 1998). This process involved coding and re-coding until agreement on the emerging themes was achieved by the CAB members and researchers (Strauss & Corbin, 1998). From our themes, subthemes, and continuous coding and re-coding, hierarchical patterns developed, and we conceptualized a model based upon these relationships.

RESULTS

A total of 78 community residents participated in the focus groups. The distribution of focus groups was as follows: one focus group from each of the five target ZIP codes, one focus group comprising fathers only (mixed ZIP codes), two focus groups in Spanish for Spanish speakers (mixed ZIP codes), and two focus groups comprising adolescents (mixed ZIP codes). Table 1 presents the sociodemographic characteristics of participants. The majority of participants were

Table 1

Participant sociodemographics

Characteristics	%
Age	
12-18 years of age	10.3
19-40 years of age	46.1
41 and older	43.6
Gender	
Male	38.7
Female	61.3
Ethnicity	
Hispanic or Latino	20.5
Not Hispanic or Latino	79.5
Racial Categories	
American Indian/Alaska Native	2.6
Asian	2.6
Native Hawaiian or Other Pacific Islander	2.6
Black or African American	61.5
White	25.6
More than One Race	5.1
	(N=78)

adults. The two focus groups conducted with children 12 to 18 years of age represented 10.3% of the participants. The majority of participants were female (61%), non-Hispanic or Latino (80%), and Black (62%).

Protective Factors

Across focus groups, community residents mentioned several protective factors that frequently contribute to maternal and child

health. We organized these factors as themes around three life periods, under the life course perspective: including factors affecting the health of children and adolescents, women in general (preconception period), and women during pregnancy. Some factors cut across life periods, whereas other factors were discussed with particular emphasis for one or two life stages. Within each life period, we identified constructs that fit within the broader themes of personal and

family factors, health issues, and community and economic factors. We were also able to identify factors (Figure 1) that are more relevant for the different life periods based on community members' perspective and potential cumulative pathways of factors that may continue to exert their protective effects in a continuous manner.

Protective factors that affect the health of children and adolescents

Protective factors that affect the health of children and adolescents were identified and classified into subthemes such as self-esteem, positive role models, nutrition and healthy diet, physical activity and recreation, and community support. Quotes are presented in Table 2.

Self-esteem was a protective factor that emerged throughout all the focus groups and across all genders/ages, having its origins in childhood and adolescence. Participants noted positive role

Figure 1

Possible pathways of maternal and child health protective factors throughout the life course identified by community members

	Factors affecting Adolescents and Children	Factors affecting Preconceptive Women	Factors affecting Pregnant Women
Personal and Family Factors	▸ Self-esteem ▸ Positive role models	▸ Self-esteem ▸ Spirituality ▸ Social support	▸ Self-esteem ▸ Spirituality ▸ Support during pregnancy
Health issues	▸ Nutrition and healthy diet ▸ Physical activity and recreation	▸ Health literacy	▸ Good nutrition ▸ Prenatal care
Community and Economic Factors	▸ Community support	▸ Community support ▸ Community resources ▸ Societal factors	▸ Community resources

Table 2

Protective factors that affect the health of children and adolescents

Personal & Family Factors	
Self-Esteem	*"Feeling good about yourself, having self-esteem."*
Positive role models	*"My stepfather took me out in the yard on Saturday … the first thing he told me was, 'Boy, keep you a rake and a lawnmower because the grass won't never stop growing.' And that was… You know, I was nine years old and right now today I own a tree service and landscaping service… I always remember, that's why I renamed the business after my stepfather because he told me that… Don't roll that weed, get a weed eater."*
Health Issues	
Nutrition and Healthy Diet	*"My momma had me in the garden…to raise vegetables and … health foods and stuff, you know, organic type of stuff…And then that helps you, too, you know, environmentally. And then you have growin' trees and stuff in your neighborhood and stuff like that. Plant a tree or something."*
Physical activity and recreation	*"You know, there used to be a lot of after school programs at the parks and everything for the kids to go get involved in, even during the summer programs. But nowadays they done took away all those programs, now the kids don't have nothing to do but walk around the street, then there's nothing to do…But if you left those programs and you really implemented programs and encouraged those programs, the kids will become better kids, role models, that's because the kids are the future."* *"Creating programs within the community, where they can come and being a public role model without just listening to the music all the time. The education at the YMCA, you know, they have… teaching them on health… the kids don't get that today. So mainly in the health issues, that's what we're lacking."* *"I think children need to be involved in school activities. Like, if your daughter's a cheerleader, you should find time to go and watch her as she's cheering. Your son playing football or some type of sports. Because I go and volunteer at the high school concession stand, and the parents do not come to watch their kids. And right there is no support…Yes, there was only two high schools, but it was a community effort, you went and supported your child. And you had worked just as hard all day, and then you had to get a ride."*
Community & Economic Factors	
Community Support	*"Yeah, the whole neighborhood raise them."* *"Big Brothers, Big Sisters, United Way, and others. Well, really, to keep our teenagers staying healthy we just need a little help… Just like encourage them a lot and try to do what's right and, you know, go by… I also think like the Big Brothers program or something like that, maybe finding like a role model, somebody that you personally know that your child looks up to this person and try to talk to them maybe behind the child's back to say, hey, my child's struggling with this, this and that, I've tried, you know, but he doesn't or she doesn't want to hear it from me, you know, could you help me out with this."* *"The school system has placed some more emphasis on healthy teens or, you know, I would say that can be attributed to a lot of positives going on in the community."* *"Exposing your kids. You can live in a rough neighborhood, like I grew up in…we went outside the neighborhood to museums. And I think a lots of time we stay within our community. But going outside and that really enlighten you. Expose your mind."*

models in their lives and shared their positive experiences, which they recommended should be emulated through positive role models for children.

Some participants had specific family members or mentors that encouraged skills and motivated the individuals, while other participants commented on the importance of programs for children who may not have such positive role models. Programs such as Big Brothers, Big Sisters were mentioned frequently and praised by participants.

A healthy diet was mentioned repeatedly as important for health, especially for children and adolescents. One participant discussed how her mother taught her to grow vegetables in a garden, which she described as leading to healthier eating. The theme of nutrition and a healthy diet does not exist in isolation, rather it is also related to the theme of positive role models. Participants stressed that parents have an essential role in the food their children eat and suggested a need to educate parents and families on the importance of a healthy diet and nutrition for health. Nutrition, physical activity, and recreation among children were perceived as very important, as indicated by the emphasis and rich examples provided. One participant noted how after-school programs were beneficial in helping kids with physical activity. However, participants noted that such programs are scarce within this community. Even though the lack of after school programs within this community is seen as a risk factor, participants indicated that physical activity and recreation are very important to youth and serve as protective factors. Participants stressed the need for creating community programs for physical activity and general health promotion among adolescents. These health promotion programs and programs that promote physical activity and recreation seemed to have existed more in the past, and the participants commented that such programs are missing nowadays.

Participants also indicated the key role of parents in supporting children's active living. For instance, one participant indicated that although kids may be involved in sports -- mentioned as protective to health -- parents often do not provide enough social support. Social support from parents was discussed as a protective factor

that was also more present in the past but seems to be lacking today. Lastly, community resources for children and adolescents were described as the "*it takes a village*" (implying the need for many people's involvement). One participant noted that there were community resources that could help parents establish better communication with their children. These resources are often underutilized, as depicted in Table 3. These resources could also provide solutions to barriers previously mentioned, such as the low number of parents who show up to their children's sporting events. Another participant noted beneficial changes in the local school health system that may channel positive change in adolescents. These changes were connected to the previous theme of self-esteem. On the other hand, participants recognized the need for accessing outside community resources to support children's health. Although taking children to museums and other places outside of the community were described as protective factors, there was an emphasis on a need to bring more programs to the community.

Protective factors that affect the health of women in general (preconception period)

Subthemes identified for women in general offered a wider breadth of protective factors (Table 3), including spirituality, health literacy, community building, and societal factors in relation to race and ethnicity. Though this cohort offered unique subthemes, some subthemes were repeated, such as self-esteem and various forms of social support.

The importance of spirituality and related practices (e.g., prayer) were mentioned frequently as protective factors for women. Participants indicated that the church has always been the center of the community, explaining that churches do a lot of good for the community. However, participants also emphasized that churches should work together more intensively to solve community problems, as many churches within

Table 3

Protective factors that affect the health of women in general (preconception period)

Personal & Family Factors	
Spirituality	*"So, every day have some spiritual time with Him to read in that Bible."* *"Prayer and support help you to stay healthy."*
Self-Esteem	*"You need to know how to come back, even though you fail, you need to know how to step back up."*
Social Support	*"Support. Common support. Family support. You know, support from any and everybody."* *"Like I say, it's a big job cleaning the house up, keeping the house clean is a big job. And then we as men should recognize that and try to help our spouse, and I think that's going to help. When you're helping a woman and doing that, that going to make her love you more."*
Health Issues	
Health Literacy	*"Being caught up-to-date, you know, through the clinics and stuff. The clinics giving out information about diseases and - you know- different type of sickness."* *"If people are educated about health care and especially minorities because we're at risk for so many things like high blood pressure and diabetes; and I think if people are educated about the dangers and what can happen to you with these diseases, then they're more likely to take care of it. Preventive health care is another thing."*
Community & Economic Factors	
Community resources and community building activities	*"I think that we should implement more opportunities in our neighborhoods for all of our people to come together, maybe a place of recreation for the whole community. I did hear one time about people having community garden where they got together and they, the little ones, the older ones, the ones in the middle, you know, everybody got a chance to participate and be proud of what they created which also brought unity to the community and people to know who each other were."* *"We need to get to know each other again."* *"They have a bus that does mammograms, they do blood pressure check, there's a bus."* *"I think going into the different neighborhoods at least once a month or once a week, letting them know this is available to you."* *"Have like community outreach where you can come get… Because I know back in the day, if your baby needs shots, they're like a Saturday or Sunday, you know, when I was a kid because my mom used to take us, the public housing would have on Saturdays where you could come in, get your baby shots, you know, get them checked for colds and, you know, different stuff like that. They don't do that anymore."*
Societal factors	*"I think it's lack of opportunities, maybe how society sees the Black woman. And it shouldn't be like that but it is. Because they're made to…feel inferior but they don't realize, if it wasn't for a woman, we would have nobody to carry us…if we would concentrate on more opportunity, it could get a lot better… if you have more opportunity, you'll get out of those things."*

the community do not communicate and work with each other.

Self-esteem was again mentioned as a protective factor that affects the health of women in general. Participants also emphasized the importance of

resilience. Although self-esteem and resilience were noted as significant protective factors for women, participants emphasized a need to connect women with more mental health resources and other community programs that build self-esteem and resilience. Participants stated that there are many resources available but residents need to be made aware of these resources and connected to the appropriate programs. Several participants noted the protective role of social support from close relationships and other social connections. A male participant stressed the role of instrumental social support from men. Participants emphasized that adequate relationship support and support from family members and friends were critical protective factors that helped women reduce and manage stress.

Focus group participants indicated the importance of health literacy as a protective factor. One female participant discussed being informed about her health as an important protective factor for women's health. One female participant also pointed to the importance of community-tailored health education and its potential to prevent health problems in the community. Participants further elaborated that knowledge acquisition and the personal practices associated with information sharing were key determinants for a woman's health.

Participants talked about the importance of community building activities and community resources. Both a community garden and a community center were mentioned as important protective factors for health because they build community unity and a sense of togetherness. Even though these were seen as protective, many participants said that community gardens and community centers were lacking in this community and emphasized that creating opportunities for neighbors to come together would be protective through support and community unity. Participants also stressed the importance of community outreach programs and health fairs as protective. Some mentioned them

as being abundant in the community and noted that community outreach is a strength of this community. Other participants indicated there is a need for more advertising and marketing of these events. Other participants mentioned a greater need for programs within this community and that programs like this used to exist but are less common today.

Other participants mentioned societal factors, such as socioeconomic opportunities for Black women. When participants discussed social and economic opportunities for women in general, they focused on their absence and mentioned the need for more significant opportunities and changes to attitudes and stereotypes. In this regard, greater social inclusion of Black women, improved social and economic opportunities, positive attitudes toward Black communities, and the elimination of negative stereotypes are in line with strategies for healing racism and addressing historical trauma (Williams et al., 2019). Although not explicitly mentioned, these factors emerged from the conceptual analysis.

Protective factors that affect health during pregnancy

Protective factors for pregnant women echoed similar themes and subthemes as children and adolescents and preconception periods. However, there was a unique emphasis on spousal or partner support during this period in a woman's life (Table 4).

Self-esteem and positivity were mentioned as important protective factors that affect health during pregnancy. Participants described having a positive mental outlook and psychological well-being as necessary. They talked about surrounding oneself with optimistic people, as positive role models, and accepting the pregnancy if you are going to have the baby. Another participant discussed the importance of setting personal goals. Residents emphasized the importance of remaining optimistic, even if the

Table 4

Protective factors that affect health during pregnancy

Personal & Family Factors	
Self-Esteem and Positivity	*"Just hanging around positive people. Even if you are pregnant out of wedlock, don't hang around someone who can always talk you down."* *"Working hard for something. Having a goal in mind. Being focused on something."*
Spirituality	*"You ought to remind the young woman that carrying the child is [to] read your Bible to your child every day. Read the Bible to her. That's one of the key things I always tell them when I say take them vitamins, drink plenty of water …out loud so the baby can hear what you're saying."*
Support during pregnancy/Father support	*"Having a good support system. And, preferably if it's the dad of that child."* *"So she can have some time to herself. If it's nothing but to take a nap or take a walk, she can have a few minutes to become just herself and not have to be a momma or this or that or whatever, she can just be herself and just have a few minutes. You know, and that's what I can actually do to help somebody to be, you know, just to give her a chance to reset her mind. She need emotional support from her significant other or family members because whatever affect her will affect the baby."* *"And for new mothers before they even have their babies…the support groups, where they can get together and they can talk about all of those things that they can do for their babies once they are born… I think that would be a really good requirement for pregnant women to have to go through something that where they would have some insight on what they're going to… just to teach them what they are going to be facing. There should be a requirement for every pregnant mother to go through something like that, to just be aware of the changes that's going to happen, the mother and the father as a matter of fact."*
Health Issues	
Good nutrition	*"Eating right and eating properly"* *"I don't know, but he may not understand it totally but he knows that a pregnant woman need to eat right."*
Prenatal care	*"Taking your prenatal vitamins"* and *"Get the shots."* *"Also, with women with the things that we can do is we can also… Well, what they can do to be healthy is make sure they follow through with their doctor appointments, make sure they take their medications, make sure that they eat well, and do… And we can pray that daddy steps in and gives her a hand, you know, if he don't do nothing but rub her feet because they swollen up..."*
Community & Economic Factors	
Community resources	*"I feel that if they had somewhere to go where a pregnant…a bunch of them pregnant women can sit down and talk and be amongst themselves and talk about things and have a avenue where they can air out problems or get help with the children or the babies…you're taking another step in your life, to prepare them… like a support group."*

pregnancy was unplanned. For women in general, spirituality was mentioned as an important protective factor for pregnant women.

The residents cited support from friends and family and the father as a protective factor for pregnant women. Community members indicated companionship is an essential social support aspect, and others suggested that instrumental and emotional support were also critical. Some participants also indicated specific formal support sources, such as pregnancy support groups and parenting education classes for new mothers. A support group like the one mentioned would provide various types of social support, including emotional and informational. It would also offer education and tools to help better care for babies.

Participants noted the importance of adequate nutrition to protect against pregnancy complications. The importance of a healthy diet for pregnant women was frequently mentioned and often stated that a healthy diet helps pregnant women to *"be their best"* during gestation. One participant also noted the partners' role in knowing what a healthy diet during pregnancy is, emphasizing the importance of nutrition as a protective factor for pregnant women. It also highlights the importance of social support, especially support for healthy eating.

Residents noted the importance of keeping up prenatal care appointments recommendations. Participants indicated that partners could help women adhere to prenatal care measures. The help partners and other friends/family members provide to pregnant women to keep up with prenatal care emphasizes the importance of instrumental social support as a protective factor for pregnant women.

Community members also highlighted several resources available in the community that women could access to get support and health-related resources (e.g., insurance and nutrition education). These community resources included churches, food banks, and programs for mothers and babies in the area that serve as protective for

pregnant women. Although some participants mentioned the abundance of resources in this community as a community strength, others said these resources are lacking. Connecting with a support group to receive various types of social support and pregnancy education was also mentioned as protective for pregnant women under the community resources theme.

DISCUSSION

This study used a CBPR strategy of inquiry through focus groups and the LCP as the theoretical framework to examine community residents' perspectives of maternal and child health protective factors. Our goal was to obtain a better understanding of how life protective factors contribute to the health of women and children in low-income neighborhoods and communities of color.

Lu and Halfon (2003) first theorized the LCP, suggesting that disparities in birth outcomes are not only caused by pregnancy exposures, but by the cumulative exposure throughout the life course. In 2010, Lu and colleagues developed a 12-part plan to reduce the disparities in birth outcomes using LCP (Lu et al., 2010). The LCP emphasizes that exposures may be particularly salient at critical time periods, with three periods identified (in utero, the first three years of life, adolescence) as critically important for social, behavioral, and biological development (Lu et al., 2010). The LCP also posits that the broader community environment strongly affects health, emphasizes the importance of transitions all individuals experience throughout life and places particular emphasis on equity (Hellerstedt, 2013).

Our study found qualitative evidence for life course theory principles. Life span development was assessed through the perceptions of community residents, which provides views within the community context. However, our study is not a longitudinal account of the individual participants experiences. Instead, our questioning strategy specifically asked the participants' views about the

factors that are perceived to be associated with well-being and health for three life span stages (mothers, children, and youth). By asking about their perceptions about health during life span stages, the participants reported their experiences within their community context. Thus, commonalities emerged across the lifespan stages such as social support. For each stage, the rich responses provided by the participants illustrate the importance of assessing health as a process and beyond the present immediate context.

On the individual level, participants identified self-esteem as a protective factor throughout all life periods and positivity in specific life periods. The constructs of self-esteem and positivity are consistent with previously theorized protective factors of the LCP, including personal resiliency (Hellerstedt, 2013). Resilience is a set of skills that are reinforced by healthy relationships that allow individuals to cope in the face of adversity (McDonald et al., 2016). There is evidence that the influence of community social networks, social stressors, and personal resources all confluence to predict self-esteem among women (Woods et al., 1994). Self-esteem as a protective factor may also be eroded by exposure to traumatic experiences (Matheson et al., 2015). Improving self-esteem, fostering mental well-being, increasing self-efficacy, and ultimately enhancing self-identity among women and children may be important untapped mechanisms to address maternal and child health disparities in communities of color (Matheson et al., 2015). Programs that increase self-esteem, positivity, and resiliency, especially among youth, would be an essential social investment to improve the overall health of communities, resulting in healthier mothers and babies (Lu & Halfon, 2003).

One of the most salient life course theory principles illustrated by participants was the one related to Interconnected Lives/Linked Lives, which was depicted in several quotes that mentioned social support and community support for children, adolescents, and pregnant women. Notably, the importance of parents and

> *We speculate that given that the majority of respondents were racial/ethnic minorities, it is possible that they have been exposed to discrimination and racism. Several studies indicate how racism (micro and macro aggressions) is associated with low self-esteem and hopelessness.*

community support is an illustration of the principle of Linked Lives, showing the interconnectedness of community residents during all three stages assessed. This notion of linked lives is contrasted to the narrow view of health and healthcare as a personal issue. Individual choices and personal resources are important (Agency principle, which explains the human capacity to make changes themselves and own the capacity to have resilience), but they are constrained by the social and historical context. Some examples of human agency noted by participants were the role of spirituality as a personal resource, as well as self-esteem. Those aspects were cited as health-promoting factors over the life course. However, one's spiritual beliefs are also shaped to a certain extent by the cultural and historical background of communities (e.g. Black churches as sources of spiritual support during times of segregation).

Self-esteem was a protective factor that emerged throughout all the focus groups and across all genders/ages, having its origins in childhood and adolescence. Participants noted positive role models in their lives and shared their positive experiences, which they recommended should be emulated through positive role models for children. Self-esteem is a self-concept construct that is also shaped by one's identities (i.e., gender identity) within the cultural milieu of the community (Biro, 2006). However, the fact that it was mentioned across life stages is intriguing. We speculate that given that the majority of respondents were racial/ethnic minorities, it is possible that they have been exposed to

discrimination and racism. Several studies indicate how racism (micro and macro aggressions) is associated with low self-esteem and hopelessness.

Conversely, the role of high self-esteem as a protective factor for ethnic minorities is understudied. A cross-sectional survey study by Fisher and colleagues (2017) found a protective effect of ethnic identity on youth substance use, mediated by self-esteem. More studies are needed to examine the relationship between self-esteem, ethnic identity, and health over the life course.

Consistent with previously theorized relationship level LCP protective factors (Lu & Halfon, 2003; Hellerstedt, 2013), participants identified social support throughout all life periods, with participants identifying positive role models as important for children and adolescents and support during pregnancy, particularly father support, as necessary for pregnant women.

On the community-level, and in accordance with previously theorized community-level LCP protective factors (Lu & Halfon, 2003; Hellerstedt, 2013), the importance of prenatal care among pregnant women emerged as a protective factor. The LCP suggests "improving the quality of prenatal care" and "expanding healthcare access over the life course" (Lu et al., 2010). The LCP recognizes the significance of prenatal care to early fetal programming and optimal health over the lifespan (Lu & Halfon, 2003). However, the LCP emphasizes that prenatal care cannot reverse the effects of early life chronic social stressors and cumulative risk factors (Lu & Halfon, 2003). Prenatal interventions may better improve birth outcomes if they begin before conception, as a vital part of women's health care during reproductive age and over the whole life course (Lu & Halfon, 2003). The LCP also suggests that eliminating disparities will involve not only improving individual medical care, but also build stronger communities that foster the health of women and children throughout their lives (Lu & Halfon, 2003).

> *Greater social inclusion of Black women, improved social and economic opportunities, positive attitudes toward Black communities, and the elimination of negative stereotypes are in line with strategies for healing racism and addressing historical trauma.*

Community-level factors were mentioned as protective factors in all life stages (Lu & Halfon, 2003; Hellerstedt, 2013). Participants highlighted several community resources available that women could access to get support and health-related resources, such as churches, food banks, and programs for mothers and babies in the area. Participants also talked of the importance of community building activities and community resources, mentioning community gardens and community centers as critical protective factors because they build community unity, but noted that these programs were scarce. The LCP plan proposes strengthening social connectedness/capital and investing in community building and urban renewal. Community building must begin with economic development, infrastructure development, accessible and safe parks and recreational facilities, and political development (Lu et al., 2010).

Societal factors were mentioned to be protective, in accordance with previously theorized LCP societal factors (Lu & Halfon, 2003; Hellerstedt, 2013). Participants noted a need to change stereotypical attitudes and the need for more significant opportunities for Black women. This finding highlights the need to address racism and mitigate associated risks, which is consistent with Nuru-Jeter (2009), in a study exploring childbearing Black women's experiences with racism, Nuru-Jeter's (2009) findings suggest that racism measures focus on the lasting impact of institutionalized, vicarious, and internalized racism on women's experiences throughout their life. Our findings are also consistent with Pies et

al. (2012), who suggested focusing on social determinants, such as efforts to undo racism, that will continue into future generations (Pies et al., 2012).

Our study has several notable strengths. To our knowledge, this is one of the first studies that has combined the LCP as a theoretical framework with the strategy of CBRP, creating an LCP-CBPR hybridization to identify protective factors for optimal maternal and child health using community residents' perspectives. Combining life course conceptualization with intimate community involvement has built a strong foundation, revealing how the target community perceives maternal and child health protective factors as leading to optimal health.

Despite these strengths, our findings should be understood within certain limitations. Even though we utilized purposive sampling, selecting participants for their specific experiences, self-selection bias may have been present because community residents who chose to participate in the focus groups may be more interested in this topic than those who did not participate. Additionally, using qualitative methods can provide insightful information concerning a specific topic and generate hypotheses, but it is difficult to generalize our results to other communities.

Even though risk factors are described in a previously published article (Salinas-Miranda et al., 2017), to fully conceptualize the LCP, it is important to examine protective and risk factors simultaneously. This article only describes the protective factors that lead to optimal health.

Some of our findings discuss protective factors that the participants identified as being protective, but that might not actually exist within this community. In this regard, the lack of protective factors may be considered as a risk with a detrimental effect on the community. Although this community may lack certain protective factors, the residents still identified these factors as protective to health, so we included them within these findings.

Finally, this community is primarily comprised of socioeconomically disadvantaged residents of color; however, our study did not specifically target African American women. The CAB recommended that we query everyone in the community about their perspectives. We considered this a positive way to engage the entire community in a discussion about the health of mothers and babies. Our perception is that this strategy of asking everyone about MCH issues fostered a wider community engagement, as opposed to other approaches that only engage women or men. We recommend that future studies address African American women's, male's, and children's/adolescents' perceptions separately.

We believe the current study has achieved an appropriate balance between community participation and rigor. We recommend that future studies capture the perspective of community residents in other localities, as our results are not generalizable and are context-dependent (Oetzel et al., 2018).

REFERENCES

Alio, A. P., Lewis, C. A., Scarborough, K., Harris, K., & Fiscella, K. (2013). A community perspective on the role of fathers during pregnancy: a qualitative study. *BMC Pregnancy Childbirth, 13*, 60. doi:10.1186/1471-2393-13-60.

Biro, F. M., Striegel-Moore, R. H., Franko, D. L., Padgett, J., & Bean, J. A. (2006). Self-esteem in adolescent females. *J Adolesc Health*, 39(4), 501-507. doi:10.1016/j.jadohealth.2006.03.010

Blumenthal D. S. (2011). Is community-based participatory research possible? *American Journal of Preventive Medicine*, 40, 3, 386–389.

Centers for Disease Control Prevention (2011). CDC Health Disparities and Inequalities Report United States, 2011. *Morbidity and mortality weekly report,* 60, 1-114.

Elder, G. H., & Giele, J. Z. (2009). *The craft of life course research*. New York; London: Guilford Press.

Elder, G. H., Jr. (1998). The life course as developmental theory. *Child Dev*, 69(1), 1-12.

Fisher, S., Zapolski, T. C. B., Sheehan, C., & Barnes-Najor, J. (2017). Pathway of protection: Ethnic identity, self-esteem, and substance use among multiracial youth. *Addictive Behaviors*, 72, 27-32. doi:10.1016/j.addbeh.2017.03.003

Florida Department of Health. (2013). FloridaCHARTS: Infant deaths per 1,000 live births 3-year rolling rates. Retrieved 01/03/19, from Florida Department of Health. Bureau of Vital Statistics. FloridaCHARTS.com.

Friedeli, L (2012). What we've tried, hasn't worked': The politics of asset based public health. *Critical Public Health,* 23, 2, 131–45.

Hauck, F. R., Tanabe, K. O. & Moon, R. Y. (2011). Racial and ethnic disparities in infant mortality. *Seminars in Perinatology,* 35, 4, 209-220.

Hellerstedt, W. (2013). The life course framework: Overview and key concepts. In Healthy Generations: A publication of the Center for Leadership Education in Maternal and Child Public Health: Spring 2013. Life Course: Nurturing Early Growth and Development.

Israel, B. A. (2005). *Methods in community-based participatory research for health*. San Francisco, CA: Jossey-Bass.

Krueger, R. A., & Casey, M. A. (2000). *Focus groups: a practical guide for applied research*. Thousand Oaks, CA: Sage Publications.

Lightfoot, E., McCleary, J. S., and Lum, T. (2014). Asset mapping as a research tool for community-based participatory research in social work. *Social Work Research, 38, 1. 59-64.*

Lu, M. C., & Halfon, N. (2003). Racial and ethnic disparities in birth outcomes: a life-course perspective. *Maternal and Child Health Journal, 7*(1), 13-30.

Lu, M. C., Kotelchuck, M., Hogan, V., Jones, L., Wright, K., & Halfon, N. (2010). Closing the Black-White gap in birth outcomes: a life-course approach. *Ethnicity and Disease, 20*(1 Suppl 2), S2-62-76.

Matheson, F. I., Daoud, N., Hamilton-Wright, S., Borenstein, H., Pedersen, C., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's Health Issues*, 25(5), 561-569.

McDonald, S., Kehler, H., Bayrampour, H., Fraser-Leea, N. Tougha, S. (2016). Risk and protective factors in early child development: Results from the All Our Babies (AOB) pregnancy cohort. *Research in Developmental Disabilities,* 58, 20-30.

Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass.

Morgan, A. & Ziglio, E. (2007) Revitalising the evidence base for public health: an assets model. *Promotion & Education* (Suppl 2): 17–22.

Nuru-Jeter, A., Dominguez, T. P., Hammond, W. P., Leu, J., Skaff, M., Egerter, S., ... & Braveman, P. (2009). "It's the skin you're in": African-American women talk about their experiences of racism. An exploratory study to develop measures of racism for birth outcome studies. *Maternal and Child Health Journal*, 13(1), 29.

Oetzel, J. G., Wallerstein, N., Duran, B., Sanchez-Youngman, S., Nguyen, T., Woo, K., . . . Alegria, M. (2018). Impact of participatory health research: A test of the community-based participatory research conceptual model. *BioMed Research International, 2018*, 7281405-7281405. doi:10.1155/2018/7281405

Patton. M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.

Pies, C., Parthasarathy, P., & Posner, S. F. (2012). Integrating the life course perspective into a local maternal and child health program. *Maternal and Child Health Journal*. 16, 3, 649-655.

Salihu, H. M., Adegoke, K. K., Das, R., Wilson, R. E., Mazza, J., Okoh, J. O., Naik, E., Berry, E. L. (2016). Community-based fortified dietary intervention improved health outcomes among low-income African-American women. *Nutrition Research,* 36, 8, 771-779.

Salihu, H. M., August, E. M., Alio, A. P., Jeffers, D., Austin, D., & Berry, E. (2011). Community-academic partnerships to reduce black-white disparities in infant mortality in Florida. *Progress in Community Health Partnerships, 5*(1), 53-66. doi:10.1353/cpr.2011.0009.

Salihu, H. M., Mbah, A. K., Jeffers, D., Alio, A. P., & Berry, L. (2009). Healthy start program and feto-infant morbidity outcomes: evaluation of program effectiveness. *Maternal and Child Health Journal, 13*(1), 56-65. doi:10.1007/s10995-008-0400-y [doi]

Salihu, H. M., Salinas, A., Smith, J. C., & Armstrong, K. (2011). Engaging fathers in behavioral parent training: listening to fathers' voices. *Journal of Pediatric Nursing, 26*(4), 304-311.

Salihu, H. M., Salinas-Miranda, A. A., Turner, D., King, L. M., Paothong, A., Austin, D., Berry, E. L. (2015). Usability of low-cost android data collection system for community-based participatory research. *Progress in Community Health Partnerships: Research Education and Action*. 10(2), 265-273.

Salinas-Miranda, A. A., King, L. M., Salihu, H. M., Berry, E., Austin, D., Nash, S., Scarborough, K., Best, E., Cox, L., King, G., Hepburn, C., Burpee, C., Richardson, E., Ducket, M., Briscoe, R., Baldwin, J. (2017). Exploring the life course perspective in maternal and child health through community-based

participatory focus groups: Social risks assessment. *Journal of Health Disparities Research & Practice,* 10, 1, 143-166.

Salinas-Miranda, A. A., Salemi, J. L., King, L. M., Baldwin, J. A., Berry, E. L., Austin, D., Scarborough, K., Spooner, K. K., Zoorob, R. J., Salihu, H. M. (2015). Adverse childhood experiences and health-related quality of life in adulthood: revelations from a community needs assessment. *Health and Quality of Life Outcomes*, 13(123): 1-12

Sandelowski, M. & Barroso, J. (2003). Classifying the findings in qualitative studies. *Qualitative Health Research* (*13*)7, 905-923.

Schooley, J., & Morales, L. (2007). Learning from the community to improve maternal–child health and nutrition: The positive deviance/hearth approach. *Journal of Midwifery & Women's Health,* 52, 4, 376-383.

Schulz, A. J., Parker, E. A., Israel, B. A., Allen, A., Decarlo, M., & Lockett, M. (2002). Addressing social determinants of health through community-based participatory research: The East Side Village Health Worker Partnership. *Health Education & Behavior*, 29, 3, 326-34.

Strauss, A., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures For developing grounded theory.* Thousand Oaks, CA: Sage Publications.

Tucker, M. J., Berg, C. J., Callaghan, W. M., Hsia, J. (2007). The Black-White disparity in pregnancy-related mortality from 5 conditions: Differences in prevalence and case-fatality rates. *American Journal of Public Health,* 97, 2, 247-251.

U.S. Census Bureau. (2013). Tampa City, Florida: Profile of General Population and Housing Characteristics: 2010. http://factfinder2.census.gov/

Wallerstein, N., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice,* 7(3), 312-323.

Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: evidence and needed research. *Annual Review of Public Health*, 40, 105-125.

Woods, N. F., Lentz, M., Mitchell, E., & Oakley, L. D. (1994). Depressed mood and self-esteem in young Asian, black, and white women in America. *Health Care for Women International*, 15(3), 243-262.

Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior,* 40, 4, 381-383.

Community Engagement to Improve the Management of Non-Communicable Diseases

Experiences from Medical Service Trips in Southeastern Nigeria

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ABSTRACT

In rural communities in low-and middle-income countries like Nigeria, healthcare is a patchwork of services. Only a small portion of the healthcare provision in Nigeria

Picture 1. Volunteer nurses registering patients at check-in station.

comes from a unified health system. Therefore, remote and rural communities receive minimal preventive health services. Medical missions can play a critical role in closing gaps in care and improving healthcare access for vulnerable populations. However, long-term sustainability is difficult to achieve without deliberate community engagement from planning to evaluation. In this manuscript, the authors describe a collaborative, community-engaged global health service project in rural southeastern Nigeria that included medical missions and provided continuous care of non-communicable diseases post-mission for sustained impact. The authors conclude with insights gained regarding the challenges of engaging communities at a distance through translational collaboration as well as implications for conducting such work.

Keywords: *Low- and middle-income countries, non-communicable diseases (NCDs), Medical mission, sub-Saharan Africa, Nigeria, Community engagement*

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BACKGROUND

Nigeria is a low-and middle-income country (LMIC) in West Africa, which has a healthcare workforce concentrated in urban tertiary health care centers, contributing to inequity of healthcare services in rural areas and poor management of non-communicable diseases (NCDs) (World Health Organization [WHO], 2020). In rural communities in LMICs like Nigeria, healthcare is a patchwork of healthcare services. Only a small portion of the healthcare provision in Nigeria comes from a unified health system. Therefore, remote and rural communities receive zero to minimal preventive health services (Innocent, Uche, & Uche, 2014). LMICs have limited health resources, which contribute to high morbidity and mortality from NCDs, such as diabetes and hypertension (Roth et al., 2018). Both diabetes and hypertension are expected to increase over the next few decades, especially in sub-Saharan African (SSA) countries like Nigeria (Adeloye, 2014; Adeloye & Basquill, 2014; Cho et al., 2018). If left untreated, diabetes and hypertension can cause cardiovascular disease, stroke, and eye diseases (Feigin et al., 2016). However, preventive care and primary care for NCDs are limited in LMICs, resulting in many undiagnosed cases. Other cases are diagnosed late, often through free public health outreach programs or "medical missions" (Sykes, 2014), resulting in suboptimal treatment and poor management (Burnier & Egan, 2019; Danaei et al., 2011). Misconceptions about the treatment of NCDs, such as believing that diabetes and hypertension are healed after completing a month of medication, also contribute to the high burden of these conditions (Amira & Okubadejo, 2007; Osamor & Owumi, 2011).

In many LMICs, gaps in health services are partially filled by medical missions or short-term medical service trips (MSTs) by non-governmental organizations. Medical missions are defined as travel by trained health professionals, to foreign countries, with a specific medical purpose for a designated period, ranging from one

> *Global health service projects should improve the health and well-being of the most marginalized populations from LMICs (Center for Disease Control, [CDC], 2015; Pratt, 2020), which can be accomplished by engaging the community through research and global health service projects.*

week to years, depending on the organization (Malay, 2017). Similarly, short-term MSTs address the unmet health care needs of LMICs (Sykes, 2014). Increasingly, travel teams also include non-medical or allied health professionals. Although they prioritize medically underserved populations, medical missions often operate in silos, stay for short periods, lack long-term funding, and ultimately are difficult to sustain (Adepoju, 2019). Medical missions are not widely studied, nor are reports of medical missions widely disseminated (Sykes, 2014). The reports that are published in professional journals often only report the frequency of procedures or the number of patient visits. Rarely do reports demonstrate a thorough understanding of the social, cultural, and medical characteristics of the patient population served. Thus, little is known about optimizing and sustaining this service delivery channel in harmony with public health goals and the broader healthcare ecosystem. The lack of research on medical missions has led to lost opportunities to identify lessons learned and best practices (Sykes, 2014).

Global health service projects should improve the health and well-being of the most marginalized populations from LMICs (Center for Disease Control, [CDC], 2015; Pratt, 2020), which can be accomplished by engaging the community through research and global health service projects. Indeed, community-engaged experts have recommended guiding principles for forming effective community-engaged global health service projects in disadvantaged communities (CDC, 1997; 2015). Items included the host community

defining and directing the program, planning for sustainability programs, regularly evaluating programs for impact, and mutually learning from and respecting local professionals.

In Nigeria, the community includes local government leaders, policy-makers, tribal hierarchy, community organizations, community members, and their families. Anambra is a state in southeastern Nigeria and the eighth-most populated state in the Federal Republic of Nigeria. Over 60% of its people live in urban areas, making it one of Nigeria's most urbanized communities. Although Anambra State has the lowest poverty rate in Nigeria (Anambra State Government - Light of The Nation, n.d.), its rural communities need sustainable global health service projects. To effectively engage the community, attention must be given to existing dynamics of power, diversity, and stakeholders (Pratt, 2020). A voice must be given to those who feel powerless, such as individuals who are female, poor, under educated, and disabled (Pratt, 2020). This manuscript describes a collaborative, community-engaged, global health service project in rural southeastern Nigeria. Compared to traditional medical missions as defined above, the global health service project described here included not only medical missions but also continuous care of NCDs post-mission.

The Centers for Disease Control (CDC) recognized the critical importance of involving the community and collaborating with its members to improve health. In its seminal publication, "*Principles of Community Engagement,*" the CDC defined community engagement as the "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" (CDC, 1997, p. 9). Consistent with this definition, community engagement processes (described herein) were facilitated through the collaboration of two leaders (a medical director and a nurse), connected by their shared affiliation to the community and shared mission to improve the health of the community using their assets,

> *The two leaders sought input from respected residents and patients in the community and recruited local health care professionals to provide culturally relevant and acceptable services. Applying community engagement principles and processes was critical to the conceptualization and implementation of an effective and sustained project that improved the health of the community.*

clinical experiences, and social connections. The two leaders sought input from respected residents and patients in the community and recruited local health care professionals to provide culturally relevant and acceptable services. Applying community engagement principles and processes was critical to the conceptualization and implementation of an effective and sustained project that improved the health of the community.

The purpose of this global health service project was to increase access to care for NCDs and improve patients' self-management of conditions, including diabetes and hypertension. Using 15 years (2004-2018) of field notes and programmatic data, we describe the processes and mechanisms utilized with respect to (1) working within the social and cultural context to treat NCDs and (2) engaging the community to improve healthcare; additionally, we (3) share lessons learned related to the importance of community engagement for long-term program sustainability.

ORIGIN AND EVOLUTION OF THE GLOBAL HEALTH SERVICE PROJECT

A Nigerian expatriate U.S.-based registered nurse (U.O.) was driven by a personal passion to give back. The journey began in December of 2003 when the nurse traveled to Amichi in Nigeria with her nuclear family to visit extended family and celebrate Christmas. While there, the nurse had planned to visit and tour the only hospital in the

Picture 2. Injection room before renovation

Picture 3. Injection room after renovation

town to understand how medical and nursing care were structured and delivered to patients compared to the U.S. However, when she visited the hospital, the medical director, a physician, was not available, and therefore she did not tour the hospital. Rather, she left a duffle bag filled with band-aids, vitamins, and over-the-counter medical supplies. She had no other plans to return to the hospital before traveling back to the U.S. However, her 14-year-old son got sick with symptoms indicative of possible malaria, which she did not know how to treat. Therefore, she and her husband returned to the hospital with their son for treatment. Incidentally, the medical director was present and treated her 14-year-old son. The nurse reflected that she could not forget the exam room where her son was treated. The hospital environment was very clean, and the staff was warm and kind. However, they were working with very limited resources, as depicted in Picture 2 of the injection room. She made a promise to herself that she would renovate it (Picture 3). The nurse requested and received an appointment to tour the hospital on January 1, 2004.

The medical director (O. O.) was driven by a passion for improving the health of the local community. He had been in this position for one year, having been recruited by the hospital administrators to elevate the quality of service to residents of the community. He had been away

from the hospital at a meeting the first time the nurse came and dropped off the duffle bag of medications. He appreciated that the nurse took the time to inquire about their well-being and bring medical supplies and hoped that she would return as promised. He urged the nurse to return for a tour of the hospital. The medical director and nurse decided to collaborate to develop a global health service project.

Host community defining and directing the program.

Before starting the global health service project, it was necessary to define the purposes of the engagement effort and the goals of the community. On New Year's Day, when people often celebrate with their loved ones, the medical director and nurse embarked on a four-hour tour of the hospital. During this needs assessment tour, the medical director and nurse discussed what the hospital and staff needed to care for patients. The medical director said they needed running water and medications. The nurse was astonished, thinking, "Really? What hospital operates without running water?" The medical director explained that the hospital had to bring water into the facility; if they did not, patients' families would have to bring their own water. The medical director described that they did not have access to authentic, quality medications. When available,

medications were unaffordable for both patients and the hospital. After learning about these difficulties, the medical director and nurse agreed to work together on a mission to improve access to health care services for the 50,000 residents of Amichi and the 23 surrounding towns in Anambra state.

Keys to Community Engagement: Trust and Shared Leadership.

The agreement to work together was supported by two principles fundamental to community engagement: trust and shared leadership. First, the medical director and nurse understood that building trust was important for soliciting buy-in and participation. While health services projects led by "outsiders" may struggle with building a trusting relationship within communities, this global health services project successfully built a trusting relationship because the leaders were community members. The medical director was trusted in the community, given that he had served and lived in the community for three years, and the nurse was trusted, given that she was a native of the town with strong ties to the community and cultural competence (i.e., asset-based engagement). Together, these two leaders recruited volunteers and colleagues to help transform the healthcare system. Second, shared leadership was important for improving access to affordable and quality health care services that can be achieved with genuine collaboration. The medical director and nurse shared leadership, co-directing the global health service project. They leveraged their respective assets and expertise to accomplish their shared mission on behalf of the community. Additionally, the medical director and nurse shared leadership, co-leading the global health service project. For example, to improve the quality of care, the medical director agreed to oversee all patient treatment and leverage existing nursing staff, whose buy-in was supported with small stipends in addition to their regular salaries, to provide patient care on a designated day of the week. To make care affordable, the nurse agreed to request medications from charity organizations

in the U.S., such as Americares. These donated medications would be dispensed at no cost to patients in Anambra, Nigeria. The two leaders committed to serving all persons irrespective of demographic, socioeconomic, religious, political, or other affiliations. The partnership was not codified in any written contract; rather, it was achieved through informal commitments and trust.

ANNUAL MEDICAL MISSION EVENTS

Partnering with the community was necessary to create change and improve health. In 2004, the medical director and other Nigerian-based volunteers collaborated with a U.S. volunteer team, including the nurse, her husband, and a U.S.-based physician, and conducted the first medical mission in the community. Since then, they have inspired the development of three other medical mission teams. The medical director and nurse worked collaboratively, led different components, and leveraged their respective social connections to improve the health of the community and its members. The Nigerian-based medical director coordinated volunteers, arranged community public service announcements, and arranged on-site amenities (e.g., chairs, tables, and refreshments) for volunteer workers. Volunteers were recruited via text messages and word-of-mouth. Volunteers came from other parts of Nigeria (e.g., Lagos) as well as the U.S. This local collaboration facilitated trust among community members who saw the local volunteers as trusted partners. The multidisciplinary volunteers of health professionals included nurses, doctors, and allied health professionals. To increase reach, medical missions were announced at key community gathering spaces, such as places of worship, schools, and markets. We recruited the services of the "town crier" who announced the mission to the residents.

The U.S.-based nurse oversaw fundraising. She solicited donations from family, friends, and colleagues in person and through letters. She explained that the goal of the global health service

project was to improve access to good, quality care and that monetary donations would be used only to purchase medications and medical supplies for patients. Additionally, she procured supplies for the medical missions from foundations and organizations in the U.S. (e.g., Timmy Global Health in Indianapolis, IN; Americares in Stamford, CT). Timmy Global Health provided administrative support by collecting donations and keeping records. Once the donations were received, the nurse requested relevant medications (e.g., high blood pressure and diabetes medications) and medical supplies (e.g., blood pressure monitors, glucometers, and test strips). She delivered them to Nigeria for medical missions and follow-up care. The size of the annual mission was tailored according to the amount of funding. We relied upon the medical director's first-hand knowledge of the community's most common health conditions to determine which medications and medical supplies to purchase. Understanding the most prevalent health conditions, the medical director and nurse used their limited resources to treat these conditions and sought partnerships with experts in these areas (e.g., opticians, optometrists, ophthalmologists). Given patients' needs, the volunteers usually included general practitioners (e.g., family medicine or internists) and eye doctors (usually opticians, optometrists, ophthalmologists). These volunteers were found through connections with the medical director in Nigeria. The medical director and nurse also collaborated with the university in the area and had their physician staff, residents, medical and nursing students volunteer during the medical missions. Non-health professional volunteers also were included to manage wait lines, housekeeping, hospitality, and coordinate meals for volunteers. The medical director and the nurse handled any logistical problems, such as delayed volunteer arrival, medication stock-outs, or emergent medical cases.

Logistically, to reach as many members of the community as possible, the annual medical mission event typically lasted one to three days for

Picture 4. Nurse measuring blood pressure for an adult patient.

eight hours (about 8 a.m. to 5 p.m.) each day. Therefore, preparing for this annual medical mission event required both the U.S. and Nigeria teams to coordinate their resources. Preparing for each annual medical mission event began six to 12 months prior. During each day of the medical mission event, patients were served on a first-come-first-serve basis. However, infants, older adults, disabled, or medically urgent cases were prioritized as they appeared. Each patient was assigned a participant number and received blood pressure, blood glucose, weight measurements, necessary treatment (e.g., wound care), medications from the pharmacy, and reading glasses as needed (see Pictures 1, 4, 5, and 6). The volunteer nursing staff supervised the pharmacy. These volunteer nursing staff also dispensed medication as ordered by doctors and educated patients on administering the medication, side effects, and signs of complications (see Picture 5). They encouraged patients with chronic conditions, such as high blood pressure and diabetes, to return to the follow-up clinic.

The host community's health care professional volunteers fueled and sustained this annual medical mission component of the global health service project. Compared to the U.S.-based

health professional volunteers, the host country's health professional volunteers had a greater understanding of the community's common health conditions, environmental and behavioral factors contributing to NCDs, and the health beliefs and practices affecting care utilization. Therefore, they had more culturally relevant communication strategies to increase the likelihood that patients would accept and adhere to treatment recommendations.

In contrast, volunteer doctors from the U.S. often struggled with their initial patient encounters. Compared to their local counterparts, they spent too much time with patients, wanted laboratory tests and results to confirm diagnoses, and used more resources to achieve the same patient goals. Although challenged, U.S.-based physicians often adapted after several patient encounters. For example, by their sixth patient encounter, they learned how to treat patients in this low-resourced community with limited laboratory diagnostics and tests.

Community engagement was sustained by identifying and mobilizing community assets and strengths and developing the community's capacity and resources to make decisions and act. The power of the medical director's connection with the community cannot be overstated. In the absence of these connections, there would not have been the same number and caliber of health professional volunteers from the community.

These connections were critical to effective and sustained community engagement. The medical director and nurse provided honoraria to volunteers as a small token of their invaluable contributions to the community. Honoraria took different forms, including small amounts of money, certificates, pens, and bags. One year, stethoscopes, donated by a sponsor, were distributed to volunteer nursing staff and nursing students. Although the volunteers from the U.S. paid for their flight tickets to and from Nigeria, the nurse personally provided them free accommodations and meals.

Picture 5. Nurse providing medication education to mother and child.

PATIENT POPULATION SERVED

To determine community health needs and resource allocation, the medical director and nurse gathered demographic and clinical information from patients. Each patient was given a registration card at check-in, upon which staff volunteers recorded the patient's age, gender, weight, blood pressure, blood sugar reading, medical diagnosis, prescribed medication(s), and any follow-up recommendations. Data showed many patients presented with malaria, osteoarthritis (especially women), ulcers, and upper respiratory infections. The most prevalent health conditions were diabetes (52%), hypertension (45%), and eye problems (74%) (see Figure 1). Regarding eye problems, patients sought treatment for presbyopia, glaucoma, ocular allergy, refractory error, pterygium, and blindness. Although the eye conditions the team treated were related in part to chronic health conditions such as diabetes, the lack of access to specialized care and prohibitive costs of such care also played a role (International Agency for the Prevention of Blindness 2014; World Health Organization, 2013).

There were factors that affected community engagement efforts, and consequently, the number of patients served during the annual medical mission events. First, extensive coverage of our outreach efforts in the local community was

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Figure 1

Number of Patients and Health Conditions Addressed during the Medical Missions in 2018
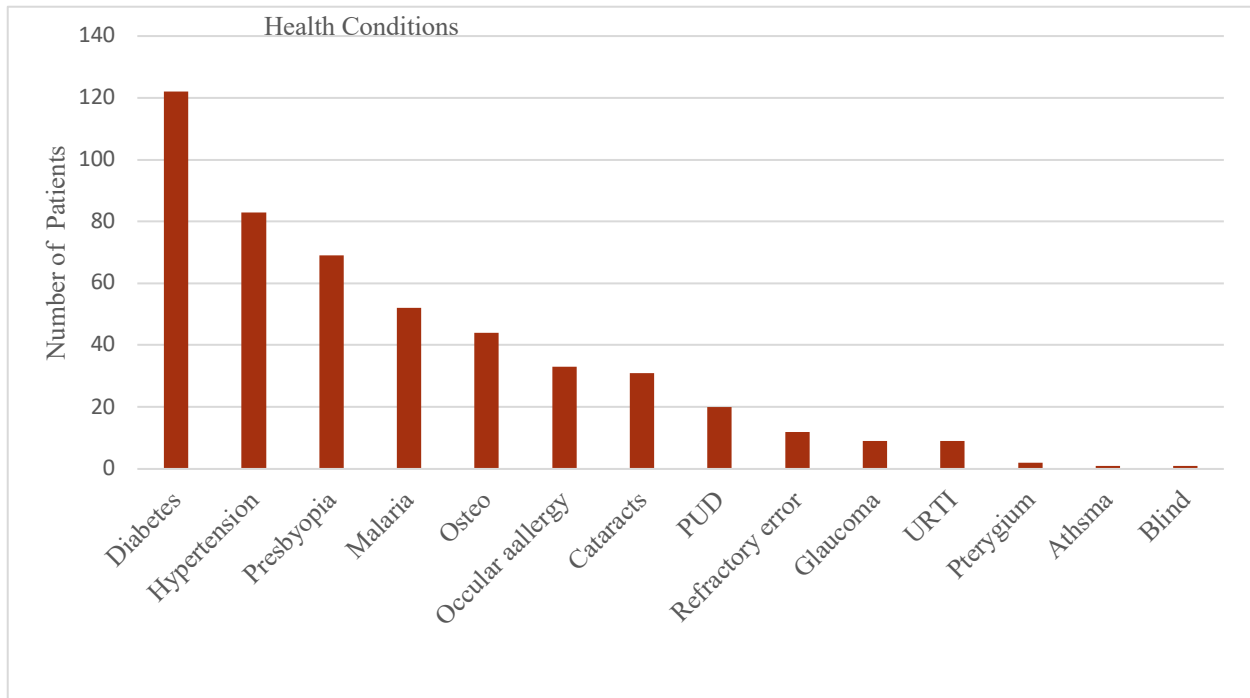
necessary to create awareness and drive patients towards our services. Over time, experience showed that there was more demand for services than were offered during the yearly intensive days of the mission. In fact, the more days we offered, the more patients we served. In the early years, the annual medical mission event lasted three days and served about 225 patients per day. Over time, as we honed in on community needs, the medical mission event lasted a day and served 250 patients. The medical director and nurse became more confident in their knowledge of the community's needs, which allowed them to become more effective at identifying and mobilizing local health professional volunteers. The volunteers became more invested in the medical mission events, recruited colleagues, and returned each year as they became familiar with expectations, policies, and procedures and valued the community. In essence, the event ran much more smoothly, and because less time was spent removing roadblocks (e.g., lack of familiarity with procedures), more time was spent on patients.

The average number of patients seen per day varied by the number of volunteer doctors and nurses available per day. The medical director and nurse aimed to have five doctors and ten nurses each day. Second, it was necessary to tap into local leaders who had clout or were respected in the local community. The number of patients served during a mission day increased when the message was delivered more frequently and to more community venues. The effectiveness of the public announcement to the community also varied according to whether the town announcer or the medical director publicized the event. Many throughout the community knew the town announcer. He drove around, announcing the date and location of the mission over a loud microphone. On the other hand, the medical director distributed letters and flyers to key community settings (e.g., churches, market places). Compared to the medical director and his methods, the town announcer was more effective in reaching community residents. Using culturally appropriate strategies, such as asking the town

announcer or "town crier" to pass along information to the community, was important to facilitate community engagement. Third, eye care was a major issue that only surfaced through formal and informal data collection. For example, patients would ask every year if we had an eye doctor on site. More patients were served when opticians and/or ophthalmologists volunteers were available and provided eye care services. In fact, the number of patients served doubled if eye care was provided in addition to care for other health conditions.

Since its inception in 2004, the medical director, nurse, and their team of volunteers have provided 39 service days, during which they served 7,376 unique children and adults (2,459 males and 4,917 females) from 23 surrounding communities. The team also has conducted 50 cataract surgeries for adults, distributed 3,000 reading glasses, and provided routine follow-up care as needed. Below are descriptions of three patients who illustrate the impact of the team's work and inspirations to continue the medical missions. Pseudonyms rather than patients' real names are used.

Mrs. Eunice. Mrs. Eunice was in her 30s and presented with her four children, ages 2 to 8 years old. She reported that she was stressed and worried about the children because they all had fevers over the past three days, which she attributed to malaria. She said that she was at a loss until an acquaintance told her about our free medical mission, which the acquaintance had heard about from a public announcement at a community event. Mrs. Eunice shared that she was especially stressed because she also was caring for her husband, who had a stroke a few weeks prior. She was unable to bring him to the clinic because she could not obtain transportation for him. Given the children's young ages, we prioritized their services. Each had their blood pressure, blood glucose, and weight measured, and then were evaluated by a doctor and tested for malarial parasites. Each child received free anti-malarial medications from the pharmacy, where a

Picture 6. Volunteer student from U.S. and nurse from host community sorting reading glasses.

nurse instructed Mrs. Eunice about how to administer the medications. We encouraged her to return with her husband to the follow-up clinic.

Mr. Adazi. Mr. Adazi was in his 60s. He regularly attended the annual medical mission and occasionally sought follow-up care. He was diagnosed with diabetes, for which he took oral hypoglycemic medication for blood glucose control. He regularly received the medications at no cost from our free clinic. He stated that his symptoms had improved. For instance, he shared that he was waking up less frequently to urinate at night. He reported that these improvements motivated him to take his medication regularly. Our team also provided education on healthy food choices and blood glucose monitoring so he could better manage his diabetes.

Mrs. Uzo. Mrs. Uzo was in her early 70s. She has sought care from the medical mission and follow-up clinic since the inception of the program. Mrs. Uzo had bilateral knee arthritis, for which our team provided regular steroid injections. Over time, we observed gradual worsening of her knees, which led to her needing crutches. Our team provided her with medications through our follow-up clinic. Although we wanted to perform a knee replacement surgery, it was cost-prohibitive and something the mission could not provide for free.

SUSTAINABILITY AND CONTINUITY OF THE GLOBAL HEALTH SERVICES PROJECT

Global health service projects must plan for the continuous care of NCDs after the annual medical mission events. The ability of this global health service project to provide follow-up care is what sets it apart from traditional medical missions. Since starting this health service project, the medical director and nurse have inspired three other medical mission teams. However, only the medical director and nurse have instituted continuous care of NCDs post-mission. They believed that the provision of follow-up care was not only a professional responsibility but also an ethical imperative.

Therefore, they offered a weekly clinic for follow-up visits after the annual medical mission event ended. The weekly follow-up clinic was designed to facilitate continuous care and help patients gain the knowledge and skills necessary for self-management. A member of the community donated a building from which the follow-up clinic operates every Wednesday. This donation was a testament to community buy-in and engagement. The donor renovated the building to include exam rooms, pharmacy, and waiting areas. The medical director, led and conducted the clinic with a small crew of three nurse assistants who received a small stipend for their time. Every Wednesday for half a day, patients were seen for different ailments. Visits began with checking vital signs and were followed by medical consults. If needed, medications were dispensed at the pharmacy.

Since 2007, the weekly follow-up clinic has expanded its services to two days a week, including one day on the weekend to meet the needs of both walk-in and scheduled patients throughout the year.

Regular evaluation of impact, mutual learning, and respect for local professionals was critical to effective community engagement. Like the annual medical mission events, collecting formal and informal data from community members was necessary to address key health issues (e.g., high blood pressure, diabetes, eye diseases) affecting community members' well-being. For example, within the early years of the project, the medical director and nurse confirmed that the most prevalent health conditions in the community were diabetes, hypertension, and eye diseases.

Subsequently, they used this data gathered onsite to benefit the community. The human and medical resources were targeted to screen, treat, and educate patients about diabetes, hypertension, and eye diseases. The health conditions for which there was the greatest demand (e.g., eye care) received the most resource allocation. Therefore, the nurse and medical director sought partnerships with experts in these areas (e.g., opticians, optometrists, ophthalmologists).

Additionally, consistent availability of medications in the pharmacy and provision of walk-in clinics were concerns that only surfaced through community stakeholder discussions. The medical director and nurse deliberately sought feedback from patient stakeholders to understand patterns in attendance (e.g., did more patients keep an appointment if it was scheduled or walk-in) and adherence to medication regime (e.g., did patients purchase medication prescribed or not when they had to buy from outside pharmacies). All data were de-identified, digitalized, and in a database, and used for annual reports to individual and organizational medical and financial sponsors. Since 2014, a donor and volunteer base maintained records on a website at www.providencechi.com.

LESSONS LEARNED FROM THE FIELD

Lesson 1. Thoughtful and deliberate approach to community engagement required to enhance long-term sustainability.

Consistent with community-engaged inquiry, the medical director and nurse were involved in all

aspects of the global health service project, which included two components – an annual medical mission and follow-up clinics. Their collaboration was vital to the success and sustained operations of both the medical missions and follow-up clinics.

While the medical director committed to garnering resources in Nigeria, the nurse committed to leveraging her connections in the U.S. to meet the healthcare needs of the community. The medical director contributed assets related to his knowledge of the lay of the land and all of its cultural nuances and, therefore, was instrumental to the development and implementation of the global health service project in the community. He advertised the medical mission and invited volunteers from the community, health professional organizations, and the local university. Although the medical director and nurse did not explicitly discuss power dynamics, they made a verbal commitment to work together towards a shared mission. They nurtured this collaboration with mutual respect, inclusion, equal leadership, and acknowledgment of partners in reports and publications.

Consequently, they extended services to all members of the community without discrimination. The multidisciplinary team of health professional volunteers was essential to providing high-quality care to thousands of patients while keeping labor costs to a minimum. Several volunteers have served an average of five years, and this is a testament to the mission's success in engendering community service. Partnerships with committed and reliable individuals and organizations facilitated credibility, community buy-in, execution of annual medical missions, and program sustainability.

Lesson 2: Mutual learning and respect for local professionals.

Both the medical director and nurse needed each other to actualize and achieve the global health service project. Although the donated money,

> *Although the medical director and nurse did not explicitly discuss power dynamics, they made a verbal commitment to work together towards a shared mission. They nurtured this collaboration with mutual respect, inclusion, equal leadership, and acknowledgment of partners in reports and publications.*

medications, and medical supplies from the U.S. were helpful, neither the medical director nor nurse would have been able to provide or sustain services over the course of 15 years without the host country collaborators (e.g., medical director, volunteer team, and partner university). While the medical director accessed the medications and medical supplies needed to improve the community's health, the nurse realized her passion to give back to this community – all from a distant continent away – thanks to the trusted partnership and shared affiliation with the community. However, engaging with communities from a distance is not for the faint of heart, as trust is essential. For example, individuals must trust that people will do what they say they will do, relying on each person's intrinsic motivation and commitment to public health. Additionally, transparency is important, especially given that partners may not always agree. For example, the nurse once suggested increasing care access and utilization by providing blood pressure screens at the marketplace. However, regulations prevented public health screenings to ensure equal access to patient populations by local health care providers. If the medical director had not redirected the nurse, and the nurse had proceeded with this care delivery idea, they would have been perceived as taking patients and revenue away from the local professionals. The nurse acknowledged the medical director's advice and did not pursue this idea to maintain relationships with providers in the community. In sum, the partners needed to be open to adapting care practices and delivery structures to meet the needs of all community stakeholders. Furthermore, regular communication fostered trust and accountability among partners and community stakeholders. The

nurse and medical director maintained regular communication via WhatsApp, sometimes multiple times a day. Communication required a reliable medium or platform, particularly in a low-resourced community where broadband was not readily available. They learned flexibility and patience, which helped them persist and achieve their shared mission of improving the health of the community.

Lesson 3. Capacity building within the host community to enhance sustainability.

Both the medical director and the nurse believed they had a responsibility to develop the host country's workforce capacity so that the program could continue when the U.S. team left. They also recognized the importance of developing a pipeline for the next generation of leaders. For example, one year, a U.S.-based physician trained the host country medical director on how to administer steroid injections to women who had osteoarthritis of the knees. Both the U.S.-based nurse and Nigeria-based medical director have mentored young clinicians. They engaged nursing students, medical students, and residents from the local university in the medical missions. Since 2013, the global health service project has maintained a small crew of four paid staff, including the medical director and four nursing staff, to run the follow-up clinic. The art of community service has been infectious. Although Nigeria is considered a developing country with limited resources and a weak healthcare infrastructure, community-based care (i.e., global health service projects) delivered by expatriate and local health care professional volunteers filled critical gaps in healthcare. In the U.S., underserved populations in urban areas could benefit from similar community-based outreach projects.

Lesson 4. Planning for the continuous care of non-communicable diseases post-mission.

Follow-up care is critical to not only track patient

> *The success of the mission was grounded in community-engaged partnerships between the host and U.S. teams with committed individuals and organizations who facilitated credibility, community buy-in, coordination of resources, execution of annual medical missions, provision of follow-up care, and program sustainability.*

progress but also promote education (e.g., signs and symptoms of hypertension), treatment, and self-management. Misconceptions about the treatment of non-communicable diseases were common, and intervention beyond the initial visit was critical. Many patients believed that chronic conditions, such as diabetes and hypertension, heal after completing a month of medication. Given that there would still be ongoing healthcare needs, the team taught patients that diabetes and high blood pressure do not just go away and helped them develop self-management skills through diet and increased physical activity. Unlike other medical mission teams in Amichi, our team was the only one that provided follow-up clinical visits. This allowed for effective and sustained behavior changes that improved the health of the community. Ideally, medical mission teams would form a coalition and pull their resources to scale staff and service capacity, thereby increasing follow up clinics from a few days to every day of the week. That kind of coalition would optimize and sustain this service delivery channel in harmony with public health goals and the larger healthcare ecosystem.

Lesson 5. Data collection is key to regular evaluation of programs for impact.

There is a need for medical mission programs to collect data, use it, and share findings. Data collection serves several functions. First, data were needed to identify areas for improvement. Second, data were needed to assess and document the impact of medical missions on patient population outcomes. Documenting the impact on populations could better position teams to seek

sustained funding from organizations such as the Bill and Melinda Gates Foundation, Rotary International, and other global organizations. Lastly, careful tracking of the impact of medical missions on healthcare costs is needed. Quantifying the economic benefits of addressing these health conditions may motivate government agencies to lend their support to non-profit organizations working to improve access to and affordability of care for underserved populations. Having alignment between the global health service project and local government's priorities may improve internal and external funding and long-term sustainability.

POLICY AND PRACTICE IMPLICATIONS

The team's field experiences can be of benefit to health policy and practice in local communities. First, community-engaged medical missions and follow-up care engender public service, build goodwill, and break down walls. Nurses, physicians, and other health professionals seeking to establish medical missions will need to develop collaborative partnerships with the community, provide follow-up care services, and build workforce capacity in host communities to ensure sustainability. While these collaborations can address the health care needs of the host community, visiting volunteers also can learn from the host community to inform work in rural and underserved communities in the United States. This team collaboration has the potential to drive policies that lead to systemic changes in funding, structure, and delivery of health care. Second, the critical importance of data cannot be overstated. Medical mission teams need to systematically collect sociodemographic and clinical data to help determine the prevalence of health conditions in communities and inform data-driven decision-making. These local data from various teams conducting medical missions can be de-identified, aggregated, and submitted to local public health agencies, then analyzed to inform need and large-scale implementation across communities. Third, given care gaps in eye

care, there is a need for the provision of eye care services both during the medical mission and during follow-up clinics. For example, an optometrist and optician could visit once a month to serve patients during the follow-up clinics. Patients who need eye care would be scheduled ahead of time. Similar models could be adopted and scaled up across communities by local health governments.

CONCLUSION

We have described our experiences with conducting an ongoing global health services project in rural Southeastern Nigeria. Our local and global collaboration, which consists of U.S.- and Nigerian-based health care professionals, has spanned 15 years. Community engagement and stakeholder involvement have contributed to the sustainability of the medical mission project. The success of the mission was grounded in community-engaged partnerships between the host and U.S. teams with committed individuals and organizations who facilitated credibility, community buy-in, coordination of resources, execution of annual medical missions, provision of follow-up care, and program sustainability. The medical director and nurse successfully shared knowledge and skills among volunteers from the host country and the U.S. The multidisciplinary volunteers included not only professional nurses but also the next generation of health professionals, including nursing and medical students. The medical director and nurse modeled mutual respect and trust, patient-centered care, and commitment to community service. Therefore, volunteers returned every year to work and support the health of the community. Additional work is required to monitor health outcomes, evaluate the impact of our medical mission, and create a cost-effective and sustainable model to improve the health of this population. Thoughtful consideration of the types of data to collect and implement uniformly is critical to tracking trends in population health over time.

REFERENCES

Adeloye, D. (2014). An estimate of the prevalence of stroke in Africa: A systematic review and meta-analysis. *PloS ONE,* 9(6): e100724. doi:10.1371/journal.pone.0100724.

Adeloye, D. & Basquill, C. (2014). Estimating the prevalence and awareness rates of hypertension in Africa: A systematic review. *PLoS ONE,* 9(8): e1-4300 doi:10.1371/journal.pone.0104300.

Adepoju, P. (January 7, 2019). Nigeria faces a health financing cliff edge. *Devex.* https://www.devex.com/news/nigeria-faces-a-health-financing-cliff-edge-93968. Anambra State Government - Light of the Nation. (n.d.). https://www.anambrastate.gov.ng/

Amira, C. O., & Okubadejo, N. U. (2007). Factors influencing non-compliance with anti hypertensive drug therapy in Nigerians. *The Nigerian Postgraduate Medical Journal, 14*(4), 325-329.

Burnier, M., & Egan, B. M. (2019). Adherence in hypertension. *Circulation Research, 124*(7), 1124-1140. doi:10.1161/CIRCRESAHA.118.313220.

Centers for Disease Control and Prevention. *Principles of community engagement (2nd ed).* Atlanta (G.A.): CDC/ATSDR Committee on Community Engagement. https://www.atsdr.cdc.gov/communityengagement/pce_what.html

Centers for Disease Control and Prevention (1997). *Principles of community engagement (1st ed)* Atlanta (G.A.): CDC/ATSDR Committee on Community Engagement.

Cho, N. H., Shaw, J.E., Karuranga, S., Huang, Y., Fernandes, J. D., Ohlrogge, A.W., & Malanda, B. (2018). IDF diabetes atlas: Global estimates of diabetes prevalence for 2017 and projections for 2045. *Diabetes Research and Clinical Practice*, 138, 271-281. doi: 10.1016/j.diabres.2018.02.023.

Danaei, G., Finucane, M.M., Lin, J. K., Singh, G. M., & Group, O. B. (2011). National, regional, and global trends in systolic blood pressure since 1980: Systematic analysis of health examination surveys and epidemiological studies with 786 country-years and 5·4million participants. *The Lancet*, 377, 568-577. doi:10.1016/s0140-6736(10)62036-3.

Feigin, V. L., Roth, G. A., Naghavi, M., Parmar, P., Krishnamurthi, R., Chugh, S., Forouzanfar, M. H. (2016). Global burden of stroke and risk factors in 188 countries, during 1990-2013: A systematic analysis for the global burden of disease study 2013. *The Lancet Neurology, 15*(9), 913-924. doi:S1474-4422(16)30073-4.

Innocent, E. O., Uche, O. A., & Uche, I. B. (2014). Building a solid health care system: Challenges and prospects. *Academic Journal of Interdisciplinary Studies, 3*(3), 501-510.

International Agency for the Prevention of Blindness (2014). Addressing the eye health workforce crisis in sub-Saharan Africa: Business as usual is not an option. *IAPB* https://www.iapb.org/wp-content/uploads/Addressing-the-Eye-Health-Workforce-Crisis-in-Sub-Saharan-Africa.pdf

Lasker, J.N., Aldrink, M., Balasubramaniam, R., Caldron, P., Compton, B., Every, L., Loh, L., Prasad, S., & Siegel, S. *(2018)* Guidelines for responsible short-term global health activities: Developing common principles. *Global Health 14*(18), https://doi.org/10.1186/s12992-018-0330-4

Malay, P. B. (2017). Short-term medical missions and global health. *Journal of Foot Ankle Surgery, 56*(2), 220-222. doi:1053/j.jfas.2017.01.031

Osamor, P. E., & Owumi, B. E. (2011). Factors associated with treatment compliance in hypertension in southwest Nigeria. *Journal of Health, Population, and Nutrition, 29*(6), 619-628. doi:10.3329/jhpn.v29i6.9899.

Pratt, B. (2020). Developing a toolkit for engagement practice: sharing power with communities in priority-setting for global health research projects. *BMC medical ethics, 21*(1), 1-14. https://doi.org/10.1186/s12910-020-0462-y

Roth, G. A., Abate, D., Abate, K. H., Abay, S. M., Abbafati, C., Abbasi, N., ... & Kuzin, I. I. (2018). Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: A systematic analysis for the global burden of disease study 2017. *The Lancet, Volume 392*, (10159), 1736 – 1788. https://doi.org/10.1016/S0140-6736(18)32203-7.

Sykes, K.J. (2014). Short-term medical service trips: A systematic review of the evidence. *American Journal of Public Health*, 104(7), e38-e48. doi:10.2105/AJPH.2014.301983

World Health Organization (2013). *Universal eye health: a global action plan 2014-2019.* https://www.vision2020australia.org.au/wp-content/uploads/2019/06/Universal-Eye-Health-A-Global-Action-Plan-2014-2019.pdf

World Health Organization (2020). *Nigeria.* https://www.who.int/workforcealliance/countries/nga/en/

Standing in the Tension

Pentecost and Peace

WINTERBOURNE HARRISON-JONES

As both a faith leader and researcher, I stand at the intersection of the empirical and that which can oftentimes not be explained. I have thought long about how we as researchers might begin to capture the pathos of this moment in time. To say that 2020 has been a year like no other would be a gross understatement. The world in which we live is filled with pain, misery, and despair. Everywhere we look, we are constantly bombarded by reminders that we do indeed live in a broken and dark world. All over the globe, people on every continent and of every walk of life are in search for a light of hope and a break from the madness of our times.

People protesting against police violence after the death of George Floyd.

The cruel realities of our fractured humanity have been made known again and again and the lament and voices of the people can be felt and heard all over the globe. The "three threats" as Dr. King called them of "racism, poverty and militarism" have seemingly collided again and have awakened the moral tempest of this nation. Like the tonga drums of Zimbabwe, I can hear ancestral rhythms pulsating in the air. The fires of Pentecost race and rage through the world – for in the words of the old Negro Spiritual, "God gave Noah the rainbow sign. No more water, the fire next time." *Pentecost is here!*

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> *Community Engaged Participatory Research informs me that my job as a researcher is not to dominate or dictate the way forward, but rather to come alongside the community as a partner, to illuminate and elevate the voices and the people, and to lend whatever agency I have towards their cause and truth.*

On every continent and in every city, people of every culture and of every nationality battle with and suffer from the effects of educational disparity and racial inequality; economic insecurity and lack of political diplomacy; worldly insobriety and no regard for human dignity; ethical deformity with no reverence to cosmic divinity; the absence of morality and the prevailing-deviation from authenticity; lack of individual sanctity and the over-abundance of vulgarity; communal animosity coupled with religious bigotry – yes, it is indeed hard to sing songs of hope in a strange land.

Pentecost is here! I speak not merely in religious terms, but I speak with the voice of the Prophets of old – Moses, Muhammad, Isaiah, Maya, Joel, Amos, Nikki, Mari, Micah, Nina, Malcolm, James, Medgar, and Fannie – that foretold of the day when the winds of change would blow so ferociously throughout the earth that it would be impossible to deny that something new was coming.

In this *kairos* moment, we must ask ourselves, how might Community Engaged Participatory Research equip us to think intentionally and prophetically about our work? In the days following the brutal lynching of George Floyd – the Emmett Till of 2020 – the streets of this nation burst with protests and civil demonstrations calling for justice.

I walked the streets of downtown Indianapolis and collected many of the signs left behind by the protesters. One sign had a quote by the American author and anthropologist, Zora Neale Hurston, which read, "If you are silent about your pain, they'll kill you and say you enjoyed it." As many around the nation began to ask where we go from here, I too pondered this thought, but then I realized that it is not up to me to decide.

Community Engaged Participatory Research informs me that my job as a researcher is not to dominate or dictate the way forward, but rather to come alongside the community as a partner, to illuminate and elevate the voices and the people,

> *As academicians and activists alike, we must "Stand in the Tension" – immerse ourselves in the fabric of community differently and be prepared to be changed and challenged in the process.*

and to lend whatever agency I have towards their cause and truth.

A few days later I was invited to offer a homily in response to the social unrest throughout the country. In preparing my thoughts, inspired by the signs I collected, I shared with those gathered that there is always a haste to move too quickly towards solving the problem or enacting our savior mentality.

Remembering the words of Hurston, I instead encouraged those in attendance to "stand in the tension" – to listen deeply and to be still – together. In respond to this, a dear friend – Linda Rinker – who was listening that day and who in response to the words I shared, penned this poem entitled, "Stand in the Tension."

> The winds of change are sweeping across the world
> and the fresh leaves of early summer are tossed by anger and hope. Look! Plague and protest are moving; nothing will be the same. Stand in the tension; hear the voices in the wind. Wait! Listen! Take the anguish and the anger into your soul. Embrace the tears of the world.   Let your heart become transparent as water, absorbing the world's suffering. Stand in that grief, that despair,
> until you are transformed, changed forever. Let the breath of God blow through you in cleansing thunder and rain.
> Then will come the time to act,
> and you will know the way.

Though the themes of this poem are religious in nature, they likewise speak to the foundational principles of Community Engaged Participatory Research. I would argue that this moment invites us to "Stand in the Tension" together – or in the words of Mari Evans – "to explode/in the majesty of our oneness – our comingtogether – in a comingtogetherness."

The winds of change cannot be ignored, and as community researchers we must be open to new ways of understanding, new ways of becoming, and new was of envisioning the future.

Though our current state is dire, it need not stay this way. We need not journey through these days as those who are helpless and hopeless. It is not peace as a pacifier for change that we are after, but peace as a prophetic mandate, peace as spiritual practice, peace as lived experience, and peace as liberation. Though we try with all our might to fight off feelings of despair and utter loss, I still believe that there is still a light that shines in the darkness, there is still truth to be found, and there still hope to be captured – but it is not given, it must be forged.

We have been this way before. Whether rhythmically captured through the sermons of the slave-preachers like John Jasper or thunderously delivered through passionate oratory like Malcolm X, Fannie Lou Hamer and Ella Baker; whether put to paper by social reformists like Booker T. Washington, Marcus Garvey and W.E.B DuBois or placed within a musical score by cultural icons like Nina Simone, Billie Holiday and Gil Scott Heron; whether spoken to tens-of-thousands on the steps of the Lincoln Memorial like Dr. Martin Luther King, Jr. or through the dangerous snake-infested swamps of the American south like Harriet Tubman – the catharsis of the human spirit – like the Phoenix and the Sphinx– always prevails.

A mural painted in Indianapolis to honor those killed by police violence.

The fire of Pentecost is not meant to scare us, but to invite us all closer, to destroy the old, and ignite something new within our hearts. As academicians and activists alike, we must "Stand in the Tension" – immerse ourselves in the fabric of community differently and be prepared to be changed and challenged in the process.

Pursuing Peace Amidst the Mass Incarceration of Black Males

A Challenge for Community Engaged Researchers

James Wallace

There can be no peace in this nation without first addressing the crisis of mass incarceration among Black males. To address this concern, it is necessary to explore the experiences of those affected through community engaged research *and* involve these individuals in developing solutions to address this problem. I am a graduate student in the IU School of Education at IUPUI pursuing a doctorate in Urban Studies. I am studying about the impacts on communities when Black boys are poorly educated in leaky K-12 pipelines and grow up to be disproportionately incarcerated. My research asks, what were the motivations, barriers and resources impacting the experiences of African American males who were incarcerated and then decide to pursue an education after they have been released into our communities. I want to know in what ways does achieving more education, getting a high school diploma or a bachelor's degree, affect their lives and our communities? Community engaged and community based participatory researchers need to ask questions about the effects of this phenomenon.

The United States of America incarcerates more of its citizens than any other industrialized nation (Alexander, 2010). An evaluation of data from the U.S. Census and the Federal Bureau of Prisons reveals that while African Americans comprise only 13% of the population (U.S. Census Bureau, 2019), they represent 38% of those incarcerated in the U.S. (Federal Bureau of Prisons, 2020). Further, the U.S. Justice Department reports well over 40% of those who have been incarcerated in state and federal prisons lack a high school diploma or its equivalent (Palmer, 2012; Patrick, 2016; Sakala, 2014). The absence of a quality education or ability in a skilled trade often creates a challenge for ex-felons searching for employment upon release.

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> *The prison industrial complex does not exist in a vacuum. Other social systems create conditions that funnel individuals into it. The seeds of the system are sown by the nation's miseducation for Black youth, which has consistently failed to adequately serve African Americans in this country.*

The prison industrial complex does not exist in a vacuum. Other social systems create conditions that funnel individuals into it. The seeds of the system are sown by the nation's miseducation for Black youth, which has consistently failed to adequately serve African Americans in this country (Beaudry, 2015). Many schools serving Blacks in urban communities are in disrepair, underfunded, or overcrowded (Morgan & Amerikaner, 2018). There is significant disparity in the way students are disciplined in schools (Gregory, 2008; Okonofua, Walton & Eberhardt, 2016). This last condition is particularly harmful as the excessive discipline endured by African American male students can precondition them for the correctional institutions in which they may find themselves when they join the 7% of African American males between the ages of 16 and 24 who dropped out of high school in 2017 (National Center for Educational Statistics, 2018). While these numbers may seem a reasonable rate of attrition to some, it is important to consider the last comprehensive survey of correctional institutions by the Department of Justice showed 41% of the nation's state and federal inmates and 31% of the nation's probationers do not have a high school diploma or its equivalent (Harlow, 2003; Klick, 2011). Moreover, African Americans, who currently comprise only 13.2% of the U.S. population, make up more than 37.5% of those incarcerated creating another category in which they are over-represented, a disproportionate measure by any standard (Federal Bureau of Prisons, 2020; Sakala, 2014).

For African American males involved as defendants in the criminal justice system the stakes are high. Upon release, many of those unable to find work resume habits, which were the source of their initial troubles with the law. Soon, they find themselves back in jail. Studies have shown the recidivism rates, defined as the rate of re-arrest and conviction, has increased over the last twenty-plus years. In 1997, Stevens & Ward reported a recidivism rate of 43% in the U.S. across all racial categories (Stevens & Ward, 1997). Nearly twenty years later, Bureau of

> *Community engaged research has the potential to create conditions where ex-offenders can legally increase their earning potential while becoming productive and contributing members of their communities.*

Justice Statistics data on individuals released from custody in 2005 reports 67.8% of inmates return to prison within three years of release and 76% returned within five years of release; with 56% of those being re-arrested within the first year (Bureau of Justice, 2018). Studies also indicate inmates who participate in correctional education and vocational programs have a 43% better chance of not returning to prison (Brower, 2015; Chappell, 2004; Irving, 2016; & Halkovic, 2014). These results demonstrate the value of such programs and should drive our justice system and correctional institutions to increase educational availability because of the possible impact on recidivism *and* the concurrent reduction of taxpayer burden to incarcerate citizens.

Approaches such as these are in alignment with a rehabilitative approach to incarceration that values the humanity of ex-offenders offering them an opportunity to successfully transition back into society, to our communities. Significant research exists on the variety of benefits for education both pre-and post-incarceration with former inmates (Davis, Bozick, Steele, Saunders, & Miles, 2013). These benefits include: increased self-efficacy and self-esteem (Rose & Rose, 2014); decreased disciplinary infractions while incarcerated (Karpowitz, 2017, Lagemann, 2016); development of skills to improve their employability upon release (Ross & Richards, 2009), and reduced recidivism (Lichtenberger & Ogle, 2006; Nally, Lockwood, Knutson, & Ho, 2012). So, is there a way to make a difference, reduce recidivism, offer better educational opportunities, and increase self-efficacy using our research capabilities?

Community-engaged researchers (CEnR) strive to form partnerships and involve community

members as co-researchers in all aspects of a study, with people in the community contributing their knowledges and sharing in the decision-making and ownership to make a difference. The aim is to increase and deepen understandings of a given issue and to develop ways to bring about social change benefiting the community members. According to Miller, 2009, cited in Evans, et al., community-based research can improve the lives of individuals in the community, organization, or association, or can affect the larger social agenda for comprehensive social action bringing about social change. This is community empowerment.

The benefits of a high school education have been documented for those both within and outside the criminal justice system. Those who participate in correctional education and vocational programs have a 43% better chance of not returning to prison (Irving, 2016). Additionally, individuals with a college degree earn more over their lifetimes than those with only a high school diploma (Torpey, 2018). Thus, community engaged research has the potential to create conditions where ex-offenders can legally increase their earning potential while becoming productive and contributing members of their communities.

> *For African American males involved as defendants in the criminal justice system the stakes are high. Upon release, many of those unable to find work resume habits, which were the source of their initial troubles with the law. Soon, they find themselves back in jail.*

The current economic crises have affected families from all backgrounds and looks to get worse the longer the COVID-19 pandemic continues. When inmates are released, they have responsibilities for rent, transportation, and food just like anyone else. However, the label of being a felon made the experience of acquiring those resources more difficult for the men in this study.

Thus, institutions would be wise to develop clearinghouses of information for such resources for the benefit of all its students, not just ex-offenders. CEnR may improve outcomes by helping coordinate access to educational resources, institutions can help reduce financial anxiety allowing the students to concentrate on their academics and ultimately graduate. Again, this is community empowerment.

REFERENCES

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New York, NY: The New Press.

Beaudry, A. (2015). Black lives matter: The Schott 50 state report on public education and black males. Retrieved from Schott Foundation for Public Education website: http://schottfoundation.org/

Brower, R. (2015). Against all odds: From prison to graduate school. *Journal of African American Males in Education, 6*(1), 1-24.

Bureau-of-Justice-Statistics. (2018). National prisoner statistics, 1978-2016. Retrieved from Bureau-of-Justice-Statistics website: https://bjs.gov/ doi:10.3886/ICPSR37003.v1

Chappell, C. (2004). Post-secondary correctional education and recidivism: A meta-analysis of research conducted 1990-1999. *Journal of Correctional Education, 55*(2), 148-169.

Davis, L., Bozick, R., Steele, J., Saunders, J., & Miles, J. (2013). Evaluating the effectiveness of correctional education: A meta-analysis of programs that provide education to incarcerated adults. Retrieved from Rand Corporation website: https://www.rand.org/

Federal-Bureau-of-Prisons. (2020). Inmate race [Data set]. Retrieved from Federal Bureau of Prisons website: https://www.bop.gov/about/statistics/statistics_inmate_race.jsp

Gregory, A., & Weinstein, R. (2008). The discipline gap and African Americans: defiance or cooperation in the high school classroom. *Journal of School Psychology, 46*, 455-475.

Halkovic, A. (2014). Redefining possible: Re-visioning the prison to college pipeline. *Equity & Excellence in Education, 47*(4), 494-512.

Harlow, C. W. (2003). Education and correctional populations. Retrieved from Bureau of Justice Statistics website: http://www.bjs.gov/content/pub/pdf/ecp.pdf

Irving, D. (2016, January 3). The case for correctional education in U.S. prisons. *Rand Review*. Retrieved from Rand Corporation website: https://www.rand.org/blog/rand-review/2016/01/course-correction-the-case-for-correctional-education.html

Karpowitz, D. (2017). *College in prison: Reading in an age of mass incarceration*. New Brunswick, NJ: Rutgers University Press.

Klick, L. (2011). Uncommon services: Public library services to incarcerated populations. *Interactions: UCLA Journal Of Education & Information Studies, 7*(1), 1-19.

Lagemann, E. (2016). *Liberating minds: The case for college in prison*. New York, NY: The New Press.

Lichtenberger, E. O., J.T. (2006). The collection of post-release outcome data for the evaluation of correctional education programs. *Journal of Correctional Education, 57*(3), 230-237.

Miller, D. (2009). Community Based Research. In S. Evans, Taylor, M., Dunlap, M., & Miller, D. (Ed.), *African Americans and community engagement in higher education: Community service, service-learning, and community-based research*. Albany, NY: SUNY Press.

Morgan, I., & Amerikaner, A. (2018). Funding gaps: Too many students do not get their fair share of education funding. *The Education Trust*. Retrieved from The Education Trust website: https://edtrust.org/resource/funding-gaps-2018/

Nally, J., Lockwood, S., Knutson, K., & Ho, T. (2012). An evaluation of the effect of correctional education programs on post-release recidivism and employment: an empirical study in Indiana. *Journal of Correctional Education, 63*(1), 69-89.

National-Center-for-Education-Statistics. (2017). Status dropout rates. Retrieved from U.S. Department of Education website: http://nces.ed.gov/programs/coe/indicator_coj.asp

National-Center-for-Education-Statistics. (2018). Percentage of high school dropouts among persons 16 to 24 years old, by sex and race/ethnicity: Selected years 1960-2017. *National Center for Education Statistics*. Retrieved from National Center for Education Statistics website: https://nces.ed.gov/programs/digest/d18/tables/dt18_219.70.asp

Okonofua, J., Walton, G., & Eberhardt, J. (2016). A vicious cycle: A social–psychological account of extreme racial disparities in school discipline. *Perspectives on Psychological Science, 11*(3), 381-398. doi: https://doi.org/10.1177/1745691616635592

Palmer, S. M. (2012). Postsecondary correctional education. *Adult Learning, 23*(4), 163-169.

Patrick, F. (2016). Building effective partnerships for high-quality postsecondary education in corrections facilities. Retrieved from VERA Institute of Justice website: http://archive.vera.org/sites/default/files/resources/downloads/building-partnerships-postsecondary-education-correctional-facilities.pdf

Rose, K., and Rose, C. (2014). Enrolling in college while in prison: Factors that promote male and female prisoners to participate. *Journal of Correctional Education, 65*(2), 20-39.

Ross, J., & Richards, S. (2009). *Beyond bars: Rejoining society after prison*. New York, NY: Alpha Books.

Sakala, L. (2014). Breaking down mass incarceration in the 2010 census: State-by-state incarceration rates by race/ethnicity. Retrieved from Prison Policy Institute website: http://www.prisonpolicy.org/reports/rates.html

Stevens, D., & Ward, C. (1997). College education and recidivism: Educating criminals is meritorious. *Journal of Correctional Education, 48*(3), 106-111.

Torpey, E. (2018). Measuring the value of education. *U.S. Bureau of Labor Statistics Career Outlook*. https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm

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