Promoting Public Health Through Community Engagement:

Embracing the Journey

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Abstract

This case study recounts and analyzes the journey graduate students, enrolled in an experiential, interdisciplinary health promotions course, took with a diverse, urban, Black, Midwest community. Community members, faculty, and graduate students in social work and public health were fellow travelers on this voyage into uncharted territory. A major goal of the journey was to teach students how to recognize community strengths and to facilitate the community in using those strengths. The learner's stance is used as the guiding principle for this reflective journey that generated serendipitous benefits and challenges. The article concludes with recommendations for interdisciplinary education and curriculum development.

Key Words: African American, Black community, case study, collaboration, community engagement, cultural competency, curriculum development, diversity, experiential learning, health promotion, interdisciplinary education, learner's stance, transformational paradigm

<u>Introduction</u>

This case study describes and analyzes the journey taken by social work and public health faculty and students with an urban community located in a Midwest metropolitan area. Graduate students, enrolled in an experimental interdisciplinary health promotions course, were assigned to work with diverse community stakeholders, including community-based agencies, community leaders, and residents. The first cohort of students designed and implemented a sexuality education seminar for custodial grandparents. The second cohort of students devised and executed a health fair for men in the community. The projects entailed multiple planning and negotiation meetings with community stakeholders.

The community was predominately African American, as were the instructors and most of the stakeholders. Interestingly, the majority of students in both cohorts were Caucasians who resided outside of the community of interest. Several approaches were effective in discovering the gifts and assets of the community. First, we modeled that in spite of sharing a common culture and a history of positive experiences in working with the community, we, as instructors, had to also assume the learner's stance. Second, most course lectures, all meetings, and the capstone special events occurred within the boundaries of the community, not at the university. Third, community *'leaders'* and *'experts'* were broadly defined, and not limited to persons with advanced social work, public health, or medical degrees. Health advocates, community organizers, and cultural mediators were consistently validated by community members as public health leaders. Fourth, we invited widely diverse community members to serve as cultural mediators and bring to life the *'flavor and texture'* of the community's dynamics, strengths, challenges, and opportunities.

A key objective of this course was to help students begin to not only appreciate getting to the destination but to also appreciate the learning that is entailed in taking the journey. A major part of that learning is discovering the strengths within a community and recognizing the expertise of the stakeholders (Saleebey, 2002a). To defer to the '*expertise'* of the stakeholder engenders vulnerability in students and often makes them uncomfortable. The concept of acknowledging and using the expertise of stakeholders, for many students, is *new knowledge*, and new knowledge, for many, is like wearing brand new shoes. When they are first donned, they hurt. Students had to wrestle with this new knowledge to convert it into their own knowledge. The essence of this course experience was to help students make that conversion (Shulman, 1992). As we sought to facilitate their development as professional helpers, we as faculty were also transformed.

The course used the learner's stance as a guiding principle for this journey. Assuming a learner's stance implies that one consciously admits and accepts that one does not and cannot be omniscient regarding any subject area. It also implies that one comes into a situation with a goal of learning about the situation rather than controlling the situation. We also used the *Principles of Community Engagement*, as a framework for discussing lessons that both students and instructors learned along the journey (U.S. Department of Health & Human Services, 2011). We discovered that the steps in the subsequent framework are not discrete but often are interwoven.

Establish Clarity Regarding Purpose/Goals of Engagement

One of the first steps in working with a community is the establishment of clarification and agreement on purpose and goals of the engagement. Essential to this process is identifying opportunities for change. For students, this process often appears simplistic. Their education and training often delude them into thinking that they know the problems of a community. They

make the initial mistake of assuming that they can unilaterally define a community's needs. Thus, students often enter an engagement journey with a stance of *'professional arrogance'*– trying to provide what they feel the community needs versus discovering what the community feels it needs.

The first lessons students had to learn along this journey were collaboration, cooperation, and compromise. Community stakeholders are much more invested in addressing problems if they have a voice in the identification and formulation of those problems (Tolson, Reid & Garvin, 2003). In a maternal and child health study conducted by Humbert and Roberts (2009, p. 591), a focus group participant stated, in referring to professionals, *"Just because they know more, doesn't mean they are right."* For the students, learning to collaborate with community stakeholders was a *lesson within a lesson*. They were also beginning to learn about the strengths of a community.

Another crucial lesson that students had to learn during the planning phase of the projects, and throughout the projects, was that scaling back goals and expectations was not synonymous to failure. Students entered this journey with a high level of well-meaning exuberance. However, that exuberance had to be molded and tailored into goals that community stakeholders wanted and could attain. For some students, this was the leg of the journey in which they became cognizant that the project belonged to community stakeholders, not the students.

Students had to also realize that this initial leg of the journey was not a linear process and required multiple meetings with community stakeholders. Some students became frustrated with the *gestalt* of this process, and a crucial task for us, as instructors, was to help the students de-construct the process. Because, for most students, this experience was new learning and

knowledge, we had to highlight what they were learning. To promote mutual accountability and authenticity, we also reframed our expectations for ourselves, the students, and community stakeholders throughout the course.

Gather Information on Community Dynamics

As students attempted to establish clarity on purpose and goals, they were also collecting information about community dynamics. There are myriad indirect and direct methods of gleaning information on a community of interest. Indirect methods could include studying census data, visiting state museums, seeking out publications on the identified community, attending lectures and seminars, etc. However, for effective community engagement, direct methods are always preferred. Direct methods can include attending community and/or agency meetings and forums, interviews with stakeholders, attending community festivals and gatherings, etc. Direct methods can serve two purposes in advancing the engagement process: first, it is the genesis of assuming a learner's stance; and, secondly, it is the genesis of acknowledging the community as the expert on its situation.

Adapting a learner's stance was initially difficult for some students.   Our crucial role as the instructors was helping students make the transition from *helping the community to learning from the community*. Only in moving toward a stance of needing to learn, can one begin to critically examine his/her worldview in terms of values and biases toward those who are deemed different. Stakeholders possess a plethora of knowledge that they frequently are willing to impart if professionals are willing to take a learner's stance with those stakeholders (Ungar, et al., 2004).

A valuable method of learning about a community is listening to the narratives of stakeholders (Barnes, 2008). Listening to the voices of community stakeholders is a much richer

and more in depth method of learning about a community than reading reference books or statistical reports. Listening to the narratives also affirms the tellers' experiences and says that they *matter,* and their life experiences have value, not only to them, but to others as well. Moreover, the narrative is the *gift* that the teller gives to the listener. Within that gift are the tools that will assist the listener in becoming more effective with the next client, family, group or community.

Our task in working with students during this phase was to help them recognize and use the gifts of the community. We had to assist students in de-constructing the narratives, helping them look at not only the values of the community but also their own values. Often, students were reticent in talking about their values, especially if those values were in conflict with stakeholders' values. We tried to impart that there was not necessarily a right or wrong in terms of values, but what was salient was the diversity of values and how those values were important in defining a community's sense of identity. Thus, we were teaching a form of *'reflection-in-action*.' That is, as one is doing, one is also learning (Schon, 1995 cited in Andrews, et al., 2005, p. 89). The following is an example of reflection-in-action:

A panel of African immigrants intimated how their communal networks enabled them to be resilient in the face of overwhelming fear, lack of trust, economic exploitation, and legal constraints that impacted their quality of life. Several students shared that they had never even perceived African immigrants as a part of the community. Initially, the students found it difficult to conceptualize how cultural, language, social, economic, and religious dynamics complicated the panelists' access to health services. The students shared that discovering the continuing significance of race (Schiele & Hopps, 2009) and exploring their white privilege were uncomfortable, unanticipated '*excursions*' on this journey (Pewewardy, 2007).   They were

overwhelmed by the immigrants' painful narratives and perceptions of being `*trapped*,' `*discounted*,' and *'misinformed'* while attempting to negotiate health care services in the community. However, these excursions enabled students to reflect on the complex web of institutional racism from the perspectives of these African immigrants (Bent-Goodley, 2003; Rozas & Miller, 2009).

Establish Relationships with Community Stakeholders

As students were learning about the community, they were also establishing relationships with community stakeholders. In developing relationships with community stakeholders, students were becoming partners in the engagement process with the community. They were beginning to understand that it was not always the right answer but the right question that advanced the engagement process. By cultivating relationships, mutual trust and respect evolved, and students began to understand that solutions lie within community stakeholders. A major task of the students was to educe those solutions (de Shazer, 1988).

Again, we were faced with the opportunity and test to assist students with this leg of the journey. Mistakes would be made; however, mistakes (*within ethical and legal parameters*) were often necessary to advance the learning process. That was a lesson that had to be revisited frequently during the health promotion projects. For example, students learned that the debate on "*what is the 'health' we are trying to promote…is a question of values*" (Cribb & Duncan, 2002, p.282).

One profound lesson occurred during students' initial engagement with community members who were GLBT (*gay, lesbian, bisexual, and transgender*). The students had a foundation on cultural competence, developed over several courses, prior to the health promotions course. The current course was designed to build upon and expand specific cultural

competencies. Ironically, during a panel presentation led by community health advocates who were GLBT, one student surprisingly used language that was disrespectful to persons who were transgender. The community members used this as a powerful *'teachable moment'* and began a dialogue with the class on language, respect, human rights, and '*trans-friendly'* health centers. The student later identified this dialogue as one of the highlights of the course and assumed responsibility to enlighten colleagues about what had been learned from this mistake. An equally important lesson for us as the instructors was the use of the skill of restraint, to allow this natural process to flow. We struggled with feelings of shock, disappointment, and embarrassment. Our initial reaction was a strong desire to immediately correct the student, but we did not. Our intervention could have negatively impacted the development of an open, transparent relationship between the students and transgender community leaders who were invisible to the students prior to the panel presentation. The panel leader later shared with us the appreciation for the opportunity to directly address this teachable moment and felt that, as a result, all of us were affirmed. Similarly, Bender, Negi, and Fowler (2010) validated the efficacy of experiential learning in promoting social work students' self-awareness and commitment to culturally responsiveness.

People of the Community Must Have a Major Voice in Any Change Process

Empowerment is a core concept in community engagement (Andrews, et al., 2005; Saleebey, 2002a). Stakeholders must have a voice in decision-making and change processes. According to Andrews, et al. (2005, p.88), *"Empowered groups and communities plan, enact, and evaluate interventions that affect their collective groups".* Initially, students had to assess if the community wanted the proposed projects and, if so, was the community ready to undertake the projects. This assessment was accomplished via focus groups, brief surveys, interviews with

community members, analysis of secondary data from key health providers, and informal engagement with various cohorts of community members. As that dialogue progressed, community stakeholders began to shape and modify their understanding of the issues and opportunities. Students also began to understand that community stakeholders knew the community in ways that the students would never know it; ergo, the community stakeholders '*became'* the experts on their community.

For example, the first cohort of students was eager to create a series on sexuality education for the grandparents who were raising their grandchildren and/or great grandchildren. However, the grandparents were more concerned about a holistic approach to addressing their needs. They conceptualized health (and sexual health) as one component of that approach, not the sole focus. Meeting the community where they were was not only consistent with the community engagement model, but it also respected their right to self-determination. These community elders effectively challenged the students, and us as well, to provide some of the resources and linkages that they required to address family needs. Clearly, the elders perceived the project as an opportunity to garner resources and enhance their health literacy at a deeper level than we initially anticipated (Osborne, 2011).

Critical Stakeholders Must be Included in Any Community Engagement Project

A place must be set at the table of inclusion for all critical community stakeholders. Engagement agents cannot merely enter a community with a change strategy and expect that strategy to be readily accepted and implemented by the community. Key community stakeholders must be involved at all stages and levels of the engagement project (Netting et al, 2012).

This is an area where professional arrogance can become a barrier in working with a community. An engagement agent might contact what (s)he deems a major agency or institution of the community and not consider how that agency interacts with other community agencies. This type of approach often propagates the seeds of resentment, hurt feelings, and anger from excluded community stakeholders.

A challenge for us as the instructors was to help students perceive the community holistically. Students were proud when they made contact with an essential community agency, but we had to help them think critically by asking how a particular agency interfaced with other key community stakeholders and push the students to assess what those stakeholders might contribute to the project. Often students were frustrated by the need for multiple meetings with various community agencies and organizations. However, we had to constantly point out that at each meeting, students learned more about the dynamics of the community.

Students were learning to think more holistically and critically, but they were also beginning to assume a learner's stance (Humbert & Roberts, 2009). In order to take a learner's stance, students had to listen to the perspectives of community stakeholder; they had to ask clarifying questions; and, in listening and asking, they were learning about the community. As they were learning about the community, they were also building relationships with community stakeholders. Slowly, students began to appreciate that community engagement is not a series of sequential linear steps but a complicated, interwoven process (Andrews et al., 2005).

The Culture and Diversity of the Community Must Acknowledged and Respected

Because history and culture are irrevocably intertwined, it is paramount that an engagement agent is knowledgeable of the history of the community with whom (s)he is working. That knowledge is not just gleaned from history books. That knowledge evolves from

talking with people of the community, listening to their life journeys, and observing interactions between community stakeholders. Knowledge of a community's history is a portal to understanding its culture and becoming cognizant of its diversity.

'*Embracing diversity'* is currently a fashionable term. However, embracing diversity becomes difficult when values and lifestyles clash. Though difficult, the embrace is possible. The embrace starts with self-examination and introspection. One has to examine one's values and assess how those values were engendered. Sometimes, one has to question those values. That type of self-examination can be very scary and confusing. To question one's values is to question one's identity (Tatum, 2000).

Students had difficulty with this principle of community engagement. There were several issues of diversity that students encountered (*i.e., race, gender, class, religion, age, sexual orientation, ability, and language*). We, as instructors, had to teach and revisit the tenets of *positive regard* and *social constructivism*. The concept of positive regard entails a respect for an individual's right to be. It also entails an admiration for not only a person's victories but also his/her challenges. An engagement agent may not like a community stakeholder's behavior or values, but the engagement agent **must** respect the stakeholder's personhood. In working with client systems, Johnson & Grant (2005) advocate a social constructivist stance. That stance acknowledges that there are multiple realities, and there is no hierarchy of realities. That is, the engagement agent's perception of reality is no more valid than the community stakeholder's perception of reality. The task of the engagement agent is to understand the stakeholder's reality. The engagement agent can introduce alternative realities, but the autonomy of the stakeholder must be respected. Again, a learner's stance must be assumed in embracing diversity.

Shifting paradigms within the health promotions course entailed moving from a traditional *'medical paradigm'* that conceptualized stakeholders as inanimate targets in the change process to an alternative paradigm that viewed stakeholders as active players in the change process (Schriver, 2011). This alternative paradigm focused on discovering and embracing partners, collaborators, consumers, and allies. It was a challenging, evolving process for the students to shift their language, mental models, and strategies away from doing *'to and for'* the community to '*doing with the community'*. Our transformational paradigm centered upon cultivating relationships, planting seeds, and collectively reaping the benefits over time.

Engagement Agents Must Discover, Acknowledge, and Use Community Strengths

Though time consuming, appreciating the people as well as their environmental context is essential to addressing health disparities and promoting wellness in diverse communities (Mitchell, 2012). Often engagement agents are working with communities that have been deemed as *'economically depressed or challenged'*. The agent might enter the community believing there are no resources and seeing only the deficits of the community. Resources are not only tangible but can also be intangible elements such as the intellectual and relational capital of the community (Saleebey, 2002a).

For example, a community might have members who have knowledge and skills in carpentry, painting, organizing, entertainment, etc. If an engagement agent can only perceive visible resources, the treasures of a community might forever remain buried. The task of the savvy engagement agent is to unearth those community treasures, highlight them to the community, and teach ways in which those assets can be used as interventive tools for change (Kretzmann, McKnight, Dobrowolski, & Puntenney, 2005). That unearthing also facilitates community stakeholders in taking ownership of the proposed project (Saleebey, 2002b).

Moreover, the discovery of resources is reciprocal. As the engagement agent is unearthing the resources and strengths of the community, the community is also helping the engagement agent to unearth his/her own resources and strengths. That aspect of reciprocity was not immediately recognized among the students. We frequently had to highlight students' resources and strengths. Often, students felt frustrated that results were not instantaneous and were ambiguous. Individually and collectively, we had to help students redefine the concept of *success* congruent with the alternative paradigm. In redefining success, students were gradually able to identify their own strengths and resources that contributed to the engagement process and feel more confident in working with community stakeholders. Appreciative inquiry tools facilitated this exploration of the community's capacities, as well as the students' own potentials (Browne, 2015).

During the initial engagements with community stakeholders, we found that it was important to prime and sometimes push students into addressing their fears and resistance to engaging with community stakeholders on a personal, informal level. It was necessary to remind them that they had many strengths – they brought their expertise, fresh ideas, and pioneering spirit to the table. For example, during the '*meet and greet*' period prior to the seminar for grandparents, the students sat together, talked with each other, and reviewed their notes for the meeting. They seemed hesitant to immerse themselves into a valuable opportunity to begin the engagement process. Students also seemed perplexed that the instructors, Ph.D. and M.D. professors, would voluntarily purchase and serve the community members refreshments. It became apparent to us that the students did not perceive the engagement process as beginning until the seminar itself began. Students were immediately encouraged to introduce themselves to community members, share their experiences and roles as health promotion pioneers, express

appreciation for the grandparents' participation, and demonstrate their openness for a mutual exchange. That encouragement also reinforced lessons regarding culturally appropriate communication and respect for African American elders (Schiele, 2000). Students were able to begin to discover strengths and understand cultural aspects of the stakeholders through demonstrating care and genuineness. Their methods included showing sincere interest in looking at the grandparents' family pictures, answering questions about topics that seemed unrelated to the students' agenda, and becoming comfortable with adapting to the grandparents' agenda.

Flexibility, Release of Control by the Engagement Agent, and Long-term Commitment

Because of the structure of academic courses and the experiential nature of these projects, students did not have an opportunity to work with community stakeholders around sustained change. However, flexibility, patience, and relinquish of control were learning opportunities for these students. For example, some students struggled with the investment required to implement the stages of the engagement process (*especially related to the course credit hours they would attain*). Part of the learning curve was that community-based health promotion could not be neatly packaged to correspond to traditional academic guidelines. We shared with students that similarly, we discovered our investment had far exceeded our initial expectations. Congruent with our professional ethics, we were collectively committed to be accountable to the community.

One of the hardest lessons for students was to develop patience and learn to live with ambiguity. Students craved answers, clarity and immediate results. When those things were not forthcoming, students often became frustrated, angry, and questioned their own skills and abilities. Moreover, students feared confronting community stakeholders when there were differences of opinions or a stakeholder had not followed through on an obligation. We had to

point out that confrontation was not necessarily a negative activity and could bring a level of clarity to a situation. When one confronts, one is merely trying to lessen the dissonance between what was said and what was done. In learning to use the skill of confrontation, in a nonthreatening manner, students became more politically savvy in terms of understanding the dynamics among community stakeholders. By engaging in that dialogue, they learned information that they might not have gleaned had they not confronted the stakeholders.

For instance, students had some concerns about the logistics of the men's health fair and shared their concerns with the instructors about their desire for greater control of the timetable, decision-making process, and other details. They were encouraged to respectfully share their ideas with stakeholders, while seeking a greater understanding of the decisions that had been made. Releasing this control *(which in effect, they never had)* required both flexibility and acceptance of the reality that their voices were one among a cacophony of voices at the table. It was difficult for some to accept that success was not measured by who was right, but by the depth of the foundation established for the partnership to continue to flourish. The process was as important as the outcome.

Another opportunity for developing flexibility occurred when one planning meeting for the men's health fair had limited attendance by health advocates and professionals, who were simultaneously engaged in several community health coalitions. Some students personalized the low attendance, defined their collaborators as less than professional, conveyed feelings of being angry and hurt, and wanted to confront stakeholders about their priorities. Furthermore, the students were very concerned that their personal timetables would be compromised by the circular planning process that was unfolding. Over time, students discovered the limitations of their scope of knowledge about the community. This learning curve included the realization that

the health fair was but one of a plethora of health initiatives underway in the community of interest, and community stakeholders sought to balance competing demands. The students were relieved to learn that the health fair was valued, and they were challenged by stakeholders to become more deeply engaged in some of those concurrent community projects. By the end of the project planning, the students had a revelation that the community does not live by semesters and that a fluid planning process was more culturally appropriate. As anticipated by McMorris et al. (2005), the students realized the need to realign their expectations with the reality of community life.

We, as instructors, learned the same lessons in relationship to appreciating students' multiple roles as emerging leaders and change agents in this journey. We had to respect that they were simultaneously learning, carving out and testing out roles as interdisciplinary colleagues engaged in community-based learning, and fulfilling key roles in an innovative campus-community partnership.

<u>Conclusion and Discussion</u>

The complexity of today's social problems demands interdisciplinary input and intervention. However, many students do not encounter other disciplines in the classroom, and their first encounter is often in practicum. As instructors, we discovered that students demonstrated an increased understanding of the perspectives, language, and values of interdisciplinary colleagues. This project was conceived, planned and executed by an interdisciplinary team of social workers, physicians, public health professionals, educators, preceptors, outreach workers, and community organizers. Each discipline brought to the table a different philosophy and construct of reality. Initially, there were conflicts around roles, boundaries and ideologies. Again, we had to assist students in understanding their roles,

professional ethics, and ideologies. With that understanding, students began to recognize the contributions that they made to the project and became less intimidated by the diversity of ideas that is characteristic of an engagement project.

One unanticipated souvenir gift of the engagement course was being honored by the Delta Omega National Public Health Honor Society for developing an innovative Public Health curriculum. Another unforeseen souvenir was the collaboration between the Schools of Social Work and Public Health resulting in a joint Master's Degree Program. A serendipitous experience for the students was the opportunity to conduct a panel presentation on "Promoting Public Health Through Community Engagement" for colleagues enrolled in a social work diversity course. One instructor modeled bridging the professions by teaching a module on domestic violence for the two cohorts in the interdisciplinary health promotions course.

Though interdisciplinary encounters can be initially intimidating for students, the experience is an invaluable education. Interdisciplinary education engenders a form of synergy which can engender the beginnings of critical thinking because students have to learn to view the world from different lenses. Our observations were similar to those of Charles, Barring, and Lake (2011). Our students also discovered that being part of an interdisciplinary project was an enriching experience because it augmented their repertoires of ideas and techniques. Equally important, clarity was gained upon the common ground and unique domains of the respective disciplines. Within the limitations of the course, we wanted to foster dynamics similar to those professional experiences in forming interdisciplinary health teams, as articulated by scholars such as Nandiwada and Christine (2010); Korasim-Korosy et al (2014); Perrault et al. (2008); and, Tourse et al. (2005). Our intent was to *"teach through a pedagogy of collegiality"* by integrating the principles of community organizing, building community and valuing diversity,

engaging the senses, and writing across the curriculum" (Chavez, Ruby-Asuncion, & Malik, 2006, p.1175). These observations are further supported by a focus group conducted by Barclay & Rodgers (2006). The researchers found that students who participated in this journey articulated a sense of their own personal cultural competency or sensitivity being on a "continuum." They placed importance on self-awareness, a kind of humility, as an approach to any community/client interaction, rather than on acquiring a clearly designated or end-point skill set.

Though we, as instructors, often had to '*plow the road of change'* while we traveled it -- sometimes, searching and creating the tools we needed as we collectively explored the paths-- we tried to impart to students that it was not just the destination with a community that was important, but also the journey that was taken with a community. In understanding that aspect of community engagement, students had begun to grasp the concept of the learner's stance, and '*the new shoes of new knowledge'* were hurting less.

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