Latinx Immigrant Families With Youth With Disabilities Participating in Civic Engagement to Promote Social Justice

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Abstract

Vulnerable populations are exposed to several disparities and inequalities representing an infringement of social justice and limiting their opportunities to live healthy and fulfilling lives. Latinx immigrant families with youth and young adults with disabilities represent one such vulnerable population. The purpose of this article is to describe and discuss the participation of Latinx immigrant families of youth and young adults with disabilities in two interrelated civic engagement projects aimed at promoting social justice and community participation. First, we will discuss the conceptual framework of social justice that grounded these cases of civic engagement, and then we will describe two case studies. Both cases of civic engagement emerged from Latinx immigrant families as part of meaningful conversations they had with the research team related to healthy lifestyles and community participation. The first case of civic engagement addresses walkability safety, and the second describes a community-engaged asset-mapping process. These two cases of civic engagement provided participants an opportunity to advocate for justice. Finally, we discuss the implications and challenges that vulnerable populations experience in making their voices heard by those in positions of power.

Introduction

Social justice is a broad term that encompasses several interrelated concepts including equity, empowerment, democratic participation, and access to resources and goods (Fondacaro & Weinberg, 2002). Social justice includes the relationships between society, government, community, and its residents, and emphasizes the moral and philosophical meaning and practice of human and individual rights (Bowring, 2002). Justice and equity scholars often focus on the moral discourse of the role of societies and governments to provide opportunities for all to thrive through work, play, and have a healthy life (Braveman & Suarez-Balcazar, 2009). Social justice conceptualizations have been informed by discourses on critical theory (de Vita, 2014), equity (Corning, 2015), social and economic injustice, and structural racism (Wolff, et al., 2017). Different frameworks of social justice have been proposed, yet our work was informed by social justice principles of access to goods, services, and resources; equity; protection of human rights; participation and inclusion in all aspects of society; and freedom from oppression (Suarez-Balcazar, Sasao, & Balcazar, 2019; Young 2004). Vulnerable populations such as Latinx immigrant families with youth and young adults with disabilities are often at risk of experiencing social injustice, inequalities, discrimination, oppression, and limited access to resources and opportunities.

One way for vulnerable populations to call attention to issues of social justice is through participation in civic engagement. Civic engagement can be defined as a set of actions aimed at improving quality of life and ultimately promoting social justice (Lenzi, et al., 2014). At the community level, civic engagement may involve calling attention to an issue by taking collective action; meeting with stakeholders, including decision-makers and people in power, to share

concerns and solutions; or interacting directly with the institutions that have control over the issue (Carpini, 2000).

At the systems level, civic engagement may include collaborating for equity and justice (see Wolff, Minkler, et al., 2017) to promote systems change by developing leadership of affected populations through community organizing. This approach includes working collaboratively with community-based organizations, communities, researchers, and other stakeholders. Although some models of equity and justice place emphasis on the issue of race in the US, social injustice is experienced by all who are not "perceived as the average American." This may include people of color, those with low incomes, people with a disability, immigrants, individuals living in at-risk context, LGBT persons, and those sharing other dimensions of diversity. Civic engagement with vulnerable populations has the potential to balance power relations that are the driving force behind health and participation inequities.

Latinx Immigrant Families With Youth with Disabilities

Vulnerable populations are exposed to several disparities and inequalities, representing an infringement of social justice, and limiting their opportunities to live healthy and fulfilling lives. Latinx immigrant families with youth and young adults with disabilities represent one such vulnerable population. As the Latinx population in the United States has increased, so has the number of Latinxs with a disability. In 2015, 4,869,400 Latinxs (or 8.7% of the US Hispanic/Latinx population) of all ages reported one or more disabilities (Erickson, Lee, & von Schrader, 2016). This number represents an increase of just over 200,000 since 2013 (Erickson, Lee, & von Schrader, 2014). However, these figures may be an underrepresentation, as some cases of disability remain unreported due to the immigration status of those involved.

Latinxs with a disability are more likely to live in poverty and to have poor health and rehabilitation outcomes compared to Whites and Asians with a disability (Suarez-Balcazar, Balcazar, Taylor-Ritzler, Ali & Hasnain, 2013; Yee, 2011). Latinxs as a demographic group are likely to lack the contextual and structural supports needed for a healthy and productive life, adding to the disparities many Latinx youth with disabilities face due to their disability status, particularly upon transitioning out of the school system at age 22 (Balcazar, Magana, & Suarez-Balcazar, 2020; Magaña, Parish, & Son, 2015). Furthermore, Latinx immigrant families with youth and young adults with disabilities often lack knowledge about community services, underutilize services available to them, and/or experience limited community engagement (Balcazar, et al., 2020).

Latinx youth and young adults with intellectual and developmental disabilities (IDD) are more likely to self-report a lower health status and to lack community engagement than Whites and Asians with disabilities (Magaña, et al., 2016). Latinxs are exposed to other inequities, such as discrimination and lack of opportunities to engage in recreational, social, and intellectual activities in their communities, and have fewer opportunities to live healthy and productive lives (Suarez-Balcazar, et al., 2016; Suarez-Balcazar, Early, Maldonado, Garcia, Arias, Zeidman & Agudelo-Orozco, 2018). Language barriers and cultural differences exacerbate the disparities and inequalities many Latinx immigrant families face (Magaña, Parish, Morales, & Fijiura, 2016; Suarez-Balcazar, Agudelo-Orozco, Mate, & Garcia, 2018). Unfortunately, these and other inequities that Latinx immigrant families with youth with disabilities experience are widely disregarded by people in power at the systemic and societal levels.

Given the current political discourse the United States government is promoting, Latinx families are now living in increased fear due to criminalization for being immigrants (Adames &

Chavez-Duenas, 2017). Because some immigrant Latinx families fear being deported or discrimination, this may place them at risk of not receiving needed services for their youth and young adults with disabilities (Adames & Chavez-Duenas, 2017; Langhout, Buckingham, Oberoi, Chavez, Rusch, Espositio & Suarez-Balcazar, 2018).

      Purpose: The purpose of this article is to discuss the participation of Latinx immigrant families of youth and young adults with disabilities in two interrelated civic-engagement projects aimed at promoting social justice and community participation. The framework of social justice presented earlier grounded these two cases of civic engagement.

Social Justice, Civic Engagement, and Latinx Immigrant Families

      Limited research studies have explored civic engagement with Latinx immigrant families of youth and young adults with disabilities. Overall, the literature indicates civic engagement can positively impact individuals and communities (Sabo, Flores, Wennerstrom, Bell, Verdugo, Carvajal & Ingram, 2017). Civic engagement has been found to be positively related to higher life satisfaction, civic participation, self-efficacy, and educational attainment (Morimoto & Friedland, 2013). Through civic engagement, individuals can increase agency that positively affects their health while addressing issues of social justice (Garcia-Ramirez, De La Mata, Paloma, Hernandez-Plaza, 2011).

      In an effort to address health and participation disparities experienced by Latinx immigrant families with youth and young adults with disabilities, the authors of this article formed a coalition with a community-based organization, our funder (The Chicago Community Trust), and other organizations who provided technical assistance and training (e.g., the Consortium to Lower Obesity in Chicago Children [CLOCC]). Furthermore, grounded in Wolff,

et al. (2017), principles of equity and justice, which emphasize fostering community engagement, balancing power relations, challenging the status quo, and instigating measurable systemic change, we embraced a community-based participatory research approach in these two cases of civic engagement. Wolff, et al., (2017) posit that collaborating for equity and justice must include advocacy and systems change by explicitly addressing power relations and ensuring community leadership. The cases illustrated here depict efforts to advocate for community and systems change.

Our Community Partner

Our community partner, El Valor, is a community-based organization located in a predominately Latinx neighborhood and provides an array of programs to over 1,000 individuals with IDD and their families, with the mission of facilitating full community integration and involvement. Some of their programs include vocational evaluation and employment services, supported community residential options, developmental training, brain injury management, family respite services, and Head Start programs for children and families. El Valor's participants come from across the Chicago metropolitan area, with a majority being of Latinx background. El Valor's strives to support programming that promotes people with disabilities and their families' self-efficacy and participation in the community. The two examples of civic engagement described here took place in Pilsen, a neighborhood traditionally known for its large population of Mexican immigrants. Below are the main demographic characteristics for this community, located on the lower west side of Chicago.

Pilsen Demographics[1]

The university and community partner have had a long-standing relationship through student practicum placements, evaluation consultation and training, several student projects, dissertations, and grant-funded collaborative projects. At the time of the two civic-engagement projects described here, the authors of this article and the organization had been working on the development, implementation, and evaluation of a participatory healthy lifestyles intervention designed to address a need in the community called Health Families (Familias Saludables) (see Suarez, et al., 2016; Suarez, et al., 2018). The health-innovation program was hosted and sponsored at the community agency and was composed of eight modules, which includes themes such as health and nutrition education, engaging in the community, gardening, and physical activity and active lives. Each module was presented in an interactive and culturally-, literacy-, and linguistically-relevant manner, including hands-on activities, social learning group discussions and goal setting. During the social learning group discussions and unstructured meaningful conversations that matter (see Suarez-Balcazar, 2020) with parents who participated in the development and evaluation of the Healthy Lifestyles intervention, parents identified other topics relevant to promoting their health and participation in the community. Two of these issues were subject to further study and are the focus of the case studies described below: walkability participation and safety, and community assets and strengths.

Case Study 1: Walkability Safety and Participation

Background

Families participating in the Healthy Families program identified several barriers to

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[1] See Appendix A

maintaining healthy lifestyles and participating in their communities. One primary concern that

participants expressed to our team was neighborhood-walking safety. Walking is particularly

important to families in this community given that people walk everywhere, including to bus

stops, parks, social services agencies, grocery markets, and to visit with friends and family.

Furthermore, mothers reported cars driving over the speed limit or failing to stop for crosswalks,

leading them to worry for their children's safety and their own when moving around the

community. Walking has been identified as an optimal type of physical activity to maintaining a

healthy lifestyle and participating in the community (see Suarez-Balcazar, Early, Garcia,

Balcazar, Arias, Morales, in press). This issue of walkability—the neighborhood's suitability,

safety, and pleasantness for walking—was of particular concern to our team due to the multiple

social, emotional, and health benefits of walking for people of all ethnicities and ability levels

(Mitchell, et al., 2016; Rogers, Halstead, Gardner, & Carlson, 2011; Saelens, Sallis, Black, &

Chen, 2003). Furthermore, one of our collaborators, CLOCC, was, at the time, sponsoring a

citywide effort to collect walkability data across the city of Chicago's diverse neighborhoods and

to address walkability safety concerns.

The lack of pedestrian traffic safety in the participants' neighborhood further exacerbates

the numerous environmental barriers to participating in their communities that youth and young

adults with IDD already face, including overstimulating sensory features, challenging physical

layout, negative attitudes from others, and physical demands (Tint, Maughan & Weiss, 2017).

The families agreed that this was an area of great concern, and parents were hesitant to let their

youth and young adults with disabilities walk by themselves in the community—to the local

store or park—due safety concerns. This was, indeed, an area of social justice and community

participation, where environmental factors were working against already marginalized

community members. Youth and young adults with disabilities may take longer (than people without disabilities) to respond to traffic lights, the presence of cars, and other pedestrian and traffic signals. Thus, the authors formed a coalition in partnership with El Valor and CLOCC to assess neighborhood walkability and engage Healthy Families program participants in civic action to call attention to the walkability and safety of their neighborhood.

Procedure and Methodology

To assess the neighborhood's walkability, our team collected traffic safety data via direct observations and resident surveys. Direct observations were collected using CLOCC's Neighborhood Walkability Assessment Tool following an in-depth training session from members of CLOCC (CLOCC, n.d.). Researchers stood on street corners throughout the target area to observe and record traffic patterns, including the number of cars failing to stop for the crosswalk, the smoothness of sidewalks, the speed of cars, and general street condition. Observations were collected on 25 intersections at two time points between 2015 and 2016 to check for consistency of data.

To assess perceptions of neighborhood walkability, our team adapted portions of the Neighborhood Environment Walkability Scale (NEWS) (see Saelens & Sallis, 2002) in addition to creating new items specific to the community and of interest to participants, resulting in a three-part survey assessing perceived walkability, walking frequency (i.e., engagement), and personal perspectives. We conducted surveys with 96 pedestrians over 18 years old who lived, worked in, or often visited the target area and spoke English or Spanish (for a detailed description of the methods and results of this study, see Suarez-Balcazar, in press).

Overall Findings

Some of the primary findings from the CLOCC Neighborhood Walkability Assessment Tool indicated that only about one third of cars observed stopped at stop signs, and about half stopped before the crosswalk to allow pedestrians to pass. Findings indicated poor neighborhood walkability due to unsafe driving practices and the built environment and provided quantitative data to confirm participants' concerns.

Overall findings from the adapted version of the NEWS indicated that most participants walked between six and nine places within the neighborhood weekly but had concerns regarding safety from traffic and crime. Multiple participants complained of cars not stopping at stop signs, significant injuries due to accidents with distracted drivers, and inadequate police presence to enforce traffic laws and safety from gang-related violence.

As a result of these findings, our team produced a brief report for dissemination to community stakeholders and law enforcement officials at various community events, presenting the need for increased police presence and improved traffic safety for pedestrians. The brief was made to mobilize the community. We also developed a new unit for the Healthy Families program focused on teaching youth and young adults with disabilities safe walking practices through interactive learning activities, visual components, and practice in the natural environment.

Civic Engagement and Social Action

We initiated a civic-engagement campaign with the Healthy Families participants by presenting survey and observation findings. In response to data collected and their concerns, participants conducted several civic-engagement activities to address the problem of walking

safety in their neighborhood. Over fifteen families were selected to participate in a community health walk to raise awareness of safe driving practices. The health walk was organized by several entities, and participating families decided to use this walk as an opportunity to educate the community about walkability safety. Parents and children from the Healthy Families program met at El Valor with the research team on the morning of the walk and created signs in a mixture of English and Spanish with participant-selected messages such as, "Do not text and drive" and "Maneja con cuidado" [drive carefully] to carry during the walk. Among the youth with disabilities, one youth with autism, well-known for his artistic abilities, was delighted to take the lead in designing the posters/signs. The authors of this article scheduled families at the organization and helped them create the signs and provided support as needed. The researchers joined the walk with the families along with other community residents.

The images in Appendix B depict several participants, with their signs, gathering outside of El Valor to begin the walk and later marching with their signs alongside the research team and other community members participating in the walk. Many of the youth and young adults with disabilities also engaged in civic action by making and carrying signs during the walk, such as the young adult, pictured to the left, who chose to advocate for safe driving in his neighborhood by reminding drivers not to text and drive. During the walk, participants handed out cards with safe walking and driving tips developed in collaboration with the research team and produced in both English and Spanish. Following the walk, participants were given additional copies of the cards to pass out to friends and neighbors to continue promoting pedestrian safety in their areas. Examples of the English versions of these cards are included in Appendix C.

Additionally, several families elected to participate in an awareness and walkability campaign video prior to the walk. In the video, entitled "Dondé Camina?" [Where Do You

Walk?], families listed the different places they walk to in an average week to demonstrate the importance of walking and walking safety in their daily lives. Families described walking to schools, parks, grocery stores, churches, and many other places. The research team filmed and edited the video for dissemination and inclusion in the walkability campaign.

Finally, the research team presented observations and survey findings at several community block parties, neighborhood health fairs, and professional meetings to call attention to the issue. At community events, Healthy Families participants and other community members were invited to sign a petition for increased police monitoring of traffic safety in the neighborhood. Over 100 signatures were collected, and the petition along with brief reports of the data were delivered to the local police station and to the alderman's office.

Conclusion

Overall, families and youth and young adults with disabilities seemed very pleased with their actions and participation in the walk and carrying signs. However, additional civic engagement efforts are needed to achieve the desired increased police presence and involvement in the community, as minimal response to the petition and reports has been noted to date. We discussed the systems-level change implications in the discussion section. Some families wonder if policy makers and decision makers in their community really care about responding to the concerns of immigrant Latinx families. The team continues to disseminate the walkability report in different ways, including sharing copies with other coalition partners such as CLOCC, which has leveraged citywide attention to the issue of walkability safety. The team is also producing publications for professional audiences and conducting presentations about the study.

Case Study 2: Community-Engaged Asset Mapping

Background

During the social learning and conversations that matter (see Suarez-Balcazar 2020), group-discussion components of the Healthy Lifestyles intervention, families had frequent conversations about services available in the community and, on occasion, swapped recommendations for service providers that respected and knew how to treat youth with IDD and that offered bilingual and bicultural services. This interest in learning more about local community services and resources generated interest in the group and the team to conduct a community-engaged asset-mapping (CE-AMA) process. Evidence indicates that Latinx are likely to underutilize community services, in part, because they are unaware of such services but also because they fear being discriminated against, ignored, or reported to authorities if within a mixed immigration status family (see Adames & Chavez-Duenas, 2017).

Community-engaged asset mapping (CE-AMA) is a capacity-building, needs-assessment participatory process in which community members identify resources and strengths that promote capacity building and empowerment. This community-engagement method involves an interactive and dynamic visual inventory of community assets and strengths, followed by community conversations (Kretzmann & McKnight, 2005). The map becomes a visual aid to understanding the community's strengths while empowering individuals as citizens and agents of change rather than passive service recipients (Mathie & Cunningham, 2003). CE-AMA is grounded in asset-based community development, which posits that an asset-based approach to community engagement results in capacity building, self-efficacy, and residents' increased belief in their own capacity (Mathie & Cunningham, 2003).

Alternative approaches to engaging minority communities in needs-assessment processes, such as traditional needs assessments, follow a deficit-based approach, which denigrates the community, leading residents to view themselves as "deficient," or in need of external assistance to create community change (Kramer, Amos, Lazarus, & Seedat, 2012; Mathie & Cunningham, 2003). Potential assets identified may include human, social, cultural, physical, financial, and environmental (natural or built) resources, as well as institutional, organizational, political, and programmatic ones.

The team presented the idea of conducting a CE-AMA as an additional session of the Healthy Families initiative to families and to our partner, El Valor, which was received the idea with great enthusiasm. Based on knowledge of the community and feedback from families and the community partner, the research team developed a protocol that enabled all interested families to participate regardless of literacy level and English proficiency.

Procedure and Methodology

Twenty-one Latinx immigrant families with youth and young adults with disabilities participated in the asset-mapping process as part of the Healthy Families intervention. A 45-minute asset-mapping activity was immediately followed by a reflection session and then a meeting to discuss the results of the mapping two weeks later. The researchers designed literacy appropriate visual cards to enable participants to identify services, how they got to the service, satisfaction with the service, and frequency of use.

The research team led the activity in Spanish and adapted all portions of the activity for participants' linguistic, cultural, and literacy preferences by using an interactive visual methodology, as pictured in Appendix D. Participants were asked to complete visual-mapping

cards for services used to maintain wellness, including parks, fitness centers, dentists, rehabilitation services, mental-health services, physicians, schools, community agencies, and churches. Participants placed each completed card on one of five neighborhood maps according to the service's location or added the service to a board marked "Services Desired."[2]

Overall Findings

Results indicated that participants most frequently used services from churches, community parks, and primary care doctors. Close to one third of the families indicated they were not receiving all needed services. Primary services needed included mental health/counseling services, dentistry, rehabilitation services, and youth or school programs. Participants used rehabilitation services, including occupational, physical, and speech therapy, with the least frequency of all services studied. Families used more than one third of the services within their home neighborhood (for a detailed description of methods and results, see Miranda, Early, Suarez-Balcazar, Garcia, Kwekel & Maldonado, under review).

According to the results, the most important asset for families was the local church. During the reflection session, families alluded to the types of services offered at a local church. Such services included spiritual and social support, legal aid, counseling, and a few recreational family activities. A local church was also identified as a safe space for families where they not only receive needed services, but have opportunities to help others, volunteer, organize in a safe space, and relax. Many families also expressed that while participating in activities sponsored by the church, all their fears were put at ease. They also felt supported by fellow parishioners. The

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[2] See Appendix E

few families that did not know about the local church demonstrated excitement of learning about a new resource in their community. [3]

Following analyses of the mapping activity, participants attended a listening session where the research team presented the community assets that emerged from the activity (e.g., neighborhood churches), as well as common needs among participants. Participants also identified low satisfaction and limited use of formal healthcare services due to cultural insensitivity, language barriers, scheduling conflicts, distance from home, cost, and inaccessibility due to documentation status. They also expressed the need for more youth programs due to limited capacity, scheduling conflicts, and distance from home, as well as safety concerns for children when they were not participating in structured after-school activities due to neighborhood gang activity.

Civic Engagement and Social Action

The lack of accessible, affordable, and culturally sensitive resources for this population indicates the existence of social inequities on a systemic level. Researchers noted that participants demonstrated high engagement levels during the listening session and expressed a desire to participate in civic action and advocate for change in their access to services. One participant called her peers to action, encouraging them to unite voices to advocate with their alderman for neighborhood improvements and more park district programs for youth. Participants also shared advice and recommendations for community health resources and affordable medical providers with each other during the focus group. Many participants suggested that their peers utilize services provided by the local churches, such as children's

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[3] See Appendix F

programs, mental health services, and services for protection from domestic violence. By sharing resources and recommendations, participants acted against social injustice on an interpersonal level and helped to meet their peers' needs.

The community partner agency decided to sponsor and host a town hall meeting with a local state representative to advocate for the community and the needs of the families. Approximately twelve families from the Healthy Families program that had participated in the asset mapping and/or the walk, in addition to another dozen families from the community, attended the town hall meeting. Participants actively advocated for improvements in the area of safety and services and expressed the strong need for improvements in the areas of mental health services, health promotion, and recreational programs for youth with disabilities. Many of the town hall participants were very verbal and outspoken about their experiences seeking limited services and frustration of not being able to meet the needs of their children and families. One father of a teenager with autism described how he must go to the community center at 1:00 a.m. before program registration each season to stand in line in order to ensure that his son receives a spot in the limited neighborhood programs available. The limited space in these programs is a great source of frustration for all the families present. Families requested increased funding, additional personnel who can work with disabled youth, and additional programs focused on engaging disabled youth and improving their health outcomes for the community. A mother shared that her thirteen-year-old son was playing in the park several months prior when he was injured by gang crossfire. She informed the representative that due to the lack of programming in her neighborhood, she must drive 45 minutes for her son to attend a rehabilitation program. This mother challenged the representative to act to improve the safety in the neighborhood and increase services. The state representative listened to the families and was sympathetic—but

shared that she could not promise to change due to the lack of resources. Unfortunately, this response was not new to the members of this community and other minority communities. With the state of Illinois ranking 47th in the country in providing funding and services for those with disabilities, elected officials rarely have answers of hope when meeting with advocates and families from the community (State of the States in Intellectual and Developmental Disabilities, 2017).

Conclusion

Participants engaged in an asset-mapping process to identify their strengths and areas of need regarding community services. Participants were actively engaged, swapping ideas and resources with each other such as the programing going on at the local church. Participants also identified services they wish they had access to. In response to the participants' needs and their civic action following the mapping activity, the research team—in collaboration with a student volunteer—developed a directory of community programs and mental-health resources for participants. The directory included information on service funding, availability of Spanish interpreters, and experience with youth with disabilities. The research team distributed the directory to all Healthy Families program participants, including those who participated in the mapping session and focus group as an additional effort to improve knowledge and access to health resources for this population.

Discussion

This article illustrated two cases of civic engagement by Latinx immigrant families with youth and young adults with disabilities to address issues of justice and equity. Unfortunately,

vulnerable populations live in at-risk contexts that threaten their quality of life, safety, and overall health. They often experience oppression that is ignored by systems of power, without strategies to resist or change them (Hernandez-Plaza, Garcia-Ramirez, Camacho & Paloma, m2010). Therefore, it is necessary to develop agency at the individual and community levels (Weizel & Inglehard, 2010). As stated by Wolff, et al. (2017), "for both moral and practical reasons collaborations/coalitions must focus on issues of equity and justice" (Wolff, et al., 2017, p. 11). Our case studies provide examples in which Latinx immigrant families with youth and young adults with disabilities develop critical thinking regarding their contexts, acquire skills to advocate for their rights, and act. The community showed resilience in the face of oppressive situations.

Families, El Valor, and researchers collaborated to build collective knowledge around issues that were affecting the families' community. Both case studies are examples of social learning not only between families but between actors at multiple levels. This type of work in which multiple actors are sharing horizontal spaces, gives power back to communities living in oppressed contexts. For example, at the end of the town hall meeting with the state representative, participating families expressed skepticism toward the state representative's willingness to support them. She failed to convey commitment to advocate for the families or the community at all. Yet parents expressed satisfaction and pride in having had the strength to assert themselves. Several of the families said that they had never participated in a town hall meeting with a state representative or spoken in public. Although we did not measure participants' self-efficacy, we could tell participants were practicing self-efficacy while engaging with representatives of "powerful" structures by holding them accountable for their current situation and participating in defining future actions. The process of knowledge transfer between

researchers, organization, and families allowed for spaces of engagement to be founded in collective knowledge and new evidence for community organizing which contribute to developing critical thinking around issues and priorities that are important at the individual and community levels (Suarez-Balcazar, 2020).

These two examples of civic engagement emerged from conversations we had with the community during our social-learning group discussions and meaningful conversations that matter (see Suarez-Balcazar, 2020) while implementing the Healthy Families program. Current times highlight the importance of having community conversations on issues that matter to the community. This is an example of facilitating structures in which members of a community can build ownership and leadership in redefining their contexts in a collaborative effort for social justice (Wolff, et al., 2016). Community conversations are a way to bring people together to identify concerns and brainstorm what can be done to further collect information about the issue, engage in civic action, and call attention to the issue to diverse stakeholders. Such conversations can take place at nontraditional places such as churches and parks. Conversations can also benefit service and healthcare providers.

Some of the limitations of this work include the complexity of working at the different levels and trying to influence systems. Although the civic engagement actions may not have brought about systems change, it called the attention of decision makers and community stakeholders to issues the community cares about. Instead of a top-down approach, our approach was a horizontal one, in which work was guided by the concerns of the community. Furthermore, one of the biggest limitations of these two cases of civic engagement is that we did not measure impact such as changes in self-efficacy, empowerment, nor community change.

Through these examples of civic engagement, participants wanted to make a call for action. The concerns of populations living in at-risk context cannot and should not be ignored. It is our moral responsibility, as a country that cares deeply about social justice, to promote justice and equity for all people regardless of their color, disability/ability, immigration status, race, religion, class, and gender identity. All people have the right to live a healthy and productive life.

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Appendix A

Pilsen Demographics

Total population	Latinx	Median household income	Household poverty	Percent of population foreign born
34,410	80.5%	$34,968	26.2%	38%

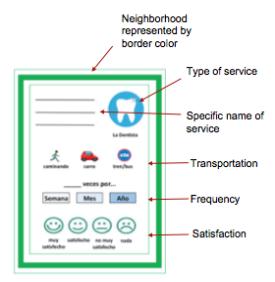Chicago Health Atlas, (2015).

Appendix B

The above photos illustrate participants carrying signs they designed and participating in the health walk.

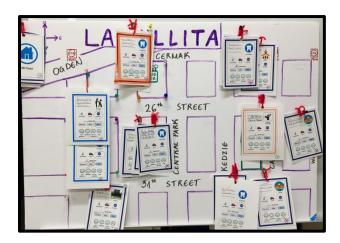**Appendix C**

Appendix D

Appendix E

The above photo illustrates a participant placing her mapping card on the map of one of the communities.

Appendix F

The above photo illustrates a map of one of the communities included in the mapping. Participants placed a relevant card on the map according to location.