

An Action Research Collaboration to Promote Mental Wellbeing Among Men of Color

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Abstract

Background: Action research seeks to affect social change by prioritizing partnership and participation. This approach fosters the equitable engagement of marginalized populations in research. In Boston, the marginalization of men of color has resulted in inequitable outcomes in education, employment, health, and other indicators of wellbeing.

Objectives: A Boston-based coalition of community organizations was tasked with developing an action plan to promote mental wellbeing among men of color. The coalition engaged in action research to identify the individual, organizational, and community-level factors that contribute to mental wellbeing.

Methods: The coalition collected 174 surveys and facilitated focus groups with 55 men. The planning process created valuable opportunities for relationship building and partnership development.

Lessons Learned: The planning process reinforced the importance of proactive community engagement, continuous capacity building, inclusive data collection, and cross-sector collaboration.

Conclusions: Centering lived experience resulted in community-driven, culturally sensitive solutions to promote mental wellbeing among men of color.

Background

Action research is an approach to knowledge creation that seeks to effect social change (Bradbury-Huang, 2010). Unlike conventional research, it emphasizes equitable partnerships and meaningful participation. Action researchers develop partnerships and foster participation by establishing mutually beneficial relationships with their population of focus and prioritizing their involvement in all stages of the research process (Bradbury-Huang, 2010). Action research is often used to engage marginalized populations whose experiences are poorly understood by mainstream society (Fenge, 2010; Pollner & Rosenfeld, 2000). It seeks to expand the definition of valid knowledge and asserts that research drawing on lived experience can be as valuable as other forms of systematic inquiry (Glasby & Beresford, 2006). Furthermore, action research can facilitate empowerment processes for marginalized individuals by granting them control over the knowledge creation process and ensuring that any

data that is collected and disseminated accurately portrays their lived experiences (Ross et al., 2005). In the city of Boston, one population experiencing social exclusion is men of color. Over half (52%) of Black men and 21% of Latino men in the city reside in Roxbury, Dorchester, and Mattapan, neighborhoods that have experienced unequal access to affordable housing, high-quality education, employment opportunities, and other social determinants of health (United States Census Bureau, 2016; Boston Public Health Commission, 2015). This has resulted in inequitable outcomes for Black and Latino men in education, employment, health, and other indicators of wellbeing. Fewer men ages 25-64 in Roxbury, Dorchester, and Mattapan have obtained college degrees than men elsewhere in the city of Boston (United States Census Bureau, 2016). The unemployment rate for Black and Latino men in these three neighborhoods is higher than the unemployment rate for White men in the city of Boston (United States Census Bureau, 2016). Men of color also report experiencing higher rates of

physical ailments. One-third (33%) of Black and Latino men who reside in these three neighborhoods mentioned above report experiencing 15 or more days of impaired functioning due to anxiety, sadness, or stress each month (Boston Public Health Commission, 2015). These men are also disproportionately targeted by law enforcement and experience disproportionate rates of incarceration (American Civil Liberties Union of Massachusetts, 2014; Forman, van der Lugt, & Golberg, 2016). With its emphasis on social change, action research provides a platform to engage Black and Latino men in identifying strategies to address these complex, interconnected issues.

The Partnership

In 2009, Local Initiatives Support Corporation (LISC) Boston began the Resilient Communities/Resilient Families Initiative (RC/RF), investing in comprehensive community building efforts in Roxbury with Nuestra Comunidad Development Corporation, Dorchester with Codman Square Neighborhood Development Corporation, and Action for Boston Community Development/Mattapan United. With LISC Boston's support, these organizations spent 7 years identifying their communities' needs and implementing comprehensive solutions. With traction at the neighborhood level and shared priorities for community development, this coalition of organizations shifted its focus to improving outcomes for men of color. Since male staff of color represented the three neighborhood sites on the coalition, this shift created leadership opportunities for these men while responding to an unmet need in the city. With its expanded focus, the coalition strategically partnered with Boston Medical Center (BMC) Vital Village Network to develop grant proposals. BMC Vital Village Network aims to build community capacity to optimize community wellbeing through cross-sector collaborations and civic engagement.

This work gained momentum in 2015 when Boston LISC was awarded a Prevention Institute grant requiring the development of an action plan to improve mental wellbeing among men of color. This grant was part of Making Connections for Mental Health and Wellbeing for Men and Boys, a national

initiative funded by the Movember Foundation. For the action plan, the coalition decided to focus on men of color ages 25-55 in response to an unmet need. Most organizations in the city were either targeting men under 25 or over 55. The grant's focus on mental wellbeing created a need and provided an opportunity to partner with organizations with this expertise. In 2016, BMC Vital Village Network began to oversee research and evaluation and Health Resources in Action (HRiA) was invited to facilitate the action planning process. HRiA aims to improve population health through prevention, health promotion, policy, and research. The coalition identified a male staff of color from HRiA with several years of community engagement experience to lead the planning process. Committed to developing a community-driven, culturally sensitive action plan, the coalition engaged in action research to identify the individual, organizational, and community-level factors that contribute to mental wellbeing.

Developing the Action Plan: Prioritizing Partnership and Participation

Though the three neighborhood sites had been collaborating with LISC Boston for 7 years, information sharing and relationship building were the first priorities for the coalition. During the monthly meetings, the coalition participated in activities exploring challenges and opportunities that exist for men of color in their focus neighborhoods. Early on, each organization was tasked with identifying their needs and assets and how the other neighborhood sites could supplement any gaps in programming. As a coalition seeking to enhance existing resources and not duplicate efforts, these activities were essential to the success and sustainability of the action plan. These meetings were critical for relationship building and created opportunities for cross-site collaboration to address mental wellbeing.

Developing a community-driven, culturally sensitive action plan required action research that would capture lived experience and shift knowledge creation opportunities to men of color. Interested in both qualitative and quantitative data, the coalition decided on a survey (Appendix A) and a focus group (Appendix B) for data collection and spent several

meetings deliberating on the structure and format of each. BMC Vital Village Network obtained approval from the Boston University Medical Campus Institutional Review Board and began engaging a group of men involved in the BMC Vital Village Network to develop survey questions. During this process, one man commented on the deficit-laden narratives of men of color in society. He was eager to see more data that reflected men's strengths and suggested that we begin the survey with the question, "What makes you great?" This question was the first of three open-ended survey questions that focused on assets. The coalition then developed the remainder of the survey, which captured information on demographics, sources of stress, and utilization of community resources. The sites stressed the importance of a brief survey that did not feel overwhelming. A total of 174 surveys were collected from male residents of the three neighborhoods at a variety of community events. The staff from the neighborhood sites recruited survey respondents at community conversations, health fairs, basketball tournaments, and other locations.

When reflecting on the focus group design, the coalition wanted to identify an innovative way to generate meaningful conversations on mental wellbeing. There were concerns that a traditional focus group on a sensitive topic among a group of strangers could feel intrusive and uncomfortable. Therefore, the coalition decided to incorporate film into the focus group to universalize the challenges experienced by many men of color. They also designed focus group questions sensitive to the complexity of mental health among men of color. Each focus group opened with clips of a documentary examining how toxic masculinity impacts society. Several men remarked that the documentary closely mirrored their personal experiences and felt affirmed seeing stories similar to their own conveyed on film. They were also elated to be participating in a conversation on a topic so infrequently discussed. Without prompting, the men began suggesting additional community spaces to show the film and offered to assist with future events.

BMC Vital Village Network provided support at each focus group, but the conversations were facilitated by men of color from the neighborhood sites. Five men

participated in the focus group facilitated by one staff member from Nuestra Comunidad Development Corporation and 10 men participated in the focus group facilitated by two staff members from Codman Square Neighborhood Development Corporation. Two staff members from Mattapan United hosted a larger community discussion on the topic. After showing clips from the film, the men separated into groups to discuss the focus group questions. Over 40 men attended the Mattapan United event. The focus groups were audio recorded and a staff member from BMC Vital Village Network was responsible for notetaking. The research and evaluation team from BMC Vital Village transcribed the focus groups and reviewed the transcripts to identify recurring themes. The recurring themes from the focus groups centered around individuality, vulnerability, loneliness, socialization patterns, self-defeating behavior, and lack of social support.

Developing a sustainable action plan also required detailed information on existing resources. This included resources at the neighborhood sites and other community organizations that provided services tailored to men. It was important for the action plan to highlight existing efforts and illustrate how the comprehensive strategies would enhance their work. The aim was to work in collaboration with existing community efforts, not to create competition.

Another critical component of the action plan was the identification of community champions, who are men of color leading efforts to improve their neighborhoods. The coalition identified neighborhood religious leaders, mental health providers, educators, community organizers, and other men with a demonstrated commitment to serving their community. Twenty-five community champions were identified during the planning process across the three neighborhoods. Several of them participated in the focus groups, completed surveys, and provided feedback on the action plan. Though the coalition is representative of the population of focus, community champion involvement was essential to an action plan created by and designed for the community.

The coalition then compiled data from the coalition meetings, surveys, focus groups, and community champion feedback to create the action plan. To

synthesize the survey and focus group data, the research and evaluation team prepared a PowerPoint presentation with charts, graphs, and tables of the survey data and a document that outlined the recurring themes and representative quotes from the focus groups. The coalition explored trends and patterns in the survey and focus group data to develop the action plan. The goals of the action plan are outlined in Table 1. By implementing this plan, the coalition aims to increase hope among men of color ages 25-55 in Roxbury, Dorchester, and Mattapan. This will be achieved through the provision of

resources and services pertaining to financial stability, anti-displacement advocacy, and mental wellbeing. Though the grant focused specifically on mental wellbeing, achieving this aim required a comprehensive strategy that capitalized on existing resources and available expertise. A few months after the conclusion of the planning process, the coalition was awarded additional funding from the Movember Foundation via the Prevention Institute to implement the action plan.

Table 1
Action Plan

Action Plan Goals

Mental Wellbeing

- Facilitate Conversation to destigmatize mental health service.
- Forge partnerships with community health centers to increase access to mental health services.
- Facilitate conversations on mental wellbeing in established community spaces (e.g. barbershops, churches).
- Host regular community conversations with law enforcement to develop strategies that address police-related tensions.
- Highlight the impact of systemic racism on mental wellbeing in the activities mentioned above.

Financial Stability

- Provide education on financial wellness, savings, estate building, college savings plans, and other financial stability resources.
- Expand entrepreneurship opportunities by recruiting men of color into existing entrepreneur programs.
- Address the impact of systemic racism on financial stability by advocating for policy changes in child support, tax increment financing, and other areas.

Anti-displacement Advocacy

- Provide education on tenant rights, homeownership, foreclosure prevention, and other anti-displacement resources.
 - Address the impact of systemic racism on displacement by advocating for policy changes in Criminal Offender Record Information (CORI)-determinate housing, affordable housing, and other areas.
 - Increase affordable housing units.
 - Highlight the impact of systemic racism on housing.
-

The coalition felt it was important to brand the strategies described in the action plan and at the conclusion of the planning process decided on the name Male Engagement Network (MEN): Making Connections. The mission of MEN: Making Connections is to build pathways to success for men of color by focusing attention and resources on the social stressors that obstruct their potential. MEN:

Making Connections seeks to create a safe space where men of color can come together to receive and give support, to learn and to teach, to heal and be healed. The network will be an empowering space where men are not just service recipients, but also providers responsible for their own and each other's betterment.

Lessons Learned

Proactive male engagement

The neighborhood sites had not previously focused on male engagement or mental wellbeing. An opportunity to build relationships with men in the community prior to beginning data collection would have enhanced the action planning process. Some of the sites did not have an existing base of men to engage and established relationships could have increased participation in the survey and focus groups.

Training on research methods

A training on collecting surveys and facilitating focus groups would have benefitted the neighborhood sites. Many staff at the sites were newer to research and needed time to become acclimated to both activities. This training could have included strategies for engaging survey respondents and tips for effective group facilitation. The sites had two months to collect the survey, recruit for the focus group, and facilitate the focus group. The short timeline created limited opportunities to provide feedback to improve these processes. Participating in a training would have enhanced the data collection process and improved future research and evaluation efforts for the neighborhood sites.

Clearer expectations for community champions

A broad scope of work for the community champions would have been helpful. The neighborhood sites were not clear on how the community champions could contribute to the action plan and more guidance was needed on how to best incorporate them into the planning phase. The coalition could have identified specific tasks for each community champion based on their personal or professional affiliation. For example, a religious leader could have distributed surveys to his congregation and a mental health provider could have assisted with focus group facilitation. The community champions were eager to deepen their relationships with men in the community and more structure could have supported this process. Increasing their visibility heightens the

impact of their work, which contributes to the success of the network.

Identifying existing resources

The importance of identifying existing resources to incorporate into the action plan cannot be overstated. The coalition was adamant about creating a sustainable action plan with attainable goals, a strategy that also increased the visibility of existing work. The neighborhood sites became more aware of the variety of available resources while completing the action plan and can now better engage men with diverse needs.

Empowering, engaging data collection methods

The uniquely designed survey and focus group empowered individuals on both sides of the data collection process. The participatory crafting of the survey created a meaningful opportunity for respondents to reflect on their assets. The inclusion of film in the focus group created a space of safety and belonging. The enthusiastic response to the survey and focus group reinforced the need for men of color to design strategies to address mental wellbeing. The men from the neighborhood sites challenged the coalition to develop a more comprehensive definition of mental wellbeing. This holistic understanding resulted in innovative data collection methods where men were eager to explore a deeply stigmatized topic.

Contextualizing the data

During several coalition meetings, the neighborhood sites were invited to share their own interpretations of the data. Though most of these conversations formed the substance of the action plan, the coalition also had more informal, less task-oriented conversations about the data. As organizations focused on housing and financial opportunity, these conversations illuminated the clear intersections between their work and mental wellbeing. They also solidified the need for a cross-sector approach to address these issues.

Conclusion

Equitable partnership was prioritized during the planning process. Though the coalition employed traditional data collection methods, men of color meaningfully participated in the planning process by creating the questions, facilitating the conversations, interpreting the findings, and generating solutions. As the coalition implements the action plan, the community champions will ensure the strategies are responsive to their needs of men in their neighborhoods. These processes empower men whose experiences are frequently ignored and whose voices are often silenced. Centering the lived experiences of marginalized, excluded individuals can generate an abundance of community-driven strategies to promote mental wellbeing among men of color.

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Appendix A
Survey Instrument

What makes you great?

List three words that describe your role as a man in society.

List three things in your community (people, places, organizations, activities) that contribute the MOST to your health. Health is defined as physical, mental, and social wellbeing.

What places, programs, or people in your community contribute to your physical, mental, and social wellbeing? Please endorse how much these resources contribute to your wellbeing.

<i>The following contribute to my wellbeing:</i>	Not at all	Very little	Somewhat	To a great extent
Health center/clinic				
Group or program (Name: _____)				
Place of worship (church, mosque, synagogue)				
Sports or fitness activity, program, or team				
Other (Please list):				
Other (Please list):				
Other (Please list):				

If you needed support with any of the following, please respond whether or not you would seek help and where you would seek help.

	Would you seek help?		If YES, from where?				
	Yes	No	Friends	Family	Community organization	Government agency	Other (Please list):
Housing							
Financial assistance							
Finding a job							
Education and training							

In general, how is your health? Would you say it is...

- Excellent Very good Good Fair Poor

Do you see a doctor on a regular basis for check-ups?

- Yes No

Do you have health insurance?

- Yes No

How stressful are each of the following? Please check one box in each row.

	Does not apply to me	Not at all stressful	Slightly stressful	Somewhat stressful	Extremely stressful
Finding affordable housing					
Finding a job					
Managing my finances					
Completing my education					
Getting medical care					
Dealing with police or the court system					
Raising my child(ren)					
Getting along with my family					
Interacting with neighbors					

What is your age? (in years) _ _

Which of these categories best describes your racial/ethnic identity? Check all that apply.

- African-American African National/Caribbean Islander Haitian Hispanic or Latino
 Cape Verdean White (Non-Hispanic) Asian Multi-racial Middle Eastern
 Native Hawaiian/Pacific Islander Native American or Alaskan Native Other

What is your zip code? _ _ _ _ _

Were you born in the United States?

- Yes
 No **➤** If NO, how many years have you lived in the United States? _ _

What is your current relationship status?

- Married, live together Married, live apart Live-in partner Divorced
 Separated Single Widowed

What is the highest grade that you've completed?

- Less than high school High school graduate/GED Vocational degree or certificate
 Some college or vocational school College graduate Graduate school

Do you have children?

- Yes **7** If **YES**, how many children do you have? __ __
 No

ANSWER the following if you have a child or children:

How often have you seen your child(ren) in the past 12 months?

- Almost every day Once a week Once a month A few times Never in the past 12 months

I often feel overwhelmed by my responsibilities as a parent.

- Strongly disagree Disagree Neither disagree or agree Agree Strongly agree

Appendix B
Focus Group Questions

1. What does it mean to be a man?
2. What are some of the qualities, traits, and characteristics you associate with masculinity?
3. Share your opinion on these qualities, traits, and characteristics.
4. How was masculinity taught to you growing up?
5. Has your perception of masculinity changed as an adult?
6. In what ways does masculinity interact with mental wellbeing (e.g. self-esteem, self- image, self-worth)?
7. Recognizing this interaction, what steps could you take to improve your mental wellbeing?
8. How might you share these strategies with friends and family members?
9. How might you share these strategies with the larger community?
10. Is there anything else you would like to discuss?