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What We Not Finna Do: Respectfully Collaborating with Skinfolk and Kinfolk in Black Feminist Participatory Action Research

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What We Not Finna Do: Respectfully Collaborating with Skinfolk and Kinfolk in Black Participatory Action Research

In this article, we (Black community social psychologists and community organizers with over 40 years of collaborative research experience) share the successes and challenges of using Black Feminist Participatory Action Research to actualize The Community Engaged Research Academy (CERA). CERA was a two-year multi-method project (utilizing community dialogues, focus groups, surveys, PhotoVoice, body mapping, and space mapping) aimed at teaching Bronx patients the language and ethics of research. CERA did not merely teach research methods for its own sake. It redressed research and schooling as sites of trauma and humiliation for Black, Indigenous, and People of Color (BIPOC) persons by nurturing the capacity of participants to develop research projects without researchers. We scrutinize the missteps and accomplishments of the CERA project to offer a tangible example of what attending to racial justice in community psychological inquiry looks like from all facets. Our imagined audience of readers is composed of burgeoning and veteran Black community psychologists, members of community-based organizations, and members of Institutional Review Boards (IRBs). We write to this audience mindful that analyzing what went wrong, and right would be instructive to academicians and practitioners, about how to ethically and respectfully collaborate with skinfolk and kinfolk. We start by interweaving a brief engagement in critical reflexivity about our prior experiences with Black participatory research as next generation Black scholars/organizers, which grounds our theoretical framework. We move to a discussion of community-academic partnerships (CAPs) within Black communities, where our engagement with the scholarship that has influenced our work refuses the traditional structure of a literature review. Historically, CAPs between Black professionals (researchers, doctors, nurses, educators, social workers, etc.) and Black communities have not always begun or ended well (Brown, 2017; 2019; Chilisa, 2009; Freimuth et al., 2001; Guishard et al, 2005; Guishard, 2009; 2015; Heyward, 2019; Jordan et al., 2001; Smith & Guishard, 2017; Suarez-Balcazar, Harper, & Lewis, 2005). Too often, the epistemes, theories, methodologies, and approaches to community engagement Black community psychologists learn, from largely whitestream institutions, are imbued with scientific racism, are extractive, and some likely with exploitative intentions. This past work has done more harm than good and has made our kinfolk distrustful of us and our intentions. We share our confrontations with ways of being, we had to leave behind and adopt to accomplish the CERA project. Some of the lessons we learned included centering Black community psychology, embracing critical race praxis, naming sacred moments that were excluded from the purview of research, and honoring the complex stories Black patients shared with us with hermeneutics of love (Guishard, 2016; hooks, 2001a; hooks, 2001b; Laura, 2013). We move to analyzing moments within the Community Engaged Research Academy that taught us much about the importance of healing-centered engagement. We offer: unwaveringly committing to loving all and not some Black folx, checking your professional humility before you wreck the project, being of service before making an ask, developing community agreements, articulating refusals, shared decision making, returning findings

quickly, and shared ownership of the products of our research as ethical levers to readers. It is important to note that in addition to being evaluated by our institution's IRBs, the CERA project was also constantly evaluated by members of a local community-based IRB. The Bronx Community Research Review Board (The BxCRRB) ethically assessed the extent to which we attended to the project's focus and remained accountable to Black and Brown Bronx patients. We conclude by sharing the community agreements, template for our research presentations, and an evaluation tool we developed, with the BxCRRB, with hopes that they: 1) will expand and build upon critical race community psychological interventions, 2) can be reused and remixed by other CAPs between Black community psychologists and Black communities.

As members of the Black community, Black community psychologists can contribute to community empowerment by developing psychological interventions and research that are in sync with communal norms and values, and that will actually make a difference in the lives of Black people. They can also mobilize resources, both internal and external to the community, to enhance the capacity of local communities. Finally, they can utilize their bicultural skills to advocate for more ethical treatment of Black communities. These efforts will benefit Black communities directly, and academic institutions indirectly—by creating adaptive community narratives regarding research, thereby increasing the potential for success of future collaborations with those communities.
~Lisa C. Jordan, G. Anne Bogat, and Gloria Smith (2001 p. 616)

In this article, we (Black community social psychologists and community organizers) share the successes and challenges of using Black Feminist Participatory Action Research (BFPAR) (Akom, 2011; Heyward, Guishard, Brown, 2019) to actualize The Community Engaged Research Academy (CERA). Briefly, CERA was a longitudinal multi-methods BFPAR project (community dialogues, focus groups, surveys, PhotoVoice, body mapping, and space mapping) designed to provide abolitionist and healing-centered research literacy and ethics education to BIPOC (mostly Black) Bronx patients. We will scrutinize the accomplishments and victories achieved at great cost of the CERA project to offer tangible examples of what attending to racial justice in community psychological inquiry looks like. Our target audience of readers is comprised of Black: community psychologists, members of community-based organizations, and folx who serve on Institutional Review Boards (IRBs). We wrote, in the conversational traditions of other Black scholars, to this audience unapologetically, lovingly, and with great critical reflexivity. We hope that our contribution, to this special issue, will be instructive to Black academicians and practitioners, about how to ethically and respectfully partner with our kinfolk because, right now, Black scholars and Black communities need each other. We need radical solidarity to survive state sanctioned murder, emboldened anti-Black racism, emboldened misogynoir, and the many ways the COVID-19 pandemic continues to disproportionately impact our communities.

We, and many of our colleagues, have found ourselves constantly questioning when, where, and how can our labor be used? We cannot divorce ourselves from the current spirit of the times, because this is the activist-scholar-organizer life of Black community psychologists. We wrote this mostly from the Bronx, in New York City, during the 5th and 6th months of the coronavirus pandemic, where 457,000 persons have tested positive and over 32,691 residents have transitioned (New York City Department of Health, 2020a). We are/were outraged, but not surprised by the impact of COVID-19 on Black and Latinx

Bronx residents and BIPOC nationwide. This is further set on the backdrop of global rebellions centering the sanctity, dignity, and value of Black life that were sparked by the murders of so many Black and Brown bodies. For all those we have lost, both now and across time, we must continue to #SayTheirNames and remember their faces as we grapple with knowing that often these are "bodies that are invisible, that have disappeared, or whose absence is unaccounted for and not remarked in popular culture or by government agencies." (Casper & Moore, 2009 p. 3).

We write to our skinfolx, intentionally, in the form of a front-porch or kitchen table conversation, not just to connect with them, but to facilitate a space wherein radical truth-telling, about how Black collaborative research can be meaningfully aligned with the principles of The Movement for Black Lives. We share these yearnings, always mindful that not all of our skinfolk are kinfolk. We know that it is perhaps contentious to make this declaration within this special issue on racial justice, within and outside of many Black spaces. We dance a complex line of willingness and unwillingness to unpack this. We are not finna define nor defend our decisions and desires in this work. We could have co-authored a separate piece describing the endless times we have been invited to step, inadvertently, into messes left behind by other Black scholars and organizers (see Mawhinney, 2016). These conversations are necessary and urgent, but there are aspects of this discourse that we will not publicly engage in, because the academy does not deserve to know about them, or be given the opportunity to appropriate them (Tuck & Yang, 2014). For us, Blackness is a unique constellation of lived identities and experiences that are beautifully complex, heterogenous, diasporic, and dynamic. We won't essentialize Blackness; we also refuse (re)presentations of Blackness as synonymous with trauma. In our discussion of a Black Feminist Participatory Action Research Project, trust that we will center Black joy, ceremony, Black futures, and Black Liberation. In the next section, we focus on the need to engage in critical reflexivity and name our relationships with the diverse Black communities we have partnered with in research. We invite readers to engage in similar reflective praxis in writeups of their work--to name connections and lack of relationality with kinfolk.

Who We Are/Who We Be!

We are Black American, Black Caribbean, Black and Latinx, multi-hued, and cisgendered Black Feminist Participatory Action Researchers. Some of us are dis/abled, some of us are queer, some of us grew up working poor, and some of us are precariously middle class. Monique, Devin, and Marcia are Bronx residents. Justin has worked and organized in The Bx for almost a decade.

Monique has conducted action research for over 15 years. She has partnered with Black youth to document their parents' organizing (Guishard et al., 2005; Guishard, 2009). She has worked with multi-racial middle school students to conduct oral histories and has collaborated with Black environmental justice organizers to build ethics review boards. Monique is a founding member of The Public Science Project (PSP), where she has consulted to dozens of participatory research projects in the PSP's annual critical participatory action research institutes. She has partnered with Mothers on The Move, WE ACT for Environmental Justice, The Peekskill Middle School, The Bronx Community Research Review Board (The BxCRRB), The Bronx Community Health Network, and several translational science centers.

Devin has collaborated on several projects that center Black diasporic identity experiences. She has worked with Black and Latinx college students in Queens and Brooklyn, in New York, to develop culturally relevant HIV/STI prevention programming (Project CHANGE); incarcerated Queer and Trans Black Indigenous Persons of Color

(QT-BIPOC) to create narratives concerning their experiences in prison (Black and Pink); and Black American adults discovering their ancestry and delving deeper into their understanding of their Black identities (The Continuum Project). Each of these projects humanized and centered the lived experience of participants.

Justin's work has centered community engaged social justice research with Black/Brown sexually-fluid and gender variant youth. For nearly 15 years, he has co-created projects and initiatives around Black/Brown youth harassment from police and transit workers, sexual health awareness and education, family violence, homelessness, survival sex work, food insecurity, educational support/equivalency, and holistic health care. All of these actions included a frame of amplifying youth voices, infusing youth lived experience, and creating community. Justin worked in a number of capacities with: Boston Gay Lesbian Social Services (GLASS)/Justice Resource Institute (JRI) Health, the CUNY Institute for Health Equity (CIHE) and the Center for LGBTQ Studies (CLAGS). Monique, Justin, and Devin are students of emeritus Black psychologists Drs. AJ Franklin, Bill Cross, Tamara Buckley, and Roderick Watts. Much of what we characterize as what we finna and not finna do in our research with Black folx, was shaped by lessons learned from our mentors.

Marcia has worked as a health educator and directed many faith-based community interventions targeting Black maternal health, disparities in access to insurance, among other projects in The Bronx. She has liaised with dozens of community-based health equity organizations throughout New York City, including The Bronx Health Link, The Bronx Neighborhood Action Center, and the BxCRRB. We shared our histories collaborating with Black communities with intention. We are not merely flexing; we shared our insider-within emic approaches, that did not absolve us of encountering many ethical hiccups, quandaries, and what-had-happened-was moments.

What We Not Finna Do Epistemically, Ontologically, & Ethically

> "The master's tools will never dismantle the master's house" ~Audre Lorde (1984)

The multi-generational, multi-racial, multi-ethnic, socioeconomically diverse population of The Bronx has great wealth in social capital, dignity, and resilience. For the last ten years, The Bronx was consistently ranked as the 62nd unhealthiest county, out of 62, in New York State (Robert Wood Johnson Foundation, 2020). Compared to other NYC residents, Bronxites are more likely to die prematurely, live in unsafe neighborhoods, report poor to fair health, be born with low birthweight, have children living in poverty, lack health insurance, lack access to exercise opportunities, be hospitalized due to asthma or stroke, struggle with obesity and/or diabetes, be overexposed to air pollution and drinking water violations, and experience high levels of STIs (New York City Department of Health, 2020b). In New York City, we are more likely to: contract, be hospitalized, and subsequently die of COVID-19 more than those in any other borough (New York City Department of Health, 2020a).

Addressing the holistic health needs and inequities of Bronx residents is vitally important. Yet, there is a critical disconnect between community experiences of ill-health and researcher-driven health research initiatives. Because of long histories of egregious violations of their well-being in research and personal examples of: racism, sexism, fatphobia, ableism, homophobia, and transphobia in healthcare settings—many Bronx folx mistrust researchers. We share this background in order to mark the geographic and historical contexts within which we designed the CERA project.

As experienced Black Feminist Participatory Action Researchers (BFPAR), we *knew* that turning to non-whitestream interventions was necessary to redress mistrust within failed Community Academic Partnerships (CAPs). We also knew that turning away from whitestream theorizations, organizing practices, and conceptualizations of ethical conduct were not going to work either. More specifically, we could not rely on the “usual suspects'' in community and social psychological research, because they haven’t worked in our overly researched borough, or they have been complicit in sustaining health inequities by silencing BIPOC organizational voices. This meant letting go of the cisnormativity and race-evasiveness (Annamma, 2016) in Lewinian and Frierian action research perspectives within Bronfenbrennian and Alinskyian models. This also meant embracing the unrecognized, discounted intellectual, organizational labor of Black scholar/activists, in addition to centering Black healing and abolition. When we make mention of what we not finna to do epistemically, ontologically, and ethically we are referring to a refusal to disentangle the multitude of interactive connections between our theoretical framework, methodologies, ethical practices, and the outcomes/experiences of researchers and participants in The Community Engaged Research Academy.

We are sure readers are asking themselves where can Black community psychologists turn to learn how to ethically and professionally collaborate with Black folx? This is a question that many of us struggle with, who are not at well-resourced HBCUs, or connected to large Black research collectives. We not finna gloss over the fact that there is a scarcity of academic writing on Black feminist, inclusive, healing-centered, loving work and Black CAPs. In the next section we introduce and share the framework for BFPAR, which is related to Black Emancipatory Action Research, Black participatory research, and Critical PAR but stands alone in its interdisciplinary Black feminist roots, epistemologies, ethics, and goals. We are confident that we are among the first scholars to use and frame our work as BFPAR. However, BFPAR was not birthed in the ether. Its evolution was promiscuously shaped by Black feminist scholarship and early writings in journals like the Journal of Black Studies, Journal of Black Psychology, and the American Journal of Community Psychology by scholars like Paul M. Smith, Jr. (1973), A. Wade Boykin (1978), Joseph A. Baldwin (1989), Lisa C. Jordan, Anne G. Bogat, and Gloria Smith (2001). We name these elder scholars fully, outside of parenthetical citations, to honor their contributions to our work. In the interest of brevity and of detailing the nuances of the CERA project we invite our audience to procure these pieces and other additional foundational works to take a deeper dive into their nuances. However, we will give y’all a sip of the tea that lies within their pages by focusing on Jordan et al.’s (2001) research. Of all the pieces we could emphasize, we selected this one because it was among the first articles that we encountered, within a community psychology journal, that centered collaborations between Black academics and Black communities.

Jordan, Bogat, and Smith’s (2001) article taught us that too often the community engagement Black community psychologists learn, from largely whitestream institutions, includes epistemes, theories, methodologies, and approaches that are imbued with scientific racism, and act to extract from communities with the intent of exploitation. They offered five methods toward “building positive, culturally-relevant collaborations.” (Jordan et al., 2001, p. 608) The five methods are: “create a foundation for trust; focus on community needs; establish forums for community feedback and involvement; create autonomy and not dependence; and help train future professionals” (Jordan et al., 2001, p. 610). Their lessons taught us that: 1) our work had to be evaluated by IRBs and folks in the community; 2) we needed to be humble; 3) we needed to have community dialogues before we started our academy; 4) we needed to go to the hood, the most impacted, most disparate places to do this work; 5) we needed to transfer skills to CERA graduates to empower them to teach future generations of scholars.

Before moving forward in our discussion of BFPAR and CERA we want to acknowledge the mistrust that Black folx have with Black scholars and the structurally racist medical industrial complex, we want to acknowledge the OG Black community organizers/ interventionists who were so heavily involved with improving the lives of Black communities--but have not been published. We have learned much from these elders, who aren't academicians, and who might have intentionally divested themselves from participating in the onerous knowledge production gauntlet prevalent in academe. We try to honor the labor these folx as much as possible. These are folx like Septima Poinsette Clark, Claudia Jones, Barbara Smith, Marsha P. Johnson, Miss Major Griffin-Gracy, Peggy Shepard, Wanda Santiago, Fae Ellington, the legacy of the community work of Dr. Kenneth Clark and Mamie Phipps Clark engaged in the Northside Center, and countless others. However, there isn't a literature review we can provide that adequately documents their community engagement scholarship.

What is BFPAR?

Black Feminist Participatory Action Research (BFPAR) is an unapologetic continuum of approaches to participatory inquiry and action between Black scholars and Black communities. BFPAR actively engages, produces, and conducts research in service of empowering and improving the plight of Black people. With respects to its theoretical genealogy, BFPAR is rooted in:

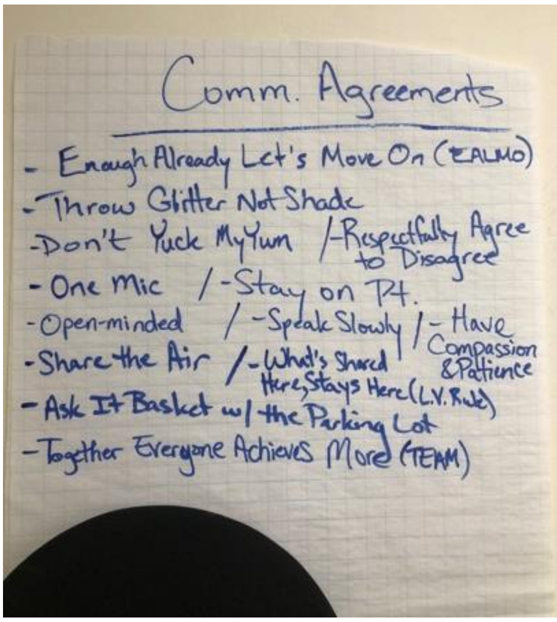
- cross-disciplinary and international Black feminist scholarship (Carty & Mohanty, 2018; Combahee River Collective, 1983; Guy-Sheftall, 1995; Kendall, 2020; Ransby, 2003; Wynter, 2003)
- Black feminist qualitative inquiry (Brown, Carducci, and Kuby, 2014; Dillard, 2000; Evans-Winters, 2019; Patterson et al., 2016)
- Black, Latinx, and Indigenous feminist epistemologies (Arvin, Tuck, & Morrill, 2013; Cahill, 2019; Guishard, 2019; Hill Collins, 2002; hooks, 2001a; Lorde, 1982; Mendoza Aviña, 2016; Nelson, 2016; Okafor, 2018; Sharpe, 2016)
- Black community psychology (Palmer et al., 2019; Thomas & Zuckerman, 2018)
- Indigenous research ethics (Chilisa, 2009; Tuck & Guishard, 2014; Smith, 2013)
- critical race public health (Barlow, 2016; Bowleg, 2012; Ford & Airhihenbuwa, 2010; Jones, 2000)
- abolition and Black liberation education studies (Das & Strong, 2020; Dumas, 2014; Halkovic & Greene, 2015; Ladson-Billings, 2000; Love, 2014; Payne, 2011; Tuck et al., 2014)
- BIPOC writings on community-based participatory action research (Dill et al., 2020; Drame & Irby, 2016; Francisco-Menchavez & Tungohan, 2020; Krueger-Henney, 2016)

BFPAR methodologies are diverse; it can aim to produce new shared knowledge, but also includes secondary data and archival analyses, because new research is not always the intervention that is needed (Guishard, 2018; Guishard & Tuck, 2013; Tuck & Guishard, 2014; Tuck & Yang, 2014). BFPAR does not frame Black people as researchable objects to be classified and (re)surveilled. It instead reflects on the racist, sexist, ableist history of research on Black bodies (and other bodies) and endeavors to empower participants through research. BFPAR recognizes the ways settler colonialism and white supremacist capitalistic hetero-patriarchy continue to shape research. However, it dares to imagine that research can be used as a tool to connect us together; wielded to advocate for social justice; and used to document our: private inequalities, shared hardships, histories of activism/resistance, and desires. BFPAR articulates explicit refusals. It refuses dehumanization, misogynoir, preserves dignity, searches for complexity, documents embodied understandings, and decenters whitestream epistemes and ethics. It holds space for sacred moments and relational care. It is historically attuned to current and past intersectional liberation movements, traversing across space and time to forge connections between the past and the present (sankofa). Lastly, BFPAR carefully considers how we enter, tend to, dwell within, and adjourn Black collaborative spaces/places (Brown, Carducci, & Kuby, 2014; Dill et al., 2020; Evans-Winters, 2019; Guishard, 2015; 2016; Laura, 2016).

Many practices of BFPAR showed up throughout the course of our project. We relied on ancestral and community knowledge throughout our work. Participants and graduates of the program (whom we call community experts) developed their own community agreements, which reflected the ways in which they were going to show up and regard each other within our collaborative space. We displayed these agreements wherever we were and consistently called folx out (and checked ourselves) for violating them. Throughout our sessions, when the content of the academy was triggering, we instituted a practice of stopping any recordings of sacred moments to collectively process any traumatic experiences. We cared more about tending to each other, and our relationships, than documenting Black pain or answering our research questions. We wish we could talk more about the importance of providing an abundance of food options, of ceremony (celebrating birthdays, accomplishments, holding graduations, etc.), and rituals (setting up and breaking down the room, serving food, debriefing after sessions, etc.). Breaking bread over the course of the project created trust amongst and between participants. It supported deeper connections that outlasted the project; it furthered and enriched our love for each other.

What is CERA?

Briefly, The Community Engaged Research Academy was a two-year community-based patient engagement and BFPAR project that began in September 2016 and concluded in October 2018. CERA was funded by a cost reimbursable $250,000 Patient Centered Outcomes Research Institute's (PCORI) Eugene Washington Engagement Award (Contract #3422). PCORI funds research topics, patient engagement activities, clinical trials, and other forms of research outcomes that are important to patients, clinicians, policy makers, and researchers. PCORI was established and is funded through The Patient Protection and Affordable Care Act of 2010. In other terms without Obamacare, there would not be a CERA. CERA was established through a Community-Academic research Partnership between The Bronx Health Link (the fiscal sponsor), The Bronx Community Research Review Board, (the patient/community partner), and Bronx Community College, through Dr. Monique A. Guishard. Monique was CERA's project director and principal investigator.



Comm. Agreements

- Enough Already Let's Move On (EALMO)
- Throw Glitter Not Shade
- Don't Yuck My Yum / - Respectfully Agree to Disagree
- One Mic / - Stay on Pt.
- Open-minded / - Speak Slowly / - Have Compassion & Patience
- Share the Air / - What's Shared Here, Stays Here (L.V. Rule)
- Ask It Basket w/ the Parking Lot
- Together Everyone Achieves More (TEAM)

Figure 1: Example of Community Agreements

Using multi-phased community engaged methods, CERA aimed to successfully establish an infrastructure, in the form of an interstitial research academy, for patients, caregivers, and other stakeholders to meaningfully engage in the research process beyond their passive participation as research subjects. We characterize CERA as an interstitial (situated outside of traditional academic space) because it took place in academic and community spaces. We held classes and events within meeting spaces at The Borough President's offices within The Bronx Supreme Courthouse, Lincoln Medical Center, BronxCare Hospital, Bronx Community College, community rooms at Metropolitan College of New York Bronx, and at Mothers On the Move. That is, we took CERA to the people, and claimed space, on our academic plantations, to bring the community to academe. We taught regular Bronx folx how to:

1. Work ethically and collaboratively.
2. Identify linkages between their private health troubles and health inequities impacting the residents of the Bronx.
3. Recognize and analyze the social determinants of Bronxites' health.
4. Develop and improve their research methods and research ethics literacy.
5. Research/Document on the ground efforts aimed at empowering communities, along with efforts that interrupted and resisted structural racism in healthcare.
6. Enact the principles of Patient-Centered, Community Engaged, and Black Feminist Participatory Action Research.
7. Design small scale community-based action research projects.
8. Catalyze a passion for radical participation in health research as: patient advocates, community members of local IRBs, members of community advisory boards, members of clinical and translational science award centers, PCORI patient ambassadors, co-facilitators, and co-researchers.

The Community Engaged Research Academy was guided by the following hypotheses. First, we hypothesized that Bronx residents who are: racialized, from poor and working-class backgrounds, dis/abled persons, members of the LGBTQIA+ community, and all persons at the intersections of these groups—are rarely actively engaged in health research or interventions designed to target them, beyond their passive participation as research subjects. Secondly, we presupposed that histories of exclusion, exploitation, and mistrust in/with research could be ameliorated by 1) centering the experiential knowledge Bronx residents bring to research and 2) by developing a humanizing educative space for lay people to master the language and ethics of research. Please see *Table 1* for a complete list of our research questions and the mixed methodologies we used to attempt to answer them. We shared our hypotheses and research questions to unsettle presumptions that participatory research projects are not methodologically rigorous.

Organizational Structure

PCORI Eugene Washington Engagement Awards are aimed at supporting dynamic projects charged with developing a transparent and accountable decision-making structure to assist with addressing ethical quandaries and/or collaborative hiccups, above and beyond approvals gained from IRBs. We established a steering committee composed of our program coordinator, principal investigator, program evaluator, class facilitators, community organizers, patients, CERA graduates, and members of The Bronx Community Research Review Board (BxCRRB). We intentionally ensured that community members outnumbered academicians on the committee. Every decision, about our hypotheses, research questions, community outreach strategies, evaluation measures, and resources disseminated were presented to CERA's steering committee before they were enacted. The steering committee frequently sat in on class sessions and ethically evaluated CERA's practices using the Principles of Community Engagement

(Clinical and Translational Sciences Awards Consortium, 2011) and the Principles of Community Academic Partnerships (Shore et al., 2008). Additionally, BxCRRB members held most of the seats on CERA's Steering Committee, co-authored CERA presentations, and co-facilitated community outreach, and research activities. The Steering Committee helped develop our ethical framework (see *Figure 1*) which was grounded in hermeneutics of love (Laura, 2013). CERA's steering committee also mediated and circumvented a lot of ethical quandaries that often occur in collaborative inquiry. However, even with several, loving evaluative eyes on the project, drama popped off.

Research Questions	**Methodologies**
What are Bronx residents, patients, caregivers, and patient advocates experiences with and presumptions about public health research?	– 3 Community Dialogues – 105 Community Dialogue Evaluations – 17 Ethnographic Fieldnote Sets from Community Dialogues – 4 Evaluation Focus Groups
What role does CERA play in redressing disrespect, exploitation, and research predation in Bronx based health research?	– 352 CERA Individual Course Evaluations – 292 CERA Individual Artifacts[a] – 29 Ethnographic Fieldnote Sets from CERA Sessions – 2 CERA Community Experts Evaluation Focus Groups
What role does facilitating classes for CERA play in influencing the ethical praxes and engagement among facilitators?	– 14 Individual Facilitator Evaluations
What is the impact of community experts' use of research methods and patient-centered organizing efforts after graduating from CERA?	– 4 CERA Community Experts Evaluation Focus Groups – 40 Individual Feedback Surveys
What lessons, about relational ethics can be learned from evaluating the community academic research partnership between: Bronx Community College, The Bronx Health Link, and the Bronx Community Research Review Board that directed CERA?	– 2 CERA Project Team Focus Groups – 26 Observations of CERA Activities – 12 CERA Project Team Member Auto-Ethnographic Reflections

[a] session artifacts included different things produced by the CERA CEs like body maps, space maps, letters to Bronx patients, PhotoVoice pictures, and draft participatory survey question

Table 1: Research Questions & Data Collection Methodologies

CERA's Successes and Challenges

CERA was successful in achieving its aims and answering its research questions, over the lifespan of the project, but there were many growing pains. CERA demonstrated, through mutual respect and engagement, how social movements can be put into motion. The CERA community came together and completed over 47 national and local presentations about the work of the academy. Establishing the Community Engaged Research Academy took us all on a journey marked by joyful peaks disappointments, heartbreak, cooling off periods, healing, and boundless hope. The lessons we learned about the difficulties and promise of instigating a patient-centered research movement have irrevocably changed us. CERA was a project that developed out of fierce love for our families and neighbors. It is best described as "the little engine that could" because it persisted, despite the loss of key personnel, a shaky fiscal infrastructure, and a myriad of relational ethical challenges between its research partners, facilitators, and between participants.

RESERVE TIME to develop shared aims, timeline, and expectations.

ENGAGE WITH PROFESSIONAL HUMILITY... respectfully engage experiential knowledge and organize before inserting your research expertise.

SHARE EVERYTHING the burdens, benefits, and products of your collaboration.

ANTICIPATE disagreements; work through them with MOUs, MOAs, and project mediators. Do not gloss over differences in ethics and values. They will fester and erode trust.

RETURN RESULTS to wide audiences, to folks most impacted in multiple mediums.

SUSTAIN TRANSPARENCY commit to demonstrating partnership ethics by sharing plans, sharing decisions, and constantly checking in with each other.

Figure 2: The Engaged Research Academy's Ethical Framework (NOTE: The content was grounded in hermeneutics of love and developed by CERA's Steering Committee.)

Methods & Materials

CERA employed a variety of research methods including community dialogues, questionnaires, cognitive/space mapping, body mapping, patient narratives, focus groups, PhotoVoice, participant observation auto-ethnographic fieldnotes and 22 bi-monthly reports to PCORI to capture why having a Black educative space like CERA is so important. We used a mash-up of these methods across different parts of the project: community dialogues (CDs), CERA sessions, and academy evaluation group discussions. It began with the CDs. These helped spread the word about CERA, consult with Bronx patients on what the curriculum should cover, and to find folx interested in applying to be a CERA community expert (CEs). Also, borrowing elements from world cafes (Aldred, 2011), the conversations let community folx develop health literacy and talk openly and honestly with health officials, policy makers, service providers, and academy facilitators about the physical, social, and environmental things going on in the Bronx that were affecting folx' health. Our participatory approach was purposeful in keeping folx engaged and respecting the expertise they brought into the room. CDs (N=105) took place in neighborhoods most impacted by health inequities. Two dialogues happened before CERA 2017 (in January [N=31] and April of 2017 [N=28]); one CD happened before CERA 2018 (in March of 2018; N=46). CD participants received $30 and a meal.

From these rooms, word of mouth, and social media posts about CERA, Bronx folx earnestly responded to the call for participating in a project developed by us, about us, and for us as BIPOC. Seventy-eight people that either lived or worked in the Bronx and were dedicated to shifting the script on Bronx health, applied to CERA. They applied to a program that initially only had a total of 30 spots (15 for each year). We responded by expanding CERA so more folx could join (N=44; Year 1 [N=20]; Year 2 [N=24]). CERA classes ran from March to

June each year. There were 13 CERA lessons and each one focused on a different part of public health research from ethics to methods. See *Table 2* and *Table 3* for the list of CERA topics covered over the two years. The 52 hours of training were broken up by sessions that took place on Thursday nights from 6:00-8:00pm and Saturday mornings from 10:00am-2:00pm. We built into our planning, time off for holidays, rest, and self/community care. CERA CEs also received $560 for being in the academy. We always had nourishing, healthy snacks and meals. It was important to recognize and respect the labor that folx put into being a part of the CDs and CERA, which included making sure we came correct with how we compensated them.

Topics	**Session Facilitator(s)**
Welcome & What is Public Health in the Bronx?	Dr. Monique A. Guishard, Prof. Barbara Hart, Dr. Hal Strelnick, Mx. Nicky Smith, & Dr. Calpurnyia Roberts
Introduction to Research Ethics in the Bx	Dr. Monique A. Guishard
Clinical Data Research Network & Practice Based Research Network	Mr. Paul Meissner
Community-Based Ethics	Ms. Bernice Williams & Ms. Barbara Salcedo
The Language of Research & Ethics	Dr. Monique A. Guishard
Space/Cognitive Mapping	Dr. Patricia Krueger-Henney
21st Century Public Health	Dr. Justin T. Brown
X-Ray/Body Mapping	Dr. Jessica Ruglis
Epi-Query & Interpreting Data	Dr. Calpurnyia Roberts
Creative Narrative Analysis: AKA Research Poems	Dr. LeConte Dill
PAR-ticipatory Survey Design	Miss Allison Cabana & Miss Prakriti Hassan
Introduction to Genetic Ancestry Testing	Dr. Devin A. Heyward
Focus Groups	Dr. Tellisia Williams
Clinical Trials	Rev. Dr. Lula Mae Phillips
Participatory Action Research	Dr. Monique A. Guishard

Table 2: CERA 2017 Curriculum

Topics	**Session Facilitator(s)**
Welcome to CERA: Who We Are, What Bx Hood We Represent, & Expectations	Dr. Monique A. Guishard, Dr. Justin T. Brown, Dr. Lucretia E. Jones, Mr. Michael Williams, Mr. Albert Greene
Social Determinants of Health	Dr. Lucretia E. Jones
Community Engagement	Prof. Barbara Hart
PAR-ticipatory Survey Design	Miss Allison Cabana & Miss Prakriti Hassan
Traditional Surveys & Narratives	Dr. Tanzina Ahmed & Dr. Rositsa T. Ilieva
Community & Patient Perspectives of Research	Dr. Tanzina Ahmed, Ms. Marzetta Harris, Ms. Alexandria Sumner, Mr. Michael G. Williams
Introduction to Ethics	Dr. Monique A. Guishard
Patient Ethnographies	Dr. LeConte Dill
Space/Cognitive Mapping	Dr. Patricia Krueger-Henney
X-Ray/Body Mapping	Dr. Jessica Ruglis
What is PhotoVoice!	Dr. Monique A. Guishard
DNA 101 and Genetic Testing	Dr. Devin A. Heyward

Table 3: CERA 2018 Curriculum

CERA Project Participants

To be eligible for CERA, applicants had to be a Bronx: patient, resident, or provide services to patients in the Bronx; at least 18 years old and be fluent in English speaking and writing. Folx also had to commit to coming to the classes. For CERA 2017, the average applicant was a 39-year-old, Black woman, with some college, that lived/worked in the Bronx for 21 years. The CERA 2018 applicant was a little older, 46, and lived/worked in the Bronx for about 23 years. See *Table 4* for CERA 2017-2018 applicant demographics. We wanted an academy that reflected the broad diaspora of Bronx folx, but Black women, overwhelmingly, responded to our call to join CERA. As a result, CERA CEs, in both years, included more Black women in their 40s. The average community expert was a 42-year-old, Black woman, with a college degree that lived or worked in the Bronx for 25 years. See *Table 5* for CERA CEs' demographics.

CERA Facilitators

CERA sessions were facilitated by a collective comprised of 24 diverse feminist participatory scholar-activists with distinct organizational and institutional affiliations. CERA "faculty" more closely resembled faculty at HBCUs and were less like Hogwarts. We, the facilitators, were overwhelmingly cis-gendered womxn (n = 18) and 58% of us identified as Black (n = 14). However, CERA also featured Blacktinas (n = 2), Latinx (n = 2), Desi or Southeast Asian (n = 2), and white (n = 4) facilitators. In the planning of the academy, we made space for the graduates of the 2017 cohort to become facilitators for the 2018 class, helping us build capacity amongst our folx to one day do this work without us. We intentionally worked to transfer enough skills about research and public health methods, so that graduates could both do this work without us---independent of all researchers and replicate their own mini-CERAs within their own communities.

What We Not Finna Do Stories

We collected a lot of data in order to tell dynamic and nuanced Bronx patient stories and stories about the CERA project. The successes of CERA were inextricably linked to our use of BFPAR, to the evaluative loving engagement with our steering committee, and our reliance on non-whitestream relational ethical practices. However, the Community Engaged Research Academy was not Wakanda! With the best of intentions and tons of expertise we fumbled frequently. In this section we share our missteps to offer up tangible examples of the complexity of attending to racial justice in community psychological inquiry. We begin with hard lessons we learned about being explicit about our solidarities and unapologetic love for Black and Brown peoples. We wish we could flex and share that we anticipated these lessons and had planned for them, but that would be disingenuous. These stories are hard to tell because they are personal, are characterized by multiple layers of reflexivity, fraught with lots of emotion, including what we've started to call participatory heartbreak. We will use a blend of naming folx and strategic pseudonymity in our retellings. Pseudonymity is used to mask the identities of problematic and contentious moments within our collaboration that intersect with racial injustice. We purposely located our analyses in situations and did not impose them on bodies or locate them in individual dispositions. Universally, applying pseudonymity to all actors doesn't make sense. The CERA project was discussed at dozens of academic conferences and community gatherings. The names of the community partners are readily accessible on the web, in other publications (Guishard et al., 2019), within our public curriculum, on our website, and public PCORI reports about the project.

Telling these stories makes space for folx to weaponize our vulnerabilities and ostensibly invites surveillance of nuanced,

	CERA *2017* Applicants		**CERA *2018* Applicants**		***All* CERA Applicants**	
	n	*%*	*n*	*%*	*n*	*%*
Gender						
Women	30	65.2	22	71.0	52	68.4
Men	15	32.6	6	19.4	21	27.6
GNC	1	2.1	2	6.5	3	4.0
Race/Ethnicity[a]						
Black	26	56.5	21	67.7	47	60.3
Latinx/Hispanic	19	41.3	3	9.7	22	28.2
Middle Eastern	0	0.0	0	0.0	0	0.0
Asian, Southeast Asian, Pacific Islander	4	8.7	2	6.5	6	7.6
White	2	4.3	1	3.2	3	3.8
Afro-Caribbean	1	2.2	2	6.5	3	3.8
Indigenous/Native	2	4.3	1	3.2	3	3.8
Other/Not Listed	0	0.0	3	9.7	0	0.0
Education[a]						
Some Grade School	1	2.2	0	0.0	1	1.3
Some High School	1	2.2	2	6.5	3	3.8
High School/GED	8	7.4	1	3.2	9	11.5
Some College	18	39.1	6	19.4	24	30.8
Some Technical Training	2	4.3	0	0.0	2	2.6
Technical Training	3	6.5	0	0.0	3	3.8
Associate’s Degree	2	4.3	4	12.9	6	7.7
Bachelor’s Degree	10	21.7	10	32.3	20	25.6
Some Post-Graduate School	3	6.5	3	9.7	6	7.7
Master’s Degree	6	13.0	4	12.9	10	12.8
Doctorate/Professional Degree	1	2.2	1	3.2	2	2.6

Table 4: CERA Applicant Demographics

[a] *applicants could select as many categories as applied; these percentages add up to more than 100%*

Note. CERA 2017 (N= 46). Applicants were on average 39 years old (range 18-66) and lived/worked in the Bronx for 21.2 years. CERA 2018 (N=32). Applicants were on average 45 years old (range 23-63) and lived/worked in the Bronx for 23.6 years. Some respondents did not answer all items and n may vary for each demographic factor.

	CERA 2017 Community Experts		CERA 2018 Community Experts		All CERA Community Experts	
	n	%	*n*	%	*n*	%
Gender						
Women	15	75.0	17	70.8	32	72.7
Men	4	20.0	5	20.8	9	20.5
GNC	1	5.0	2	8.3	3	6.8
Race/Ethnicity[a]						
Black	14	70.0	15	62.5	29	65.9
Latinx/Hispanic	5	25.0	3	12.5	8	18.2
Middle Eastern	0	0.0	0	0.0	0	0.0
Asian, Southeast Asian, Pacific Islander	1	5.0	2	8.3	3	6.8
White	0	0.0	1	4.2	1	2.3
Afro-Caribbean	0	0.0	3	12.5	3	6.8
Indigenous/Native	0	0.0	1	4.2	1	2.3
Other/Not Listed	2	10.0	2	8.3	4	9.1
Education[a]						
Some Grade School	0	0.0	0	0.0	0	0.0
Some High School	0	0.0	2	8.3	2	4.5
High School/GED	4	20.0	1	4.2	5	11.4
Some College	3	15.0	4	16.7	7	15.9
Some Technical Training	0	0.0	0	0.0	0	0.0
Technical Training	1	5.0	0	0.0	1	2.3
Associate's Degree	0	0.0	4	16.7	4	9.1
Bachelor's Degree	6	30.0	6	25.0	12	27.3
Some Post-Graduate School	0	0.0	3	12.5	3	6.8
Master's Degree	5	25.0	3	12.5	8	18.2
Doctorate/Professional Degree	1	5.0	1	4.2	2	4.5

Table 5: CERA Community Expert Demographics

[a] *applicants could select as many categories as applied; these percentages add up to more than 100%*

Note. CERA 2017 (N=20). CEs were on average 42.5 years old (range 18-62) and lived/worked in the Bronx for 24 years. CERA 2018 (N=24). CEs were on average 43.3 years old (range 23-64) and lived/worked in the Bronx for 25.2 years. Some respondents did not answer all items and n may vary for each demographic factor.

complex, and sacred aspects of our collaborative work. We can't stop people from hating or engaging in overzealous simplistic analyses of villains and saints of our stories. However, like Drame and Irby (2016) we contend that,

> Producing antiracist scholarship, and, in particular, engaging in the processes of coproducing anti-oppressive research, requires that Black researchers carry out the intellectual, emotional, and creative task of working the margins to produce distinctive processes and analysis steeped in freedom to be both different from and part of the solidarity of humanity. (p. 3)

Lesson One: We Finna Unapologetically Love All Black and Brown Peoples

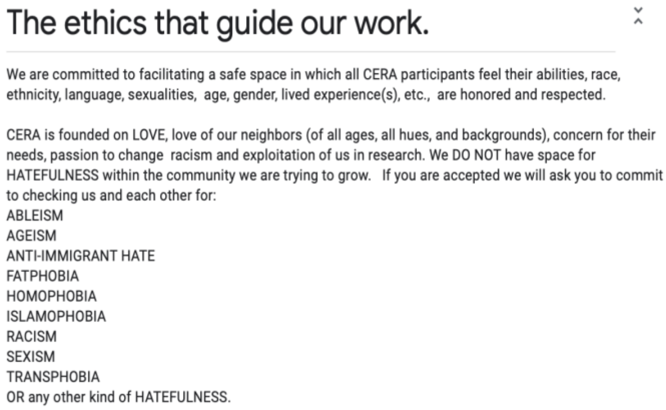
"What do you mean their pronoun is they?"
CERA Steering Committee Member

"Speak English! I hate it when they talk Spanish around us."
CERA Community Expert

"She's just the fiscal conduit."
CERA Program Staff

"I know what LGBT means, what do all the letters after it mean?"
CERA Community Expert

We can tell a bunch of stories that fit within the frame of no hateration in this dancerie. Throughout the life cycle of CERA, we had to wrestle with our demonstrations of unapologetic love of Black and Brown peoples between collaborators, among the facilitators, for, and within the two cohorts of CERA graduates. As it pertains to clashes between collaborators contentious moments abound. First, we (different permutations of we) sometimes misgendered or did not immediately check folx for misgendering our non-binary program coordinator Nicky. Real talk, we all made this injurious violation at least once, though some of us identify as queer. We had to learn to check our own cisnormative privilege and let go of religious beliefs, along with reinscriptions of the gender binary, that got in the way of loving Nicky (our program coordinator), later Rodrigo (our lawyer), and any of our non-binary, GNC, & trans family. Though we normalized sharing gender pronouns, were more explicit about our refusals, (see Figure 3), and held space for all gender identities later on, there were some collaborators that refused these demonstrations of love. Misogynoir, race-evasiveness, ageism, anti-Latinx sentiments also reared their ugly heads in our work. In the interests of brevity, we will share our confrontations with misogynoir.



The ethics that guide our work.

We are committed to facilitating a safe space in which all CERA participants feel their abilities, race, ethnicity, language, sexualities, age, gender, lived experience(s), etc., are honored and respected.

CERA is founded on LOVE, love of our neighbors (of all ages, all hues, and backgrounds), concern for their needs, passion to change racism and exploitation of us in research. We DO NOT have space for HATEFULNESS within the community we are trying to grow. If you are accepted we will ask you to commit to checking us and each other for:
ABLEISM
AGEISM
ANTI-IMMIGRANT HATE
FATPHOBIA
HOMOPHOBIA
ISLAMOPHOBIA
RACISM
SEXISM
TRANSPHOBIA
OR any other kind of HATEFULNESS.

Figure 3: The Ethics Guiding CERA's Work

CERA had two principal investigators at the beginning of the project: Monique and Reynaldo. However, we were also very reliant on our community partner, Barbara, for: office space, mentoring of program staff, procurement of materials, stipend distribution, and overall budget management. On many occasions the PIs did not agree about how to fully honor Barbara's contributions as a co-investigator, co-author, and co-owner of CERA. Monique misinterpreted several comments the other PI consistently made about where Barbara should be situated in the project's organizational structure. She initially characterized requests to remove Barbara as a co-author on a research poster and to refer to her solely as the fiscal partner, as the result of personality clashes between Reynaldo and Barbara. Reynaldo was a dedicated retired community pediatrician in The Bx for many years. He was a white presenting older Argentine man who worked diligently, for decades, on a multitude of community health interventions. Barbara was a beautiful Nubian locked Black woman, in her sixties, from Harlem, New York. She worked in HIV/AIDS and Black infant and maternal health for over 20 years. For over four years Reynaldo, Barbara, and Monique had successfully collaborated on community-based projects. However, the partnership was strained by power asymmetries. Monique readily admits that she was so consumed with teaching five classes, her own invisible dis/abilities, leading the methodological aspects of the project, writing, and submitting the 67-page IRB application, that she glossed over the overt and subtle tensions. That is, being caught up with onerous pressures of knowledge production in the academy and personal illness contributed to her, albeit momentarily, eschewing Black feminist ethics of care, and honoring lived expertise as a key criterion of meaning. Without Barbara we could not have procured meeting space for the community dialogues. Without Barbara's name on recruitment emails, we ran the risk of folx deleting our invitation. Truth was, Barbara was more hood famous, in Bronx public health circles, than any of us. Monique ultimately effusively apologized to Barbara and committed to radically acknowledging Barbara's contributions in all presentations, writeups, and products of the academy henceforth. Reynaldo left the project after attempts to mediate and reconcile what Monique later characterized as misogynoir were unsuccessful. His departure was the first of many that greatly impacted our ability to establish and sustain The Community Engaged Research Academy. Later on, Barbara would also resign from her position as executive director of the organization that was our community partner, but she never left the project. She would go on to teach a CERA class on community engagement, co-present with Monique at dozens of conferences, and procure additional funding to support the afterlife of the CERA project. Barbara taught us all so much about the importance of being explicit about refusing racial and social injustice within BFPAR. She taught us that good ethical intentions were speculative if they were not accompanied up by transparent consistent deeds. She reminded us that expertise came in beautifully diverse and embodied forms. She re-centered our commitment to developing relationships and solidarities that would outlast the life of research projects (Guishard et. al, 2018).

Lesson Two: We Finna Check Ourselves Before We Wreck Ourselves

"Why is the data so old? I know it takes time to update, but they got to do better than this!" CERA 2017 Community Dialogue Participant

"Hold on...can you explain what these acronyms mean? "
CERA 2017 Research Team Member

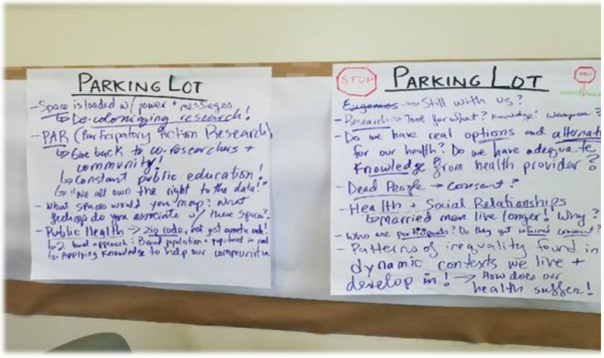
There is considerable overlap between diasporic Black feminist epistemes, Indigenous epistemologies, and embodied ethical practices as it pertains to honoring community, reflecting on mutuality, entering spaces respectfully, co-creating research that edifies all stakeholders, and exiting communities improved, healed, or better as a product of community-based research. In this section we share blips of interconnected stories about another intersection of racial justice of Black Feminist Participatory Action Research, which required us to dynamically exercise humility and unsettle our reliance on academicease. These stories weave across time within the project. We start by retelling a story, about old data, at the abuelita table, at our first community forum. We will move to some generative drama that we confronted, at the second CERA class we facilitated, two months later. Our stories reach their climax during a class on clinical trials, in 2018, and conclude with excerpts of a focus group of both cohorts reflecting on CERA as a humanizing learning space that needs to be sustained.

Most of CERA's facilitators were academic professors at public colleges. Most of us attended and ultimately graduated from the CUNY Graduate Center, in New York, wherein we were instrumental in co-creating a hub for participatory action research. Non-academicians facilitated lessons on publicly available health datasets and patient research networks, in addition to assisting with our community conversation events. We shared this to say that we made some foolish assumptions about our ability to coordinate a research academy that did not humiliate, dismiss, and/or traumatize non-white Bronx patients in the ways that too many American classrooms and schools have done. In part, we assumed that our shared commitment to social justice, racial justice, public education, and community engagement, among facilitators, would be the connective tissue that held the CERA classes together---we were wrong.

The Abuelita Table

It was a cold, late January evening at Lincoln Medical Center in 2017. This was CERA's coming out party. Folx were there from all over the South Bronx. We asked them to consult with us, about the design of our patient-centered research academy. We compensated attendees with a $30 money order and a resource packet. The agenda was full; it included breakout sessions and presentations (See Table 3). Moe (Monique) introduced the project and invited community members to talk about their experiences with research, health care institutions, and the public health system. Next, Calpurnyia, a Black woman epidemiologist, from the New York City Department of Health (NYCDOH), stepped up to present Morrisania's community health profile data to the room. Things seemed to be going great, that is, until we split up, for smaller group discussions. Marcia, Devin, and Justin were in the room facilitating these conversations. Moe was busy handling logistics. It was Justin's table that shook things up.

Many issues came up during Calpurnyia's presentation, one around terminology/language use and one around the data. Throughout the presentation, Calpurnyia used terms like morbidity and mortality instead of birth and death rates. She didn't unpack other terms or, even check in with folx in the room to see if clarity was needed. To her credit, the slides she used were preformatted, by the NYCDOH and part of a larger community toolkit. We reviewed them before her presentation, but she had to get approval to make edits. The language was exclusionary and made the content inaccessible to most of the community members present. Moments like these often cause people to shut down. Part of our understanding, and interpretation, of BFPAR's praxis requires an ethic of care that evaluates the needs of everyone in the room. If the energy shifts, discerned by glazed, diluted, disinterested eyes, it is important to pause, check-in, and re-evaluate the direction of the conversation. Recognizing the energy shift, Monique and Justin turned to a table with approximately 7 older Black and Latinx women. These abuelitas gave us "the look." For the uninitiated, the look is a glare that prompts folx in the know that they've committed an infraction and calls for you to act right--immediately. One of the abuelitas, Evelyn, was a retired social worker, who challenged the veracity and age of the data on Calpurnyia's slides. The other elders expressed similar sentiments as persons who had lived/worked in Morrisania for decades. This push back prompted Monique to ask Calpurnyia to break down the terms she was using. Monique and Nicky also started a "Parking Lot" at the front of the room (Figure 4). The Parking Lot was a series of large white poster paper that served as a space to document questions and translate jargon into everyday language – in real time. This practice allowed for the community dialogue to shift from not just a place of review and feedback, but one of shared learning and knowledge building.



PARKING LOT
- Space is loaded w/ power + messages
↳ De-colonizing research!
- PAR (Participatory Action Research)
↳ Give back to co-researchers + community!
↳ Constant public education!
↳ "We all own the right to the data!"
- What spaces would you map? What feelings do you associate w/ these spaces?
- Public Health → zip code, not just genetic code!
↳ 2 level approach: Broad population + pop-based in [illegible]
↳ Applying knowledge to help our communities

PARKING LOT
Eugenics → Still with us?
- Research → Tool for what? Knowledge? Weapon?
- Do we have real options and alternat for our health? Do we have adequate knowledge from health provider?
- Dead People → consent?
- Health + Social Relationships
↳ Married men live longer! Why?
- Who are participants? Do they get informed consent?
- Patterns of inequality found in dynamic contexts we live + develop in! → How does our health suffer!

Figure 4: An example of the Parking Lot used during CERA sessions.

As a result of the public snatching, from the abuelitas, Calpurnyia went back to the DOH and explained how she was reprimanded for taking old data to the 'hood. Her supervisors took this experience seriously and subsequently updated the toolkits employees of the Bronx Neighborhood Action Center used for community outreach. Calpurnyia bravely checked herself and listened to elders with deep knowledge about their disease communities.

It was important for CERA's programmatic staff and future facilitators, in the room, to witness this call out moment from the abuelitas. We didn't want to get snatched too. We learned to actively check each other, on our use and overreliance of jargon to teach research methods. Within the audio recordings for sessions, Dr. Moe can often be heard saying: "What does that mean? We gotta unpack that!" The latter would prompt the rest of us to define any medical or academic-ease spoken into the room. Participants of the academy would frequently take pictures of these unpackings and share them on social media with family and friends. We were surprised by this strategy, but we also recognized how important this was to the community. We saw this as less symptomatic of note taking in the Instagram generation, and more of an attempt to memorialize the information, the moment, so that it could be remembered and shared.

We Need a Motha Lovin' Presentation Template

The community dialogues helped us decide the content of the CERA classes but not the specific ways we would teach the curriculum. This became clear during the second CERA session in 2017. A key moment occurred during a hot, rainy, lengthy Saturday session. The vibes that day were off, there was a lot on the agenda to get through, the room was too small to comfortably accommodate all of us and the food order was jacked up. By the time Tobias showed up, the air was a bit thick. Tobias was late and some folx were in their feelings about it, but there might have been a number of reasons to explain his tardiness. Maybe he was late because he had never been to the campus. Perhaps it was hard to find our meeting spot. Maybe he was late, and in his own feelings about having to pinch-hit for another facilitator.

Unfortunately for Tobias, he had to present last. It seemed like the presentation was a generic one that had been used before, and probably successfully delivered before at his own institution. This carbon copy presentation made it seem like there was no attempt to tailor it to an audience that looked like us. An alphabet soup of acronyms and esoteric terms were used throughout the presentation. It was too much like traditional schooling. We had just heard from BxCRRB members and Dr. Moe talking about community-based research ethics. We had just completed an interactive ethic roleplay exercise. Either way, the presentation fell flat. In this moment, we understood that we needed to change things up. A number of lessons were learned. The day was just too packed and contained too much damn information. We resolved not to attempt teaching more than two methods in a day. We learned to organize food, good and tasty food, from off-campus eateries. Trust that Black and Brown community folx will judge about/from the type of food you provide. We also learned to make sure that our meeting spaces were accessible and comfortable for everyone. Most of all, we learned that a critical part of checking ourselves, before we were snatched by grannies and other folx was to create a consistent, predictable template that kept our methods lesson cute, tight, and on point. We began the template that night and worked to finalize it for our next class. We wanted to create a template for the comfort of folx that historically have experienced educational spaces as sites of trauma. The layout of the template included 10 slides: a cover slide, an agenda slide, an introduction to the facilitator which asked them to be explicit about their community-based work, an overview of the method of topic, an analysis of the role of the researcher and participant within the method, advantages and disadvantages of the method, a tangible example of ethical issues that emerge with the method, and the facilitator's contact information with a set of references. There was also space for facilitators to include an activity/homework slide for folx to try it out.

Conclusion

As I reflect on my experience as a graduate of CERA's 2017 cohort, I have complicated thoughts. I utilized the education I received, through the various topics in the curriculum, in many ways. I was able to share what I learned with other community residents, who I came in contact with at my church. I also shared what I learned while conducting outreach as a health educator. I brought my eldest daughter, PetaGaye, who was a college student studying nursing at the time, to participate and learn about the academy. She had the opportunity to work and get paid as a focus group facilitator at two of CERA's community dialogues. But, I must honestly admit that there were times I felt very uncomfortable because not everyone at the table was sincere. Some people seemed to be opportunistic and only in it for the stipend; their hearts weren't really in the project. Though those people made me feel uneasy, I was encouraged to continue attending and play my part, which was to learn how to engage my community, advocate for myself, my family, community, and more. So many of the lessons we learned, how they influenced transformations within me and the other participants…were breathtaking to witness.
~Marcia Stoddard Pennant

As you digested our stories, you might have asked yourself what was to be gleaned from these truth-tellings that are pertinent to racial justice or Black community psychology? Were there any strategies or ways of being that could have circumvented these relational ethical quandaries we encountered? Was CERA a success if community experts decided not to do the community-based research projects we worked hard to help them design? Was it a failure if they chose to join a local community-based ethics review board instead (The BxCRRB)? Throughout this article, we have attempted to address these questions whilst sharing the successes and challenges of using Black Feminist Participatory Action Research to actualize The Community Engaged Research Academy (CERA). We scrutinized the accomplishments and pyrrhic victories of the CERA project to offer concrete examples of what attending to racial justice in community psychological inquiry can look like to readers. We offered an unwavering commitment to loving all and not some Black folx, checking your professional humility before you wreck the project, centering Black feminist participatory praxis (in the forms of developing community agreements, and articulating refusals), as lessons to be gleaned about initiating and sustaining racially just interventions. As Marcia notes, above, CERA was imperfect. It was successful in achieving its aims and answering its research questions, over the lifespan of the project, but there were many growing pains. It took us all on a journey marked by joyful peaks, disappointments, heartbreak, cooling off periods, healing, and boundless hope. The lessons we learned about the difficulties and promise of initiating a patient-centered research movement that has instigated transformation for all of us, community experts, the programmatic staff, the steering committee, and the facilitators. It literally transformed the Bronx Community Research Review Board (BxCRRB).

Figure 5: *CERA Community Experts: What is CERA?* – These words reflect what CERA CEs said where words they would use to describe CERA displayed in a word cloud.

Outside of obtaining IRB approval, we used shared decision making through our steering committee, and consulted with The BxCRRB to check our collaborative ethics. We argue that ethics, in Black Community Academic Partnerships, can never be prescribed away or resolved with the most robust resources. Evaluations of ethics evoke more questions than they answer and invite analyses of power in partnerships. Ethics should be reflected upon throughout the life cycle of a participatory research project. We were fortunate to be able to work with the BxCRRB and encourage other Black community psychologists to host community conversations, and/or consult with community advisory boards, and research review boards on the focus, design, data collection methods, and plan to share back research findings before and throughout the life of the project.

The Bronx Community Research Review Board is a non-profit, volunteer organization of Bronx residents, patients, researchers, organizers, and caregivers. The membership of the BxCRRB is multi-generational, multi-racial, multi-ethnic, though most of us identify as Black. Members come from or work in 9 Bronx neighborhoods. Members actively bring scholarly and organic expertise with many of the disease communities that are prevalent in the borough we call home. Fundamentally, the board has 3 main arms: community research ethics review, healing-centered community engagement, and healthcare advocacy.

To be clear, the BxCRRB predated the establishment of CERA. However, it was on its last legs and badly in need of funding to survive. Monique and Reynaldo wrote the CERA PCORI grant to assist with sustaining the work of the board. We mention the BxCRRB here because many of its past members facilitated classes for CERA. We mention it because of all the options we thought graduates of CERA would pursue after the grant was over, completing the small community-based project they designed, joining an IRB as a community rep, or becoming a patient advocate; they gravitated toward joining the board. Some might see this as a failure. However, that simplistic perspective ignores the agentic power that participants have in deciding their fate. We choose to see it as the truest, most liberatory expression of self-determination that graduates could have pursued. Under the praxis of BFPAR, research is not always the intervention that is needed. Joining an organization dedicated to health equity justice in the Bronx may be more impactful and empowering in the long run.

At the request of graduates, we extended the curriculum of CERA, to include rigorous training in research ethics. CERA graduates joined the BxCRRB, formed a new Board of Directors, and were able to declare independence from the fiscal and sponsoring organizational partners (The Bronx Health Link and Albert Einstein College of Medicine). The BxCRRB has since become a 501(c)3 organization with its own mission and vision. The board now aims to ensure that Bronxites are meaningfully consulted and included in community-based interventions geographically located in their neighborhoods. The BxCRRB convenes threshold spaces wherein the results of research projects are returned to intended and unintended participants in timely, culturally responsive, relevant, and accessible ways. The BxCRRB and the CERA project are guided by the core ethics and mission in our shared hashtag--#NoMoreResearchAboutUsWithoutUs.

CERA was like catching lightning in a bottle. It was a moment where everything aligned, and the heavens opened up (in the form of the Affordable Care Act and federal funding to address health inequities). However, now we question whether this work can be reproduced. By us? By others? Should or can it be sustained? When PCORI is dying? When the outcome of the election decides the fate of the Affordable Care Act? When racial justice inquiry, in the form of critical race methodologies are being racially attacked by this current administration? We have been asked to replicate CERA in many forms, to develop academies for young people, formerly incarcerated, LGBTQIA+, and undocumented persons. We have often asked ourselves whether we emotionally afford to do it all again? We lost personal and professional relationships, time with our families, time away for accomplishing academic milestones, and a lot of sleep. And yet, we were able to gain new relationships and deepen existing ones. CERA changed the way we see ourselves, in the academy, in the community, within in between spaces. It changed the ways we thought it was possible to enter, live within, meaningfully partner, and ultimately leave research projects with Black and Brown peoples.

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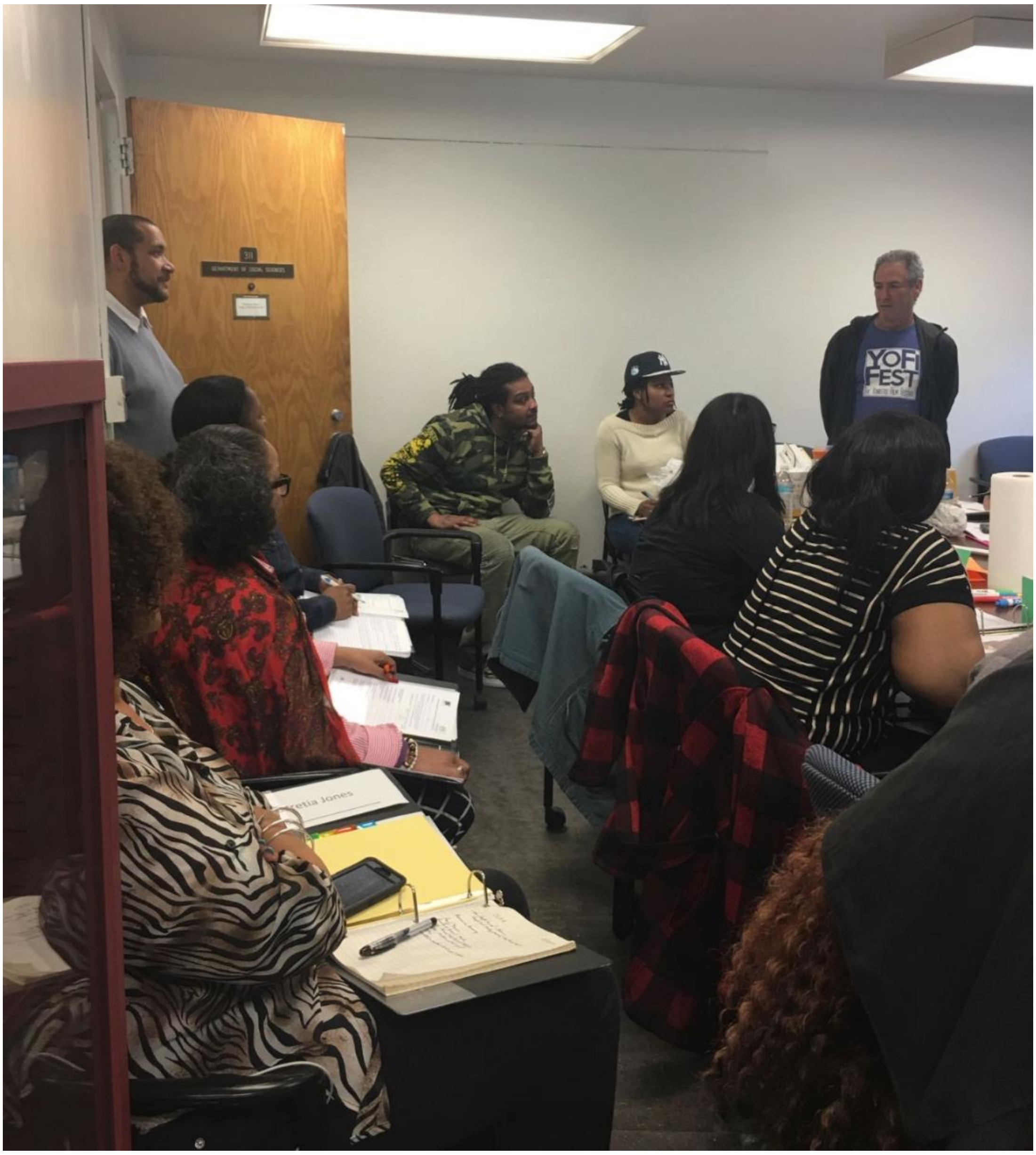
APPENDIX: Additional Images


Next Me


GAB


1930s
Nazi Experiments
1940s
TUSKEGEE
1950s
1960s
Milgram
1970s
Tearoom Trade Study
1980s




1930s
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TUSKEGEE
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