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# Using Constructivist Grounded Theory to Generate Participatory Research Empowerment Guideposts (PREGs) for African American Communities to Address Racial Health Disparities

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## Washington University in St. Louis

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Using Constructivist Grounded Theory to Generate Participatory Research Empowerment Guideposts (PREGs) for African American Communities to Address Racial Health Disparities

A dissertation presented to

Brown School

of Washington University

in partial fulfillment of the

requirements for the degree

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My dissertation is dedicated to Jamala Rogers. Thank you for giving me my first critical lens in which to understand the challenges facing Black communities. The seeds you planted over 35 years ago are still producing harvest.

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#### Abstract

Racism has multisystemic impacts on African Americans resulting in longstanding racial health disparities. Increasingly, researchers use participatory research in their health equity efforts. Participatory research is rooted in the principle of empowerment and centers community lived experience to generate meaningful solutions while shifting conventionally held positions of power within research engagement and within systems more broadly. Yet the research literature on empowerment lacks consensus of its operationalization and measurement. Moreover, it is unclear to what degree existing frameworks of empowerment are derived from the communities they seek to engage and empower. Thus existing frameworks of empowerment could be strengthened by work that amplifies the experiential reflectiveness of African American communities. Given the deficiency in prior research to center African American participant voices and perspectives, the current study used a critical race theoretical approach to explore the empowerment experiences of African American participants in Community Cafès used to collaborate with their communities toward addressing risks associated with child abuse and neglect. The Community Café model is a civic engagement strategy that has been adapted to a participatory research method. It is based on design principles to create an inviting, café-style setting that fosters constructive dialogue, collective intelligence, and culturally responsive possibilities for action. Using constructivist grounded theory methodology, the study conducted in-depth interviews with 16 Café participants which yield five primary themes and five subthemes. These themes were then used to generate a set of six participatory research empowerment guideposts (PREGs) for African American communities. PREGs signal a shift away from documenting deficits and risks and calls for researchers to center the African

American experience with nuanced empowerment processes such as integrating discussions about racism and culturally reflective healing activities.

#### **Chapter 1: Introduction**

#### Statement of Problem and Rationale for Study

The legacy of slavery and anti-Black racism have far-reaching multisystemic impacts on African Americans that, despite efforts to address them, have resulted in longstanding racial disparities in health and well-being (Brondolo et al., 2009). For African Americans, racism is associated with increased mental health problems, higher rates of preclinical indicators of disease and adverse health behaviors, and lower utilization of care and adherence to medical regimens (Williams et al., 2019). For African American communities, racism and racist policies have created disproportionate amounts of deprivation and disorder (e.g., poverty, violence, crime, pollution, abandoned or poorly maintained buildings) (Anderson & Oncken, 2020) and limited access to and availability of health, educational, business organizations (e.g. quality schools, employment, food outlets, health resources) (Anderson, 2017; Dimick et al., 2013). Within systems such as criminal justice and child welfare, racism is arguably the fundamental cause for the disproportionate involvement of African Americans (Alexander, 2011; Dettlaff & Boyd, 2020). And even within prior research, racism has a long and egregious history of unethical and exploitative scientific assaults on African American populations (Washington, 2006), resulting in their generational mistrust of research and researchers (Scharff et al., 2010). The ongoing cycle of these synergistic, interdependent levels of racial oppression has led to the continued disenfranchisement of African American individuals, families, and communities and thus the perpetuation of racial disparities in this country.

In response, a growing number of public health and social work researchers are using participatory research strategies to enhance their research efforts, situating them as key research tools to empower communities to address racial health disparities, and to promote research

justice (Chavez et al., 2008; De Las Nueces et al., 2012; Douglas et al., 2016; Wallerstein & Duran, 2006; Ward et al., 2018). Participatory research is an engagement approach used to collaborate with communities that centers their lived-experience as contextual expertise in generating meaningful solutions for the improvement to their health and well-being. It describes a praxis of research methods based on the principle of empowerment. Empowerment includes processes that act interdependently across individual, organizational, and community levels of engagement and involves the intentional redistribution of power through the promotion of selfgovernance and collective control (Perkins & Zimmerman, 1995; Rappaport, 1987). Researchers using participatory strategies recognize the importance of critically evaluating dynamics of participation and engagement between communities and professional partners toward describing the degree to which research processes are equitable and empowering (or inequitable and disempowering) (Israel et al., 2005; Oetzel et al., 2006; Robinson et al., 2023; Smajgl & Ward, 2015). Yet, given its multilevel, interdependent, context specific nature, efforts to measure and evaluate empowerment have been met with challenges (Brandstetter et al., 2014; Cross et al., 2017; Cyril et al., 2015; Lindacher et al., 2017; Rissel, 1994). A handful of scholars who used participatory methods to empower communities have offered frameworks that describe the essential processes of their engagement such as power, leadership, capacity building, shared decision-making, etc. (Akom, 2011; Braithwaite et al., 1994; Braithwaite & Lythcott, 1989; Braithwaite et al., 1989; Kasmel & Andersen, 2011; Labonte, 1994; Laverack, 2001; Laverack & Wallerstein, 2001; Rifkin, 2003; Wallerstein, 2002, 2006). Specifically, Braithwaite and colleagues' (Braithwaite et al., 1994; Braithwaite et al., 1989) and Akom's (2011) empowerment frameworks specify that participatory research with African American communities should centralize the importance of racism's impact on the health and well-being of Black communities,

work to cultivate trust, and integrate aspects of healing and love as critical features of research engagement. Although both the general definitions and frameworks of empowerment, and those with specificity for African American communities offer useful engagement processes, it is unclear the degree to which they were derived from the actual perspectives and experiences of the communities themselves. Existing frameworks could be strengthened by work that amplifies the experiential reflectiveness of communities offering prescriptive best practices for research collaborations with African American communities.

#### **Description of Study**

Given the deficiency in prior research to center African American participant voice and perspective in discerning the critical elements of empowerment, a critical race theory (CRT) orientation is applied in formulating the overarching goal of the study. The aim of the study was to generate a set of considerations or guideposts, PREGs, for researchers who want to use participatory methods to empower African American communities to address racial health disparities. To achieve this the study partnered with two St. Louis-based initiatives, Parent and Children Together-St. Louis (PACT-STL) and Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), which use the Community Café model to collaborate with African American communities experiencing high levels of risks associated with threats to child safety and well-being. The Community Café model is a civic engagement strategy that has been adapted to a participatory research method. It based on design principles to create an inviting café-style, conversational process that fosters constructive dialogue, emergence of collective intelligence, and culturally responsive possibilities for action (MacFarlane et al., 2017; Steier et al., 2015; World Café Method, 2019). The model is one of the central ways both projects and African American communities collaborate to develop multilevel interventions aimed at reducing risks and strengthening protective factors, while also partnering to address immediate community concerns related to child abuse and neglect and child social and emotional health.

The study used constructivist grounded theory (CGT) to purposively and theoretically sample African American adult community members and community agencies and service providers, and PACT-STL and Project LAUNCH staff (>18 years) who participated in one or more Community Cafés. Grounded theory is a systematic, iterative approach of collecting and analyzing qualitative data aimed at depicting emergent social processes and implying theoretical formulations grounded in data (Glaser & Strauss, 1967). CGT is particularly suitable for this study because it assumes social reality as multiple, processual, and constructed, and attends to issues of power by locating participants (and researchers) across the continuum of societal positionality—from marginalization to privileged—to intentionally center participants' actions and self-defined meanings of their experience (Charmaz, 2014). The aims and research questions for the study were

Aim 1 Explore the experiences of empowerment within Community Cafès used to collaborate with African American communities toward informing the development of PREGs.

- RQ1. What are the empowerment experiences of African Americans participating in Community Cafès focused on racial disproportionalities in child welfare research?
- RQ2. How can the perspectives and experiences of Community Café experiences improve the empowerment process within Café Community?

Aim 2 Generate a set of participatory research empowerment guideposts or PREGs for research collaborations with African American communities to address racial health disparities.

RQ3. What are key considerations or guideposts for using participatory research to empower African American communities to address racial health disparities?

#### A Note About Terminology

The use of third person is often used in quantitative studies in an attempt to foster a sense of neutrality and objectivity—a positivist world view. In contrast, critical theories—as a set of liberatory or emancipatory epistemologies (perspectives being championed in many ways throughout this study) include theories that recognize and call into central focus the sociopolitical elements of the research process itself (Webb, 1992). Taking a critical stance and in keeping with sincere intentionality of reflexivity as called upon in critical qualitative methodologies, I have chosen at times, to refer to myself using first person. This is intended to reaffirm the fact that no matter how we choose to do research and explore the realities in which we are embedded, we never truly do so from a position of pure objectivity.

Regarding racial identity and the interchangeable use of words to identify African American people, I recognize the continual diversification of those who identify as Black. It is beyond the scope of this research to attend to the evolving milieu of wonderful Blackness this country is currently experiencing. Thus, in the sections that follow the terms *Black* and *African American* are used to signal to the reader those individuals, groups, and communities of African lineage who have been historically impacted by structural racism.

#### **Chapter 2: Review of the Literature**

This chapter provides a review of the literature that substantiates an exploration into the empowerment processes of the participatory research used to partner with African Americans. It begins with an overview of structural racism, its impact on the health and well-being of African Americans which is then followed by a brief statement about historical and contemporary research injustices that contribute to the perpetuation of racial health disparities for Black communities. Next, I discuss the literature on how participatory research and empowerment are being used to partner with African American communities in addressing the racial health disparities.

#### Structural Racism and the Health of African Americans

The term excess deaths describes the sobering fact that if African Americans had the same mortality rate as White Americans, 100,000 fewer Black people would die each year (Lavizzo-Mourey & Williams, 2016). African Americans have higher rates of diabetes, hypertension, and heart disease (Der Ananian et al., 2018) and have the highest mortality rate for all cancers combined when compared with any other racial and ethnic groups (Carratala & Maxwell, 2020). Black children have a 500% higher death rate from asthma compared to White children (National Institute on Minority and Health Disparities, 2018) whereas Black teenagers experience a significantly higher risk of aggravated assault and face a homicide rate 2.9% higher compared to White youth (Sheats et al., 2018). In fact, being Black in America means a higher level of exposure to cumulative stressors compared to being White in America. Known as weathering effects, these increased stressors mean that African Americans experience physical and mental health deterioration at a rate 6.1 years faster than White Americans, which has a greater toll on their biological health (Forrester et al., 2019).

Research evidence links many of these adverse health outcomes that disproportionately affect African Americans to structural racism (Gee & Ford, 2011; Krieger, 2014; Phelan & Link, 2013; Williams & Mohammed, 2013). Codified into the fabric of society, structural racism is described as synergistic, interdependent infrastructures made up of laws and policies, practices, ideologies, and behaviors that maintain and reconstitute the racial hierarchy in this country— White people as superior and people of color as inferior (Bonilla-Silva, 1997; Gee & Ford, 2011). Moreover, a wealth of scholarship identifies racial residential segregation as the congenital form of structural racism that preserves racial inequities in this country (Kershaw et al., 2011; Krieger, 2014; White & Borrell, 2011). Racial residential segregation is the strategic separation of groups into different neighborhood environments by race, a process that has been developed and maintained in the U.S. to "protect" White people by ensuring they resided in separate communities from Black people (Williams et al., 2019). It determines the geographic context in which the majority of African Americans live and has created neighborhoods with differential access to economic and educational opportunities resulting in racial income inequality, limited ability for wealth accumulation, unemployment, and concentrated poverty for African Americans (Williams et al., 2019; Williams & Sternthal, 2010). In turn, disparate forces of racial residential segregation create differential exposure to neighborhood stressors that influence health behaviors, health status, and well-being of Black Americans compared to White Americans (Acevedo-Garcia & Osypuk, 2008). For example, policies and practices that perpetuate racial residential segregation produce conditions such as crowded, low-quality housing, high number of vacant buildings, shortages in the availability and affordability of healthy foods, and targeted advertisement of substances that increase health risks (e.g., tobacco and alcohol), which influence poor dietary habits and adverse health behaviors (Acevedo-Garcia

& Osypuk, 2008). Pervasive neighborhood disadvantage also contributes to family disruption, decreased trust among residents, social disorganization, and increased crime (Williams & Collins, 2001).

As a perpetual cycle, living in racially segregated neighborhoods is associated with lower socioeconomic status and poorer health and well-being for African Americans (O'Brien et al., 2020; White & Borrell, 2011). Additionally, segregation is associated with poor self-rated health for African Americans living in both high poverty neighborhoods (Do et al., 2017) and in neighborhoods where residents perceive increased disorder (e.g., higher crime rates, dumping, graffiti, pollution, abandoned or poorly maintained buildings) (Anderson & Oncken, 2020). Relatedly, the concentration of African American residents in urban neighborhoods is negatively associated with the number of health-promoting organizations such as quality food outlets, fitness facilities, health care resources, civic and social service organizations (Anderson, 2017) highlighting the link between racial residential segregation and health and well-being inequities for African Americans.

#### Structural Racism and Research Injustice for African Americans

Structural racism within research exists as both the historical exploitation and assaults wielded against African American bodies in name of scientific exploration, and the persistent lack of effective approaches to address racial health disparities. Its roots can be traced back to the development and integration of eugenics into mainstream academia (Dennis, 1995). Early on, research findings were used to scientifically establish a racial hierarchy and provide justification to misuse African Americans in the name of scientific progress. In *Medical Apartheid*, Harriet Washington (2006) detailed accounts of medical experimental abuses that extend beyond the most known atrocities like the Tuskegee syphilis study and Hospital for the Negro Insane. These

historical injustices have resulted in the generational distrust African Americans have in research and their overall hesitation to participate in research. Other factors that contribute to the pervasive general mistrust African Americans have for research include persistent racial disparities in health (Boulware et al., 2003), limited access to quality health care (Halbert et al., 2006), and negative encounters with health care providers (Lichtenberg et al., 2004). Further, Scharff et al. (2010) found that beliefs about the actual relevance and benefit of research to Black communities were salient factors in their trust of research and researchers. Moreover, many scholars have suggested that racism and racial inequities persist as ineffective research and practice to address long-standing and persistent racial health and well-being disparities (De Las Nueces et al., 2012; Ward et al., 2018).

#### Participatory Research—Responding to Racial Health Disparities for African Americans

A growing number of research-practitioners are using participatory research to address racial disparities and promote health equity (Chavez et al., 2008; De Las Nueces et al., 2012; Douglas et al., 2016; Olshansky et al., 2005; Wallerstein & Duran, 2006; Ward et al., 2018). What distinguishes participatory research from conventional research approaches is the principle of empowerment (Minkler & Wallerstein, 2012; Rappaport, 1987; Rissel, 1994; Wallerstein, 2006). Empowerment in participatory research involves shifting the focus away from characterizing deficits and documenting risks of target populations, and instead calls for a focus on harnessing the internal capacities within communities to promote wellness and change (Gorin et al., 2012). Empowerment-based participatory research describes as a praxis of engagement techniques that share a central philosophy of inclusivity and acknowledge the value of engaging in research *with* those who stand to be affected by it (e.g., community members, beneficiaries, users, stakeholders) (Baum et al., 2006; Bergold & Thomas, 2012). Used most often to

collaborate with those from marginalized, disenfranchised communities, these engagement activities are distinctive from traditional research methods (e.g., conventional surveys, structured interviews, traditional focus groups) in especially important ways (Baum et al., 2006). They include equitable processes that work to center the lived experience of communities as contextual expertise in generating meaningful solutions while simultaneously shifting conventionally held positions of power and control within the research process itself and in systems more broadly (Wallerstein & Duran, 2006). To do this, participatory research intentionally combines education with research such that mutual learning and sharing takes place across all research partners, community participants, and institutional professionals alike (Chavez et al., 2008). Fundamentally, empowerment in participatory research involves a commitment to social action among research partners to address immediate communityidentified concerns or needs and to increase the community's capacity to address that need (McIntyre, 2007). Examples of participatory research strategies that work to empower communities include community advisory boards, community health workers, participatoryaction research like youth participatory action research (YPAR) and World or Community Cafès.

#### **Empowerment in Participatory Research**

Empowerment, defined as "the process of enabling people to increase control over, and to improve their health" (World Health Organization, 2017, Brief 5), draws conceptually from a wide range of fields—community psychology, organizational studies, public health, and social work (Zimmerman & Eisman, 2017). Empowerment-based research approaches involve supportive processes through which participants increasingly gain and exert control over their lives where social justice, social change, and sustainability are prioritized as inherent potentialities of the research effort (Morton & Montgomery, 2011). As an orientation for

engagement to address the racial health disparities, empowerment's multilevel, synergistic functionality holds potential to meet and remedy the systemic nature and consequences of structural racism. Premised in ecological perspectives, empowerment is conceptualized as interactional processes and outcomes that exist on multiple, interdependent levels of analysis individual, family, or group, organizational or program, and community levels (Perkins & Zimmerman, 1995; Zimmerman et al., 1992). The individual level (or what is also called psychological empowerment) is defined as one's belief in their capacity to exert control over their sociopolitical environment. Individual level empowerment involves a critical analysis of one's social position related to power, privilege, access to resources, their ability to identify gatekeepers, to act or participate in resolving issues that impact their life (Zimmerman, 1990; Zimmerman & Rappaport, 1988). It is through active participation, critical awareness, leadership, and advocacy in organizations and community that an individual becomes empowered and why the organizational and community level analyses are often referred to as "empowering" or "empowered" (Christens, 2011; Laverack, 2006; Laverack & Wallerstein, 2001; Peterson & Zimmerman, 2004; Zimmerman & Warschausky, 1998).

Organizations or groups are said to be "empowering" if they provide opportunities for people to collectively exercise control over their lives and 'empowered' if they have demonstrated success influencing legislation or offering effective, responsive service provision (Wallerstein, 1993). Similarly, community empowerment is often defined in terms of opportunities for organizational and individual participation in the collective efforts that improve quality of life through self-determined and self-identified problems and responses (Chavis & Wandersman, 1990). Given the multilevel, synergistic nature of empowerment, empowerment-based research is especially pragmatic for addressing racial health disparities among African

Americans because it holds potential to meet the multidimensional, dynamic nature of its cause—structural racism—towards not only alleviating deleterious health outcomes but to remedying the underlying social inequities that give rise to them.

#### **Challenges With Empowerment in Participatory Research**

Researchers using participatory methods recognize the importance of critically evaluating dynamics of participation and engagement between communities and research professionals to examine the degree to which research processes are equitable and empowering (or inequitable and disempowering). Yet progress towards evaluating empowerment efforts has been slow. It is multilevel, interdependent, context specific structure and trans/interdisciplinary use has resulted in a lack of consensus in its operationalization as well as its measurement (Brandstetter et al., 2014; Cross et al., 2017; Cyril et al., 2015; Lindacher et al., 2017; Rissel, 1994). For example, participatory researchers conducted a systematic review that focused on the use of quantitative scales and found that much of the health literature research (85%) measured empowerment at the individual level but not at organizational and community levels using such standardized tools (Cyril et al., 2015). Other efforts to reconcile evaluation concerns include the work of Brandstetter et al. (2014), who found that a variety of qualitative methodological approaches were used to evaluate experiences, concerns, and constraints of empowerment. Scholars have also noted the need for adequate study designs, methods, and indicators in advancing the development of effective empowerment approaches (Cross et al., 2017; Lindacher et al., 2017; Sandoval & Rongerude, 2015). Lindacher et al. (2017) conducted a systematic review to capture both the evaluation procedures being used and the advantages and disadvantages associated with them. They found that empowerment-based studies typically use self-designed or modified scales. Like Cyril et al.'s (2015) systematic review, the studies in Lindacher's review included

indicators that captured individual-level competencies and motivations related to empowerment, whereas indicators of organizational and community empowerment were less common. Taken together, these findings confirmed that stance of early empowerment theorist Rappaport (1987) who asserted that empowerment can only be truly evaluated on a case-by-case basis. Indeed, much of the literature concerning the operationalization and measurement of empowerment concludes that the context-dependent nature of empowerment may render the development of standardized measurements an unrealistic objective (Brandstetter et al., 2014; Cyril et al., 2015; Lindacher et al., 2017).

#### A Review of Participatory Research With African Americans

A literature review was conducted to get a sense of how participatory research is currently being used to empower African American communities to address racial to address racial health disparities. Studies included were limited to those conducted after 2010 when the severity of disproportionate health burdens for ethnic and racial groups warranted the institutionalization of the Center on Minority Health and Health Disparities (National Institute of Health, 2010). The review yielded a final set of 28 studies that had an exclusive focus on African American populations (50% or more of sample), included the word "empowerment" in their description as detected by general search in social science databases, used participatory research engagement strategies, and addressed a racial health disparity. Upon reviewing the studies and specifically evaluating the noted processes used to activate empowerment, six of them reported solely on the impact the intervention had on the health disparity of interest—that is, these studies gave no details pertaining to processes, process measures or process outcomes associated with the participatory research strategies they used. The remainder (22) that documented their participatory research processes varied greatly in the amount of detail they reported. For

example, some provided in-depth descriptions of participatory strategies and evaluated their impact on participant communities, whereas others gave only scant details of these strategies (e.g., reporting only the number of community health educators trained, or the number of steering committee meetings held).

Of primary concern to this research was the empowerment-related content of these studies. This content was synthesized to understand what types of participatory research strategies are being used and how they are being used to empower African American communities. Many of the studies demonstrated the dynamic, synergistic properties of empowerment by aiming efforts at multiple levels of engagement. Twelve of the 26 studies sought to impact the individual and community levels simultaneously and six the individual-group-community or individual-organizational-community levels. In terms of specific participatory strategies used, eighteen of the studies cited the use of community-based participatory research (CBPR), nine trained and employed community health workers, and nine used some form of community advisory board. The next section briefly outlines some of these strategies and makes recommendations for additional ones to use with African American communities.

#### Participatory Research and Community-Based Participatory Research

Cited most often among the reviewed studies and used in conjunction with other participatory activities was CBPR. The literature describes CBPR as an umbrella term for participatory research strategies; in fact, some may even say the two terms are synonymous. CBPR is an investigate process that "begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities" (Minkler & Wallerstein, 2003, p. 6). It is

characterized by several defining characteristics: it (a) emphasizes colearning between academic and community partners where both are exposed to and transformed by the research process; (b) places intention on capacity building beyond conducting research—oftentimes this means a commitment to training community members in research processes; (c) ensures that knowledge and resulting data be equitably beneficial across research partners; and (d) includes a statement of long term commitment to reduce disparities (Israel et al., 2005). Given the overwhelming similarities in the definitions of participatory research and CBPR, this research study agrees that CBPR, like participatory research, aims to empower community partners.

# Other Participatory Research Methods—Community Advisory Boards, Community Health Worker, and Participatory Action Research

Although the term *CBPR* seems to indicate a general approach to participatory research, what begins to distinguish the reviewed studies from each other was their employment of specific strategies. Community advisory boards, the community health worker model, and participatory action research (PAR) models were participatory research strategies used in the reviewed studies. Community advisory boards (CABs) use a structured form of empowering African American through community organizing. The composition of a CAB usually reflects the target community where members share commonalities across one or several aspects of identity, interest, experiences, history, language, or cultures (Israel et al., 1998). Moreover, the multidisciplinary composition of CABs represent various sectors depending on issues of interest (e.g. residents, service providers, clergy, local activists) and oftentimes they assume a leadership role in a CBPR partnership (Newman et al., 2011). The key role of the CAB is to ensure that the voices and concerns of community members are prioritized within the research or project agenda (Manjunath et al., 2019). To accomplish this CABs provide a formalized infrastructure

responsible for advising on appropriate and respectable research or project activities (Chene, 2005). The community health workers (CHW) model employs "natural helpers" or "community members who work almost exclusively in community settings and who serve as connectors between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate care" (Witmer et al., 1995, p. 1055). Indigenous to the community, they serve as culture brokers who embody the ethnic, linguistic, socioeconomic, and experiential characteristics of the target population. Further, CHWs provide an emic understanding of the cultural strengths of the community that inform and direct intervention content and implementation (Love et al., 1997). It should be noted that CHWs and CABs are often situated as specific engagement techniques within CBPR efforts. CABs and CHWs work to build capacity towards sustainability and self-reliance within broader CBPR efforts to ensure that research project's impact transcends its immediate, short-term goal of reducing a specific health outcome.

Also documented in the reviewed empowerment-based studies was the use of participatory research that calls for a more grassroots, community derived or grounded approach, PAR models. These participatory research strategies are unique from the more traditional CBPR, CABs and CHW models in that they intentionally centralize exchanges where researchers and participants engage in collaborative, reflexive processes aimed to deepened understand historical, cultural, and local contexts of health, and to stimulate community action for immediate improvements in health for the participant community (Baum et al., 2006). These strategies seem to get at the root of empowerment in more tangible and profound ways. This root approach is particularly salient for research with African American populations given the persistence of health disparities perpetuated by researchers entering Black communities, gathering data, and

leaving without providing feedback or without the research having any positive noted effects on the lives of the members of *that* community (Shoultz et al., 2006).

From the review, these more grassroots, social action-based participatory research strategies are underused as means to address health disparities in African American populations as there were only two, a community-based participatory action research and YPAR among the reviewed studies. Unfortunately, Austin and Harris (2011), who cited community-based participatory action research as a means to investigate the viability of a health ministry committee role in addressing health disparities through education did not delineate the processes involved in the engaging participants, providing no evidence on how and in what ways community-based participatory action research acted to empower the participants and how community members might have benefited from the participation.

On the contrary, the Abraczinskas and Zarrett (2020) is exemplary detailed account of empowerment-based research as it depicted several informative aspects of empowerment, illustrating the "how" of such research processes. Aimed at addressing disparities in physical activity among African American adolescents residing in urban areas who attended underresourced schools, they sought to explore both YPAR as a general means of afterschool care and YPAR with a physical activity engagement component to activate individual empowerment and systems level change. Abraczinskas and Zarrett demonstrated that incorporating an action-based participatory approach prioritizes empowerment on all levels (individual, group, and community) thereby initiating change that addresses both the youth determined needs, values, and interests, as well as larger systemic barriers to achieving and sustaining individual and group outcomes.

#### Community Cafès to Address Racial Health Disparities for African Americans

Although not used in any of the reviewed studies, the Community Café model is an empowerment, action-based participatory research strategy that holds particular value in partnering with African American communities to address racial health disparities. Community Cafès are a derivative of World Cafès, a specialized unique civic engagement model characterized by a set of semiformalized, loosely structured implementation guidelines undergirded by the Wiser Together Principles (World Café, 2019; see Appendix A), which foster constructive, authentic dialogue and allows for patterns of collective intelligence and wisdom to emerge through the sharing of experiences. Through careful attention to and maintenance of these elements an environment that engenders the cross-pollination of thoughts among participants is created. In this safe space, all participants are regarded as experts of their own lived experience where the aim is not to reach a consensus but welcome and engage diverse perspectives towards cocreating innovative solutions (MacFarlane et al., 2017). Specifically, the Community Café model involves the convening of individuals and organizations to conversationally share about topics that are relevant to the local experience and to develop strategic plans toward solution (Yankeelov et al., 2018).

Given the intentionality of the method to center the perspective of participants and to move into action, Community Cafès are considered a valuable tool in activating empowerment-based research efforts with African American communities to address racial health disparities.

Until recently the Café model has been typically used in business and organizational settings as a means to facilitate strategic planning efforts and promote conversational leadership (Fullarton & Palermo, 2008). Researchers are beginning to document its utility with vulnerable and disenfranchised populations such as with rural, older adults who have diabetes to explore their

perspectives on health promoting behaviors related to diabetes (Yankeelov et al., 2018); with youth living with bipolar disorder to explore effective self-management strategies (Noack et al., 2016); with community-dwelling older adults to examine their views and preferences regarding seeking and receiving fall-prevention information (Khong et al., 2016); with residents in an older adult living facility to elicit their perceptions of effective relationships in institutional care (Roos & Toit, 2014); and with parents of children with severe disabilities to examine the viability of parent-led community conversation as a means to inform inclusivity for children and youth with disabilities in school, work, and community life (Carter et al., 2012).

However, there is a dearth of the documented use and evaluation of Community Cafès with African American populations specifically. Attending to this gap in the literature, my colleagues and I (Robinson et al., 2023) recently published research that evaluates the utility of Community Cafés as a participatory tool to engage African American community members who have had experience with the child welfare system. Well-documented in the literature, African American children experience disproportionally higher CPS investigation rates, foster care entry rates, and longer foster care stays (Dettlaff & Boyd, 2020). Our findings highlighted the ways participatory research models, like the Community Café, can be used to center community voice through the intentionality to recognize and attend to issues of power and the creation of safe spaces within the research engagement process (Robinson et al., 2023).

#### **Chapter 3: Theoretical Orientation and Empowerment Frameworks**

This chapter begins with a brief overview of CRT to explain the importance of exploring and discerning the specific empowerment experiences of participatory research used to partner with African American communities. Then I review and synthesize the key processes of empowerment from various participatory research frameworks in the research literature.

#### Introduction

At the root of racial inequities and their resulting disparities in this country is the fundamental issue of power. Understandings how and why empowerment approaches in research engagement serve to alleviate racial health disparities for African American communities requires a consideration of power, the multiple ways it manifests, and an illustration of how it is exerted by different domains of society—that is, the way in which dominant social structures seek to maintain status quo and subordinate communities resist and deconstruct restrictive impositions. Foucault offered a critical analysis that acknowledges oppressive mechanisms that perpetuate racial hierarchies and social inequities as well as locates and centralizes the capacities of communities as a vital impetus of change (Rainbow, 1991). To do so, he explained power as both repressive and productive. Repressive power includes acts of institutionalized mainstream structures that work to control and subjugate people's access and opportunities related to education, employment, living condition and other determinants of life quality. Power as productive is said to generate, activate, or "produce" versions of realities, perspectives, and truths that when exerted by mainstream oppressive structures operate to disguise or normalize repressive power dynamics through the creation and maintenance of institutionalized hierarchies of privilege, access, and advantage (Chavez et al., 2008). Importantly Foucault noted that a type of productive power is also exerted by subordinate communities and works to challenge and

resist oppressive structures by actualizing the capacities of the communities to effect change and bring about outcomes that improve their quality of life (Tilley, 1990). Community-productive power is paramount to the empowerment-based research paradigm as it gives shape to and informs research that addresses health disparities by way of ensuring that solutions are relevant and responsive. Community-productive power is the fuel that activates participatory research strategies, and meaningful change is realized and sustained beyond the scope of research engagement. The remainder of this chapter discusses CRT as a tool to dismantle oppressive power structures that exist both within research engagement and as racial health disparities. Also discussed are the existing frameworks of empowerment currently being used within participatory research.

# Critical Race Theory as Guiding Framework for Using Empowerment to Address Racial Disparities

CRT has increasingly been taken up and applied in several disciplines to analyze, deconstruct, and address the causes and consequences of racism in shaping the social, economic, and health outcomes of African Americans. Used more as a guide or orientation for research, CRT calls for the exploration into the ways in which racialization contributes to the problem of interest while prioritizing how one's social location (or place in the social hierarchy as it relates to power) informs the perspectives from which one views the problem (Ford & Airhihenbuwa, 2010). Further, CRT prioritizes the perspectives of those who have been marginalized by racialization as the central means to understanding how inequities persist. Distinctive from other theoretical frameworks, CRT expands past the mere observation of inequities and calls for direct, immediate action to eliminate them (Daftary, 2018).

CRT asserts several major tenets that positions researchers to engage in processes that challenge and address structural racism in a comprehensive and dynamic way. CRT holds that racism is endemic in our society and that much of the progress made by antiracism efforts in producing changes in legislation and social practices has only been advanced and maintained when the interests of White people happened to converge or align with those of the racially oppressed. CRT also emphasizes race as a social construction and draws attention to the ways that White power structures have racialized different minority groups at various times in history. Further it stresses intersectionality and anti-essentialist stances, upholding that research must acknowledge and attend to the multiple, overlapping, and intersecting identities associated with race that necessarily shape and complicate the life experiences of racialized individuals. (Delgado et al., 2017). By definition, participatory research engagement is a means by which researchers can actualize CRT in their collaborations. Moreover, the current study orients itself within CRT because it seeks to center the African American experience of empowerment to extrapolate a set of guideposts for others to use when seeking to empower Black communities address racial health disparities.

#### **Review of Existing Empowerment Frameworks**

Notwithstanding the above-mentioned inconsistencies in measurement, a handful of scholars have offered frameworks that describe the essential processes involved in empowerment-based engagement. Basic social processes can be defined as the "fundamental patterns in the organization of social behavior as it occurs over time" (Glaser, 1978, p. 106). Synthesizing these concepts helps to theorize how the use of participatory research empowers (or disempowers) African American communities. Although the majority of the frameworks found in the literature set forth very general processes (Akom, 2011; Braithwaite et al., 1994;

Braithwaite & Lythcott, 1989; Braithwaite et al., 1989; Kasmel & Andersen, 2011; Labonte, 1994; Laverack, 2001; Laverack & Wallerstein, 2001; Rifkin, 2003; Wallerstein, 2002; Wallerstein, 2006) two were specifically designed for African Americans with the goal of empowering communities in addressing racial health disparities (Akom, 2011; Braithwaite et al., 1994; Braithwaite & Lythcott, 1989; Braithwaite et al., 1989). The following section provides a synthesis of empowerment processes found across these frameworks.

#### **Transacting Power**

Empowerment-based frameworks implicitly posit that empowering is a transactional process involving the distribution of power across research partners—the professional or institutional partner and the community partner (Akom, 2011; Braithwaite et al., 1994; Braithwaite & Lythcott, 1989; Braithwaite et al., 1989; Kasmel & Andersen, 2011; Labonte, 1994; Laverack, 2001; Laverack & Wallerstein, 2001; Rifkin, 2003; Wallerstein, 2002, 2006). In fact, all the other processes are rooted in the dynamic of power. To highlight how this dynamic occurs, Labonte (1994) explained empower as both a transitive verb—where to empower involves bestowing power on to others as an enabling act or sharing of power; and as an intransitive verb—"to gain or assume power"—that involves power that is seized by individuals and groups. In conventional research spaces, the professional partner is the controlling actor, the one who defines the terms of the research interaction, whereas the relatively disempowered partner, the community, is seen as the recipient of the professional partner's action. Yet, in empowerment-based participatory research spaces, "empowerment exists only as a relational act of power taken and given in the same instance" (Labonte, 1994, p. 256) and is defined or applied intransitively toward the professional partner and the community alike. As the professional partner assumes or claims more power for themself, they do so with the intent to transform

oppressive social structures rather than advance self-interests by ensuring that power can be taken or assumed by the community partner. Thus, the process of empowerment is one that mutually empowers both the professional partner and the community (Braithwaite et al., 1989) and is distinguished as *power with* as opposed to *power over* (Labonte, 1994). Labonte delineated,

Power over relies upon the [seemingly] reality of things—diseases, health behaviors, risk factors.... Power with looks to the reality of lived experiences in the language, images, and symbols that people use to give voice to them. Power over tolerates others' views. Power with respects others' views, trying to understand them within the context of the others' life. Power over tries to educate others to his terms, his ways of viewing the world. Power with tries to find some common ground between what she knows, and how she talks about it, and what communities know, and how they talk about it. (p. 256)

#### **Activating Participation**

Participation is also a foundational process that undergirds subsequent processes of empowerment. It is defined as the active involvement of individual and groups in larger organizations, and the involvement of individuals, groups, and organizations in community. Participation exists on a continuum (Kasmel & Andersen, 2011; Laverack, 2001). Likened to Arnstein's (1969) ladder of citizen participation, it involves conceptualizing community members' input and control as increasing levels of power within the research project. Explicating this further, Wallerstein (2006) synthesized the research that outlines how participation functions across the three levels of empowerment (individual, group, or family, organizational or program, and community) that generate processes and outcomes to impact health. Coining the term "participatory empowerment strategies" (p. 8), Wallerstein named key facilitators of

participation central to activating empowerment (which we will see are reflected in subsequent processes of empowerment) that included engagement of local leaders, lay health workers and social movements or political will, the use of culturally informed, relevant, and effective interventions, partnerships between local communities and academic institutions, government agencies, or NGOs, and the promotion of effective leadership.

#### **Establishing and Maintaining Partnership**

A fundamental mechanism of empowerment framework, partnership signifies a cooperative joint interest across community and the professional or institutional participants that establishes the research project's efforts in the community. Partnership also entails added support from the institutional participant to the community in establishing and organizing community coalitions, boards, steering committees, voluntary alliances, etc., forged to help address community problems (Braithwaite et al., 1994; Laverack, 2001; Rifkin, 2003; Wallerstein, 2002, 2006). Such collaborations are especially effective and beneficial for empowerment beyond the scope of the initial research effort because they provide a means to strengthen individual partners by sharing responsibilities, tasks, and resources (Laverack, 2001).

#### (Re)Energizing Critical Consciousness

Another operative element of empowerment is the process of awakening or energizing the critical consciousness of participants. Referred to as *asking why* in Laverack's (2001) nine domain approach to empowerment, critical consciousness involves formal and informal educational process of emancipation for all research partners. Community and institutional partners alike become subjects of their own learning when they are invited to critically assess social, political, economic, and other contextual determinants that impact their social positioning and experiences related to the research project's aim (Akom, 2011; Laverack, 2001). Drawn

from Paulo Freire's (1973, 1976) three-step methodology of popular education, critical consciousness involves an iterative and cyclical process: (a) deep listening to understand felt issues or themes related to experiences of contextualized oppression; (b) reflective dialogue that engenders critical analyses of factors (personal, cultural, institutional) that contribute to the problem(s) that the research project addresses; and (c) sociopolitical action that is community determined, initiated, led, and maintained to bring about remedy and solution (Akom, 2011; Braithwaite et al., 1994; Laverack, 2001; Wallerstein, 2002)

## **Promoting Leadership**

Related to participation, leadership in empowerment frameworks is the process by which efforts are made to promote Indigenous leadership that is reflective of community partner (Braithwaite et al., 1994; Kasmel & Andersen, 2011; Wallerstein, 2006). Often, within conventional research contexts, leadership is exogenously determined in that professional or institutional partners usually initiate such projects, are often seen as having the necessary expertise and management skills to execute research activities, and have access to material resources that support the research project's goals. In contrast, empowerment-based frameworks maintain a pluralistic approach to leadership selection. Such a process involves a deliberateness to convene both positional leaders (formally elected and appointed) and reputational leaders (those who informally serve the community)—an act that optimizes the potential for sustained impact on empowerment (Laverack, 2001).

# (Re)Distributing Resources

Another mechanism of empowerment frameworks is the (re)distribution of resources. As a demonstration of power with, (re)distribution of resources is processes where both material and intangible assets are transferred. This transferal could include offering of tangible incentives for

community participation in projects (Braithwaite et al., 1994) or contributions from the professional or institutional partner in the form of money, materials, and human resources to the community (Braithwaite et al., 1994; Laverack, 2001; Rifkin, 2003). (Re)distribution of resources also includes time and energy contributions of the community partner in the initiation, implementation, monitoring, and evaluation of the research project. Although less tangible, such contributions situate target community partner as researchers, shifting their role and power from "users to choosers" (Rifkin, 2003, p. 176).

# **Building of Capacities**

Across empowerment frameworks capacity building is cited as an essential activity of empowerment. Overlapping with other processes, capacity building means the institutional partner conducts activities that include infrastructure support, promotion of skill development and critical awareness, cultivation of inherent expertise, advancement of leaders, and provision of financial support (Braithwaite et al., 1994; Kasmel & Andersen, 2011; Laverack, 2001; Rifkin, 2003). It also involves dissemination of information regarding good practices and evidence-based approaches as well as the sharing of information that will increase understanding of concepts, determinants, and theories associated with the research project's target outcome (Kasmel & Andersen, 2011). Further, capacity building includes resource mobilization in that empowerment frameworks seek to strengthen and extend the community's ability to negotiate and gain access to resources, sourced both internally and externally (Laverack, 2001). Finally, capacity building requires attention to sustainability where strategic planning involves resource development and is conducted to maintain organizational structures, programs, and efforts that support any resulting health or well-being gains (Rifkin, 2003; Wallerstein, 2006).

#### **Sharing in Decision-Making**

Empowerment frameworks also promote the use of democratic processes to empower community partners. This empowerment involves intentional protocols to engage a community in the decision-making process (Laverack, 2001) and attention to bidirectional communication (Braithwaite et al., 1994). It also means that intentional actions are taken to ensure that community partners have shared control in all aspects of the research process including defining wider problems, planning, implementation, evaluation, finances, administration, reporting, and conflict resolution (Laverack, 2001; Wallerstein, 2006).

### **Ensuring Cultural and Local Relevancy and Responsivity**

Also central to empowerment orientations are activities that integrate and reflect the community partner's values, perspectives, and patterns of social interaction within the research engagement process (Akom, 2011; Braithwaite et al., 1989; Wallerstein, 2006). Additionally, these concerted efforts aim to understand cultural context in which the research develops and ensures that the resulting initiatives or projects or programming is culturally responsive (Wallerstein, 2006).

### **Cultivating Safe Spaces**

Another essential process of empowerment frameworks is tending to relational or social dimensions of research engagement environment. Safe or domination-free spaces provide an openness and transparency in communication where partners feel comfortable sharing their stories and opinions without the fear of judgement or punishment (Labonte, 1994). Creating and maintaining safe spaces involve cultivating a sense of belonging, connectedness, and personal relationship within and across partners (Akom, 2011; Kasmel & Andersen, 2011; Laverack, 2001; Wallerstein, 2002).

## **Empowerment Frameworks for African American Communities**

Of the empowerment frameworks reviewed, two offered specific foci on processes to empower African American communities. The health promotion resources center (HPRC) (Braithwaite et al., 1994; Braithwaite et al., 1989) and the Black emancipatory action research (BEAR) models (Akom, 2011) are distinct from other empowerment frameworks in their relevance and importance for engaging African American communities to address racial health disparities. Formally acknowledging and recognizing racism in the articulation of their framework, Braithwaite and colleagues and Akom explicitly called for prioritization of research acts or engagement that (re)build trust and promote healing and love.

# **Acknowledging and Recognizing Racism**

Both the HPRC and BEAR models recognize racism as a distinctive health challenge for Black people. The frameworks call for an understanding of structural racism and how it shapes power and empowerment for African Americans in research engagement. The HPRC model sees powerlessness as a "structural problem that is embedded and reinforced by the fabric of our social institutions" (Braithwaite & Lyncott, 1989, p. 282) and the BEAR framework prompts the research partners to deal with questions of contemporary Black mobility from the perspective of structural racism (Akom, 2011). Both models call for intentional antiracist processes that reflect the specific context of the community partner and the health disparity being addressed, to be embedded within the research project. Although this process is related to energizing critical awareness, these two frameworks explicitly diagnosis the underlying problem of health disparities for African American as structural racism and thus see empowerment as a means to solution.

## (Re)Building Trust

According to Braithwaite et al. (1994), empowerment-based research holds a unique utility in attending to the distrust African Americans have of institutions. Given our country's legacy of structural racism (including discriminatory, exploitative, oppressive, and dehumanizing research and system practices) and the resulting, proportional level of extreme distrust African Americans have of systems and institutions, the HPRC framework emphasizes that empowerment researchers be intentional about gaining entry and building credibility within African American communities (Braithwaite et al., 1994). Rifkin (2003) also spoke of the importance of institutional accountability in empowerment work such as mechanisms that ensure the (re)allocation of resources and decisions that benefit the community partner (e.g., chartering of polices that make it transparent how equity and empowerment will be attained) but falls short in acknowledging that such actions are needed as a direct response to structural racism within both research practice and systems more generally.

### **Tending to Acts of Healing and Love**

Although nearly all of the empowerment frameworks for participatory research reviewed emphasized the importance of a culturally relevant or culturally responsive research engagement processes, the BEAR framework compels researchers to be even more intentional about addressing the particular needs of African American populations and the consequences of structural racism they have endured by implementing research engagement strategies that both heal and mobilize communities from the impacts of racism (Akom, 2011). The BEAR model calls for all aspects of the research process to be centered, located, oriented, and grounded exclusively in the African American and Black perspective. To achieve this the framework is rooted in the work of critical ethnographers, scholars, and activists such as Carter G. Woodson,

St. Clair Drake, W.E.B. Du Bios, and Mary McLeod Bethune, and the African-centered scholarship of intellects such as Cheikh Anta Diop, Frantz Fanon, and Marimba Ani. Although the first three core principles of BEAR (structural racism, intersectionality and the social construction of knowledge, and the development of critical consciousness) are reflective of other foundational empowerment frameworks, its fourth principle is unique and requires researchers to center the experiences, voices, and needs of African American and Black populations in culturally responsive ways that places emphasis on aspects of healing and love. These additional core principles originate from Indigenous and African values and ways of being—in particular ritual and community. Healing specifically is central to the empowerment of African American populations because of the historical trauma White supremacy has inflicted (and continues to inflict) on Black communities. Akom (2011) used Peck's (1998) the definition of love—"the will to extend oneself for the purpose of nurturing one's own or another's spiritual growth" (p. 148)—to explain the relevance of love in the BEAR framework. Love is conceptualized as selfdetermination and is situated as an essential process of the model. The framework intends to elicit deeper, restorative responses that resonate with African peoples in ways that heal and transform the social, political, psychological, and economic wounds from historical legacies of slavery (Akom, 2011).

#### Conclusion

This chapter presents the theoretical orientation and frameworks that substantiate an exploration into the perspectives, meanings, and experience of Community Café participatory research engagement with African American communities. The explanation of a CRT perspective underscores the centrality of empowerment as the key component of participatory research efforts that seek to address racial health disparities. Moreover as a CRT orientation

explains the importance of centering the actual experiences and voice of African American communities in exploring the empowerment process in participatory research. The synthesis of the empowerment processes from previous research provides a starting point to explore empowerment experiences within research engagement specifically for African American communities.

#### **Chapter 4: Methods**

#### Introduction

This chapter describes the research methods used in the study. After an overview of the study is presented, the research aims and questions are restated. Next, I discuss the investigative approach and consider how the guiding theories and frameworks informed the choice of methodological strategies. Then I describe the study's community partner, the study context, and the collaborating projects in which the participatory research took place. The remainder of the chapter outlines the data collection procedures and analysis and concludes with my positionality statement.

#### **Study Overview**

The overarching goal of the study was to generate a set of PREGs for use with African American communities by exploring experiences of empowerment in participatory research. The study partnered with two St. Louis based initiatives, PACT-STL and Project LAUNCH that use the Community Café model to collaborate with African American communities experiencing high levels of risks associated with threats to child safety and well-being. The Community Café model, an adapted participatory research method, is one of the central ways PACT-STL and Project LAUNCH collaborate with African American communities to develop multilevel interventions aimed at reducing community and family risks and strengthening protective factors, while also partnering to address immediate community concerns related to child abuse and neglect.

The study proposed the following research aims and questions:

Aim 1: Explore the experiences of empowerment within Community Cafès used to collaborate with African American communities toward informing the development of PREGs.

RQ1: What are the empowerment experiences related to participating in Community Cafès with African Americans communities to address racial disproportionalities in child welfare?

RQ2: How can the perspectives and experiences of Community Café experiences improve the empowerment process within Café Community?

Aim 2: Generate a set of PREGs for research collaborations with African American communities to address racial health disparities.

RQ3: What are key considerations or guideposts for using participatory research to empower African American communities to address racial health disparities?

#### **Investigative Approach**

I found CGT, a derivate of classical or traditional grounded theory (GT), to be the most appropriate to answer the research questions and theorize about the specific empowerment processes within the Community Café model used with African American communities. Multiple variants of GT evolved from Glaser and Strauss' (1967) foundational work *The Discovery of Grounded Theory: Strategies for Qualitative Research*. They shared signature characteristics and distinguish grounded approaches from other descriptive and categorical qualitative methods. GT involves a systematic and iterative way of collecting and analyzing qualitative data aimed at depicting social processes and implying theoretical formulations *grounded* in data (Glaser & Strauss, 1967). Researchers using grounded methods are interested in how participants' behaviors are shaped through social interactions and the meaning people give to their experience in natural settings (Glaser, 1978). GT is also rooted in pragmatism in that it places emphases on meaning and action about the phenomenon with relevance to those involved (Charmaz, 2014).

Processes are essential elements of discoveries for grounded theorists. In GT there is a central process associated with the phenomenon of interest that is usually denoted by a gerund (a verb ending in *ing*). Around this central process, a constellation of distinctive conditions, strategies, actions, and practices or subprocesses cluster to effect human action and meaning (Clarke, 2003). For the current research, I proposed that the central process was that of empowering from which the subprocesses were discerned. Of noteworthy mention, GT aims to develop a theoretical analysis of human action and meaning that is often used to inform policy and practice (Charmaz, 2014).

Given that empowerment involves an active, transactional exchange between the community and institutional or professional partners, GT methods are ideal for depicting the processes of PREGs of Community Cafès. Moreover, GT assumes that these processes emerge from the interactions of participants, thus making it an emergent method of inquiry. Emergent approaches are described as "inductive, indeterminate, and open-ended" (Charmaz, 2008, p. 401) that seek to understand events as they unfold and integrate knowledge as it accumulates.

More pointedly, the ways in which CGT differs from its antecedents are what makes it an ideal methodological approach for this study. Although more classic GT approaches take an objective stance of reality within a postpositivist paradigm as with Glaser's classical GT or subjective frame within an interpretivist paradigm as with Corbin and Strauss's systematic-evolved GT, Charmaz's CGT is situated within a constructivist paradigm that draws on aspects of both post-positivism and interpretivism (Chun Tie et al., 2019; Levers, 2013). CGT posits that meaning is co-constructed through the interaction of the interpreter and the interpreted or the researcher and researched (Levers, 2013). It starts from the assumption that all social reality, including the research engagement space, is "multiple, processual, and constructed" (Charmaz,

2014, p. 14) and holds that true meaning-making is strongly influenced by both the phenomenon of interest itself (Levers, 2013) and by the historical, social, situational worlds and arenas in which it transpires (Charmaz, 2017; Clarke, 2003). Moreover, grounded theorist Clarke (2003) asserted that a constructivist approach to GT inherently holds interactions or negotiations, as fundamental social process of human action, such that "negotiations constitute discourses that also signal micro-politics of power as well as 'the usual' meso/macrostructural elements—power in its more fluid forms" (p. 557). CGT's stance on the coconstruction of reality through negotiation means that emergent insights emanate not only from the phenomenon being researched but also from condition of the research, and the positionality of the researcher. Charmaz (2008) maintained "the research product includes more than what the researcher learns in the field. Whether or not researchers are conscious of what they bring to the study or of the conditions under which they conduct it, constructivists contend that all become part of the research process and product" (p. 160). CGT as an emergent method acknowledges the influences a researcher's specific discipline and experiences as pertinent factors in its inductive reasoning to understand the empirical world. Unlike conventional research methods or traditional GT, CGT researchers aim to make it explicitly known that they themselves are embedded in research process (Charmaz, 2008).

These characteristics of CGT are especially important and relevant given the study's CRT orientation and focus on empowerment. CRT maintains that research endeavors must be attentive to the social worlds and arenas of the structural forces of racism and the ways in which they influence every aspect of research—from problem selection and hypothesis formulation, variable and method selections selection, participant recruitment, data collection and analysis, to dissemination and how results will be used. The ontological and epistemological presuppositions

of CGT answer this call of CRT by supporting interrogations of positions of privilege and presumed authority within the research process (which in turn encourages and promotes researcher reflexivity) (Charmaz, 2014). Furthermore, Charmaz's (2014) constructivist approach speaks to and reflects the reciprocal, transactional nature of empowerment, which itself can be considered a negotiation. Finally, CGT stresses social contexts, interactions of knowing and learning, sharing viewpoints, and interpretive understanding (Charmaz, 2014).

Other notable characteristics of CGT that support its selection as the methodological choice for this study is its suggested use of the literature in supporting the research endeavor. In keeping with philosophical underpinnings, classical GT restricts reliance on extant literature concerning the phenomenon of interest until later stages of the research process (Glaser, 1978) and evolved GT makes accessing extant literature permissible early in the research process (Strauss & Corbin, 1998). Alternatively, Charmaz (2014) maintained that accessing the literature helps the researcher "claim, locate, evaluate, and defend [your] position" (p. 305) and findings. CGT suggests that a review of the extant literature be conducted at the beginning of the research process, during data collection, and after data analysis. The current study reviewed empowerment-based frameworks in order to distill how empowerment processes are being conceptualized in the research literature. Charmaz referred to this gathering of information as the "disciplinary ideas to guide research" and terms these "sensitizing concepts" (p. 30). Sensitizing concepts are broad terms that give researchers initial but tentative ideas about what areas to pursue with their inquiry, helping them to develop their ideas about the processes that they define in their data. Charmaz asserted that sensitizing concepts be used as "points of departure" (p. 31) to help the researcher study the phenomenon of interest while remaining open to an exploration of it. Additionally, sensitizing concepts can aid in forming interview questions, act as a filter

from which to look at data and listen to interviewees, and provide a position from which to think analytically about the data (Charmaz, 2014).

### **Study Context**

#### **Community Partner and Community Context Description**

The study used an ongoing, established relationship with long-term community partner, Vision for Children at Risk (VCR). VCR is a nonprofit with the mission to promote the well-being of children, families, and communities in the St. Louis region. Focusing primarily on communities impacted by socioeconomic and racial inequity, VCR compiles indicators of child wellness based on risk factors identified by the CDC that are linked to child abuse and neglect. These risk factors include child, parental, familial, and community levels of inequities. I served on a Washington University in Saint Louis-Brown School research team that partnered with VCR on grants to help support the implementation and evaluation of several community projects.

VCR assigned a risk rating to zip codes. VCR identified 13 out of the 18 zip codes in St. Louis City and nine out of 45 in St. Louis County as having an increased level of risk factors, rating them as *severe*. Compared to other zip codes in the region, St. Louis City has a large population of children who are at an increased risk for abuse and neglect. Moreover, the St. Louis County zip codes identified as at risk are demographically similar to St. Louis City at-risk zip codes. The severe at-risk St. Louis County zip codes are in the bottom 10 zip codes for median family income and are majority (more than 60%) African American. These compare with 15 low-risk County zip codes that are less than 3% African American. Given VCR's (2022) latest report, there are significant disparities based on race and class in St. Louis City and County, resulting in the unequal distribution of need across the region.

#### **Collaborating Projects**

I collaborated with two VCR initiatives that aim to address family and child well-being in the region: PACT-STL and Project LAUNCH. The purpose of PACT-STL is to support the development, implementation, and evaluation of child-abuse prevention strategies to improve the safety, stability, and well-being of families through a continuum of community-based services and supports. The purpose of Project LAUNCH is to promote the wellness of young children, from birth to 8 years of age, by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development. Although the two initiatives have distinct purposes, they share overlapping goals related to supporting the overall well-being outcomes of children, youth, and families by partnering with communities to develop and improve strategic coordination and collaborations across family and child serving systems. Toward achieving this goal, both PACT-STL and Project LAUNCH use the standard and adapted or expanded versions of the Community Café model both of which follow the guidelines specified in the model's wiser together guiding principles (World Café, 2019; see Appendix B). The expanded version incorporates the use of subsequent Community Café Working Groups, which evolved out of the initial implementations of the Community Cafés and still adhere to all Café engagement principles and guidelines.

### **Data Collection Procedures and Analysis**

### **Sampling Strategy**

The central data collection activity of the study was intensive, in-depth interviews. Prior to commencing any data collection activities, I obtained approval from the Washington University Institutional Review Board. CGT encourages the use of purposive sampling for the recruitment of participants. Purposively sampling involves the intentional selection of

participants based on their ability to elucidate a specific theme, concept, or phenomenon (Morse, 2007). Eligible study respondents were 18 years of age or older, participated in at least one Community Café used in either the PACT-STL or Project LAUNCH and were English speaking.

Regarding sample size for GT studies, scholars have recommended various sample sizes to reach saturation for qualitative research. Creswell (2007) suggested a sample size between 20 to 30 participants, although Morse (2007) warned that predetermining sample size might bias analysis. Guest et al. (2006) noted that high levels of homogeneity can reduce the need for large sample sizes and that saturation can be reached with as little as six participants. Finally, Charmaz (2014) maintained that reaching saturation should focus on the quality of data rather than on sample size.

#### Recruitment

At the time of the study, I worked on a Washington University in Saint Louis research team that collaborated with VCR on various projects including the evaluation of multiple Community Cafès for both PACT-STL and Project LAUNCH projects. Given this experience, I established connections with PACT-STL and Project LAUNCH staff and volunteers, as well as African American parents and community members who have participated in the Community Cafès. I leveraged my existing relationships with both VCR administrative staff and Project LAUNCH and PACT-STL project managers to access potential research participants and I attended and participated in the ongoing Community Cafès for PACT-STL. To facilitate recruitment for the study, I was allowed to present a recruitment flyer at the end of the PACT-STL Community Cafès and allotted time to address attendees and provide verbal details about the study. The flyer contained pertinent information including the purpose and aim of the study, the 90-minute projected length of the interview, the \$50 Amazon gift card incentive for

participation, a link where interested participants could schedule, and my contact information (see Appendix B). Although Project LAUNCH was not conducting Community Cafès at the time of data collection, I also met with the director to identify potential research participants.

Additionally, one of VCR PACT-STL project staff members helped to identify potential participants and reached out to them on my behalf to see if they would be interested. She connected me via email with anyone who expressed interest.

#### **Data Collection Procedures**

Intensive, in-depth interviews were conducted to explore experiences of empowerment processes among Community Café participants. According to Charmaz (2014) intensive interviewing is a way of generating data for qualitative research which uses an informally guided, semistructured, one-sided conversation that explores research participants' their personal experience with the research topic. It also includes observations of the respondent's nonverbal responses (e.g., display of emotions and body language). To deepen exploration, intensive interviewing relies on open-ended questions which allows the researcher to form in-the-moment inquiries based on respondent's answers (Charmaz, 2014). In support of this exploration, a researcher must invest time and attention in building rapport to create an open and interactional space in which respondents feel comfortable relating their experience (Faux et al., 1988).

To begin the process of data collection, I composed a preliminary draft of the interview guide using the sensitizing concepts derived from previous empowerment-based frameworks.

Next, I collaborated with two PACT-STL lead staff (who are also parent and community member Café participants) in its further development. They provided insight and feedback concerning structure and language of the instrument toward ensuring the likelihood it would resonate with respondents. Moreover, as within CGT's research process, the interview guide

continually evolved as new directions and questions emerged throughout data collection. Examples of questions from the interview include: From what you have observed, what Café actions/efforts are taken to help build leadership among parents and community member participants? What things do you think influence (have an impact on) the level of trust parents and community members have in the Cafès? and How do the Cafès promote healing for African Americans? The interview guide can be found in Appendix C. In total, 16 intensive in-depth interviews were conducted to explore perspectives, meanings, and experiences of empowerment among Community Café participants (N=16).

Respondents were given the choice whether to be interviewed in-person or over Zoom video-conference software. All 16 respondents chose to have their interview conducted via Zoom. During the consent process, participants were assured that they could stop the interview at any point. Permission was requested to record the interview and respondents were given the option to choose their level of comfort with allowing or disallowing video during the interview. Interviews took between 65 minutes and 3 hour and 10 minutes to complete. No follow-up interviews were conducted. Respondents were compensated with a \$50 Amazon gift card for their participation. Audio recordings of the interviews were stored on a password protected computer and accessible only to the me and the dissertation committee. The transcription service Rev.com was used to transcribe the interviews. Cleaned and masked transcripts were also stored on a password protected computer.

# **Data Generation and Analysis**

As stated, the study used the CGT analytical methods as described by Charmaz (2014), which involve two coding phases—initial and focused, with a possible third phase—theoretical coding, as well the use of the constant comparison methods and memo writing. These iterative

strategies keep the researcher interacting with data and help to foster the emergence of processes and theoretical formulations of the data.

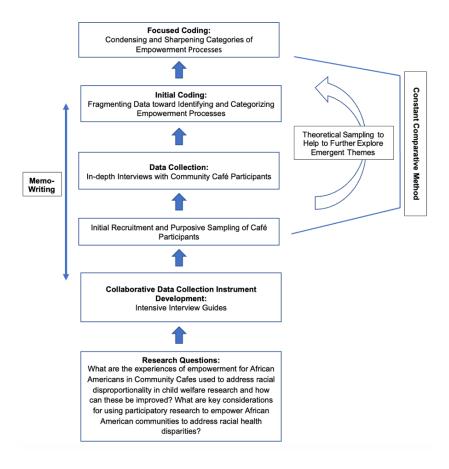
Figure 1 depicts the analytic methods used in the study. Purposive sampling techniques were used to recruit the initial round of respondents (n=10). Using the qualitative analysis software NVivo to help manage and organize the data, an initial but malleable coding structure was devised from gerund-type sensitizing concepts found in the empowerment research literature. Then using line-by-line coding, initial codes or themes were incrementally defined, compared, and redefined within and across transcripts. This process included both constant comparison method, which uses inductive and deductive reasoning to compare and categorize data to refine theoretically relevant categories, and memo writing to help generate ideas in formulating codes (Charmaz & Thornberg, 2021). After reflecting on how these data were taking shape and noticing their specific direction, I decided that I needed to return to the field elucidate emergent insights. I sought out the help of one of the VCR PACT-STL staff research collaborators and using theoretical sampling, we identified additional participants who we thought could speak to these emergent insights that seem to be coming forth. Six more interviews were conducted. In the focused coding phase, I made determinations about which initial codes made most analytical sense to classify the data concisely and began condensing and sharpening the organization of data by raising the initial codes to level of conceptual abstraction, essentially deciding which initial codes I wanted to keep, expanded upon or collapse (Charmaz & Thornberg, 2021). With a final sample size of 16, saturation was reached as patterns and similarities emerged across interviews.

Although advanced coding techniques such as theoretical coding and story-lining are commonly used by grounded theorists, Charmaz (2014) cautioned about the use of these

analytical tools. Theoretical coding is described as a way to relate your substantive codes or categories to each other thereby increasing their explanatory power (Birks & Mills, 2015; Glaser, 1978). Story-lining, in particular, is a technique used to help identify gaps in an emergent framework or theory that further clarifies and connects categories and concepts and thus helps to build a story of the core phenomenon. To achieve this, grounded theorists weave the fractured story back together again into an organized whole theory by returning to the data (and maybe even to the field) to refine the story line (Chun Tie et al., 2019). Yet Charmaz warned that when superficially applied, researchers (and in particular new GT researchers like me) run the risk of imposing a framework from previous literature on to their analysis instead of letting it emerge from the participant voice. Charmaz suggested that a much more organic process be allowed to take place, maintaining that after focused coding is conducted, "What you need to emerge from the studied empirical world and the analytical sense you make of it" (p. 151). Taking this advice in consideration, after completing initial and focused coding, I determined that an attempt at theoretical coding would be premature and that more field work needs to be conducted before such analytical processes be applied.

Figure 1

Constructivist Grounded Theory Methodology



Note. Applying constructivist grounded theory methodology to this study's data collections and analysis process. From *Constructing Grounded Theory* by K. Charmaz, 2014, Sage Publications.

#### **Positionality Statement**

It has been suggested that the act of reflexivity, a component of qualitative inquiry in which the researcher provides contextualization of intersecting relationships between the participants and themself increases the creditability of research findings and deepens readers' understanding of their work (Berger, 2015; Dodgson, 2019; Teh & Lek, 2018). Berger (2015) stated that reflexivity "means turning of the researcher lens back onto oneself to recognize and take responsibility for one's own situated-ness within the research and the effect that it may have

on the setting and people being studied, questions being asked, data being collected, and its interpretation" (p. 220). Deemed a central way qualitative researchers ensure rigor by fortifying the trustworthiness of their results (Berger, 2015; Dodgson, 2019; Teh & Lek, 2018), reflexivity involves understanding the role that the self plays in the creation of knowledge. It also includes self-monitoring the ways in which biases and personal philosophies, values, and experiences impact the research, while maintaining a balance between the personal and the universal (Berger, 2015). To capture and express reflexivity, researchers develop positionality statements, where they attend to their position along the emic–etic continuum as it relates to research participants (that is, emic as the insider or internal perspective, and etic as the outsider or external perspective) (Savin-Baden & Howell-Major, 2013). An important part of the positionality statement, especially as it relates to this study, is an acknowledgment and assessment of power differentials that are inherent in all research-participant relationships (Grove, 2017). Because this research study sought to understand empowerment processes within the Community Cafès, as the PI I held the ultimate control of determining the results of the study. I asked research participants to do something that involved giving of themselves under pretenses that are inherently imbalanced and without their equal control over the outcome. Not surprisingly, participatory research methods, when conducted appropriately, minimize these power differences (Dodgson, 2019). Here I present my positionality statement where I attempt to recognize and deliberate on how various aspects of myself potentially complicate the research process and impact the findings.

Several aspects of my identity, past and present, influenced my emic and etic perspectives of the research, which complicated and impacted this dissertation study. I am a middle age, working-class African American woman who lives and works in one of the

predominately African American zip codes that has been rated at risk by VCR for child maltreatment. Moreover, I have worked extensively on the PACT-STL project helping to evaluate the use of Community Cafès as an effective engagement strategy and have assisted distally evaluating the use of the model with Project LAUNCH. Through this work, I have come to know many of the project staff, volunteers, and parents and community members who participate in the Cafès. Additionally, over the past 6 years I have worked for three local agencies in different capacities (community-based position as an intensive in-home specialist and a developmental trauma therapist for children and families involved in the child welfare system). These roles consisted of providing a hybrid service (case management and therapeutic crisis intervention) to families at risk for child removal due to escalated concerns of child abuse and neglect; and providing long term therapeutic interventions for families impacted by trauma. In fact, I have referred parents who I have encounter in these positions to PACT-STL and Project LAUNCH. I see these current identities influencing and compromising my work in the empowerment space of research methods. As an evaluation team member issues of power and privilege in terms of holding the "expert" role have and will continue to impact how Café participants perceive me and regard my actions and statements. As an African American woman from an at-risk community targeted by the interventions, I sometimes find myself holding a belief that I have special knowledge and experience of the issues that face our communities, sometimes over assuming the degree to which I can relate to the experiences of families. One thing makes me notably different from other parent and community members is that, unlike many, I made a deliberate choice to live in my community. Because of the mobility my education and other factors have afforded me, I can leave this community whenever I choose. My current work as developmental trauma specialist and previous work as an intensive in-home

specialist have also influenced how I perceive myself and relationships with VCR professionals, parent and community member, and agency and service provider participants. I am often in conflict. Having been a service provider in the field, I find myself examining the gaps in service provision and sometimes instinctively placing blame for inertia in system change on the lack of responsive policies and the research that advances them. Sometimes I find myself rendering them completely responsible for keeping African American families in powerless positions. But then, at the same time, having been privy to research spaces, I have experience of the slow-moving train that is academic bureaucracy and scientific advancement. I realize that there are times I struggle with balancing the real identities of privilege and oppression that coexist for me as a Black woman, community resident, academic, and service provider.

My past identities and experiences, including past contact and involvement with child welfare systems, also bias how I view the difference between parents and professional Café participants. I became a mother at the age of 16 and found myself navigating child welfare systems to help support my first born. In my early 20s, raising four children alone, a child abuse and neglect report was made concerning the well-being of my children. I remember feeling extremely frightened at the thought of having my children taken away from me. I also remember feeling intimidated, powerless, and angry at having to participate in monthly unannounced visits of the case worker. I realize that these experiences have made me more likely to have unconditional, unquestioned positive regard for parent and community member participants and lesser so for VCR staff and volunteers who may not have lived experience with child welfare systems. And I realize that it is my duty to be reflective in recognizing how these experiences influence my investigative directions across all aspects of the research process—from framing the research inquiry, substantiating the need for my research, what I choose to include in the

literature review, to formulating research questions, selecting methods, and contextualizing findings. I am reminded that I need to be mindful not to unconsciously foster an underlying energy of opposition and "us-against-them" mentality between parents and community members, and professional and institutional participants. Further I needed to recognize and explicitly acknowledge how my roles as an academic and service provider might influence what I bring and see in the research and the ways in which they might advantage me in voicing and forcing or overlaying my perspectives and values onto the experiences and voices of the study respondents.

#### **Chapter 5: Findings**

#### Introduction

In this chapter, I present the research findings from the study. The first aim and research questions involved using a CGT approach to interview participants of Community Cafés, which were used to collaborate with African Americans to explore their experiences of empowerment and ways to improve these experiences. This yielded five primary themes and five subthemes of empowerment. The second aim and research question were focused on using these identified themes to generate a set of participatory research empowerment guideposts or PREGs to be use in research engagement with African American communities to address racial health disparities. Six PREGs were derived. The following sections present both set of findings.

### **Respondent Characteristics**

Although the study was primarily focused on the empowerment of African American parents and community members, I also interviewed Café participants who were service providers as well as PACT-STL and Project LAUNCH staff. This was done in an effort to gain a broader perspective on factors influencing the experiences of empowerment for Black communities. All study respondents identified as women except for one. Their ages ranged from 29 to 77 years with an average age of 53. Respondents reported attending from two to 100 Community Cafès, with an average of 18. In terms of their participation roles reported, eleven respondents stated they attended and participated in the Cafès as a parent or community member, two as community agency representatives or service providers, two as employees of VCR, and one person reported that they participated as some combination of these roles. Nearly all the respondents reported they were participants in the Community Cafès hosted by PACT-STL.

Table 1 presents characteristics of respondents.

**Table 1**Characteristics of Study Respondents

n	Mean	Range
15		
1		
	53	27–77
15		
1		
	18	2–100
11		
2		
2		
1		
	15 1 15 1 11 2 2	15 1 53 15 1 1 18

## Themes of Empowerment From Community Cafés

The following section presents the five primary and five subthemes of empowerment processes that emerged from the interviews with Community Café participants (see Table 2). It should be noted that given that the study's interview guide was developed using sensitizing concepts from existing frameworks of empowerment, and that the Community Café model is based on the wiser together principles (World Café, 2019). The findings included what I

expected to see as it relates to empowerment within participatory research engagement in general. Although I report some of these similarities, I focus primarily on highlighting the experiences of empowerment that are unique and critical for African American communities. To contextualize the thematic processes of empowerment, quotes from respondents are presented and pseudonyms are used to protect their identity. Additional contextualization information about participants is added when possible. For some respondents, identities and circumstances were so unique that they could be reidentified. Given that respondents agreed to participate as long as they could remain anonymous and confidential, any information that may lead to their identification is excluded.

 Table 2

 Themes Empowerment from Community Cafés Participants

Primary	Sharing & Learning in Power	Seeding Safety— Nurturing Trust	Fostering Equity Through Power	Honoring and Centering the African American Experience	Strengthening the Impact of the Café
Subthemes		Restricting Trust & Safety	Sharing Inhibiting Power Sharing	Reflecting Racial and Cultural Identity	
				Prioritizing Discussions about Racism	
				Centralizing Healing	

## **Sharing and Learning in Power**

As expected, the way in which power was demonstrated, negotiated, and used was a central thread throughout empowerment themes from the Community Cafés. Power and control were unevenly shared across Café participants with VCR project staff and parents and community members identified as having the most power in stewarding collective efforts for meaningful change. Community agencies and service providers were said to demonstrate the

least amount of power and control in that many did not to openly participate, were not as vocal, did not initiate input, and engaged only when approached. This dynamic was paramount in shaping the experiences of empowerment and is resonant within the themes that follow. In general, power was described as the interdependency of Café activities and contributions and experienced as mutually beneficial acts of sharing and learning. The central activities of VCR project staff included execution of the Cafés toward supporting the full participation of African American parents and community members (e.g., providing technical and administrative support). Parents and community members prioritized the most salient issues for their community such that their shared lived experience served as specific content for the "broad descriptors" (Alex) put forth by VCR project staff and nuanced details about service provision for community agencies and services providers. Their stories detailed how Black families navigate social programs and policies which community agencies and services providers then took back to their respective organizations and networks to consider how might their specific practices and procedures impact the access and effectiveness of service provisions. Additionally, through sharing lived experience families provided mutual aid for other parents and community members faced with similar challenges, while community agencies and services providers answered questions from parents and community members on how to best respond to these challenges within the current system of services. As one respondent, Melissa, a parent participant whose family has had tenuous encounters with the child welfare system explained, this synergetic interdependence of activities and contributions was especially important related to interactions with the Children's Division.

They use it [lived experience] because a lot of times they do have people from the Children's Division and other places come in during the meetings. So, they'll listen to our

stories. And sometimes they'll actually give us feedback on how if in the future something does happen again, what we can do. And then just basically how to better deal with those situations. There are parents that do know how to better deal with those situations and can provide the rest of the parents with that same information. So we're not just helping VCR or PACT-STL, we're also helping each other during those meetings.

As she highlighted, power in the Cafés was redistributed by way of participants sharing and learning, and experiencing the value each participant adds to the Café space. This is especially pertinent for African American families and communities who have historically been exploited and devalued in research spaces.

# **Building Trust and Creating Safety**

Attending to how power manifests in research engagement spaces requires that there be a primary focus on trust between participants and that a degree of safety be established. Thus, efforts to build trust and cultivate safety within the Cafés required consistency and transparency. Although these qualities were expressed most simply, yet powerfully through actions typical of Community Café engagement (e.g., cocreation of the Café Agreement, Café "harvest" or systematic, intentional sharing of ideas across participants), the Cafés shored-up these two aspects toward *building trust and creating safety* for Black communities in particular. Specifically, consistency in reemphasizing or reiterating the Café agreements related to confidentiality was critical for participants to be supported in feeling safe to share. Further, consistency and transparency in making and reporting progress on the Café Action Plan also encouraged trust among parents and community members. Too often researchers extract lived experiences from African American communities with no tangible felt change or improvement

for the immediate community. As Melissa explained, being consistent and transparent about how their stories were being used increased their trust in the Cafés.

Just another way is just letting us know what is happening with the information. We're not doing this for no reason.

By presenting progress to participants, illustrating in concrete ways how the Cafés were executing planned action, parents and community members were assured that their information and contributions were being used toward the Café goals in meaningful ways.

Power imbalances often impede communication such that *building trust and creating* safety need to be supported by ease and comfortability in communicating. Communication among African American parent and community member participants was characterized by feelings of validation—being seen and understood by each other. In particular, parents and community members felt "more comfortable" (Sarah) and safe communicating given the racial reflectiveness or shared racial identity of Café attendees. This comfort arose because the majority of attendees, whether parents and community members or community agencies and service providers, were also African American. In particular, the interactions among parent and community member participants were characterized as uplifting and liberatory, and conveyed a mutual respect that exemplified their ability and desire to listen to each other without forming a biased opinion or judgment. As 52-year-old parent, grandparent, and community member Shaurice, who participated in 10 Community Cafés, described, this honest, nonjudgmental expressive exchange heartened feelings of encouragement via reciprocal acts of listening and sharing.

Oh, very comfortable. They're willing to listen. Again, some like to share opinions, but I think because once again, it's a safe space. They are open to communicate with others and almost to the point of encouraging each other, which is really nice.

And as Cecil, a 73-year-old service provider participant who works with African American parents in a local community agency to advance their social economic mobility observed, this felt encouragement helped to extend connections and create relationships which in turn strengthened trust and safety within the Cafés.

I observed them [parents and community member] over the years. They bond with each other. I've observed them exchange phone numbers. I've observed them share different resources that some other mom didn't know about... some of them connected with each other and they bonded— 'just call me, I'll give you the number of the person to call about that.'

Power differences or imbalances in the Cafés demanded intentional strategies. The communication and interactions between parents and community members and VCR Project staff and some community agencies and services providers was described as relatable, supportive, and methodical. In addition to VCR project staff being intentional about staying connected between Cafés (e.g., via personal phone calls and emails) which ensured that participants felt valued and supported, they were also intentional about conveying information in a respectful, non-condescending, nonpatronizing, relatable way. Further, the methodical, structured quality of VCR project staff's communication was also noted as promotive of trust and safety. Given that many of the African American parents and community members who participated had experienced unforeseen traumas in the child welfare system, it was critical that

their Café experience entailed a degree of certainty. This was illustrated by Cecil's description of parents and community members' awareness of systematic nature of Café activities.

They've been informed of how this is going to flow. But anyway, I think that because they've had some pre of what, what's going to happen here in the next hour and a half or two days or whatever the event may have been. They've had some type of what it's going to look like.

Power dynamics can inhibit or threaten "freedoms to comment" (Satir, 1984) such that choice emerged as fundamental to building trust and ensuring safety within the Cafés. In addition to strategies typical of Cafés that ensured choice related to communicating (e.g., allowing choice in regard to Café Agreements, choice in mode of communicating—orally, using Zoom chat feature, or emailing) VCR project staff's prioritization of help instead of consequence ensured that parents and community members felt like they had a choice to contribute. As Sarah, a 29-year-old mother who also volunteers with several community agencies that support African American families explained, parents and community members chose to share their personal stories of the barriers and challenges they faced while providing for their families, without worrying about consequences.

Honestly, I feel like providing that safe space for us parents to be able to share without any consequences of sharing. I feel like that in itself is creating a safe space and even though certain parents might be on edge, the more that they come on, the more comfortable they may get and then they may open up and share their story.

This freedom of choice is especially salient for Black families and communities whose ability to choose to share has been often taken away or dismissively ignored in research engagement spaces as well as in systems more broadly.

### **Restricting Trust and Safety**

Power differences in the Cafès complicated how actions were viewed and interpreted. It was overwhelmingly noted that community agencies and service providers hesitated to make verbal comments in Cafés because they may not have necessarily known how to convey ideas and thoughts about certain topics in a way that demonstrated cultural sensitivity and understanding. Casey, VCR project staff who previously worked as service provider conjectured that providers were quiet because of the desire to remain respectful of parents and community members' lived experience. They also speculated that some may have even taken personal offense to parent and community members' negative descriptions of child welfare provider encounters.

It's that they don't want to, you don't want to harm the parents, so you'll stay kind of quiet. Or sometimes your feelings could be hurt because of some of the things they say.

...But I think that's a level of understanding of where families come from. You know, have to be able to be cool with that. Because people have a right to their own opinions...And their experience is their experience. And we're not supposed to disregard their experience and their feelings.

Stacy, a new Café participant but seasoned child welfare service provider described that community agencies and service providers felt that their safety was not necessarily a priority given that Café discussions predominately consisted of parents and community members recounting contentious encounters with Children's Division and other child welfare agencies.

So I feel like at this time, because of hearing, even with being just the two of them and hearing that session of I wanted to vent, even though VCR still provide what it is that they provide, the parents still to me, in a sense, dominate with the whole venting session.

I know a lot is put onto the feedback you have, what you have to be dictated in the group to be able to help the group understand what we're here for and how to gather this knowledge. But at the same time, they still give that opportunity for you to be able to, you know, give the feedback. So I'm okay with it, but at this point me speaking is irrelevant. That's how I feel in this. And it's irrelevant because they're not listening because it is going to cause a change and me change? ... Why [should] I change? The system needs to change.

Misunderstanding related to experiences of interacting with child welfare systems caused tensions to run high and resulted in trust and safety being compromised. Parent and community member participants perceived community agencies' and service providers' reluctance to communicate and refusal to acknowledge their lived experience as dismissiveness. And as Beth 42-year-old parent participant who has also worked as VCR project staff explained, this degradation of trust and safety was starkly apparent for incidences of tenuous exchanges between African American parents, community members, and Children's Division participants.

That day, when the parents were speaking out about what happened with them and how the Children's Division took their kids and the Children's Division was like "No we didn't. That's not what happened"... all hell broke loose that day. Like look, yeah. Hold on. You going to tell her what happened to her? Hold on. I mean it like, all hell broke loose... the professionals were in denial and told the parents that that's not what happened. That's not what we do. I was like, what I, I'm going to just leave that alone was really, it was really discouraging [with resignation and frustration] ...Oh well from that one situation I told you some of their comfort level went from very confident to if

you going to have somebody telling me that I know what happened to me didn't happen to, well I don't know now.

# **Fostering Equity Through Power Sharing**

Because of the inherent power differences across Café participants, efforts to promote leadership, establish partnership, and share in decision-making with African American communities pointed to the comprehensive act of fostering equity through power sharing. Ensuring democratic processes was a central way the Cafés fostered equity. Although= Community Café protocol included activities that supported the full participation of attendees (e.g., assigned notetakers to collect participant input for the larger Café harvest of ideas, solicitation for the Café workgroup participation, individual encouragement and support for parent and community member leadership), key acts were specific for the African Americans' experience of empowerment. (Re)distributing and increasing access to resources were considered critical for parents and community members being (and feeling) supported in taking on active roles as change-makers. Through the Cafès, parents and community members had access to resources and services that supported them in attending to the well-being of their families, freeing up physical and mental bandwidth to participate. Additionally, the Cafés also provided access to personal development tools and skills (e.g., effective communication and critical thinking skills) that helped to bolster participants' comfortability in power sharing. Finally, voting a fundamental democratic process and historically a hard fought right for Black people, was cited as a central way power was shared. As Tracy, 42-year-old parent, community member, community organizer, and who at one time was also an employee of VCR highlighted, voting along with other strategies that supported structured and safe communication were the primary means to promote partnership and share decision-making.

I think voting allows African American families to really, I mean, parents to really weigh in. There are opportunities for everybody, they called it the open mic where people who want to say something, they could get up and say something and they were instructed by others to active listen, do not give judgment, you not give feedback, do not interrupt, maintain "I" statements and the story so that person, whoever is sharing can feel comfortable sharing and everybody else is able to share. If they also [feel] comfortable to share, there are really no right or wrong answer. And when it comes to making a decision on what the next steps are to answer, I mean to make sure that everything is equitable, it's always a vote. Everybody has an opportunity to vote. And so I think those are some of the decision-making practices that I've seen in the community Café.

The Community Cafés also worked to advance equity through power-sharing beyond the Cafés into the wider African American community. Pre-Café focus groups held in various Black neighborhoods were used to gain the perspectives of parents and community members about direction of Cafés. Additionally, as participants learned about resources that supported child and family well-being, they shared this information and empowered other families. Moreover Arlene, longtime community member participant who often helped to cohost Cafès, described how Café involvement and participation helped her to develop leadership skills that bolstered her confidence such that she felt inspired and competent to act as a community leader and join or partner with other community organizations and programs.

It [Café participation] kind of got me doing that because I found out by learning from VCR you know how to speak to people and how to do this and how to do that. And I think that what kind of led me to be like, oh wait a minute, life bulb on popped out of my head. Go into the community, go to the commissioner's meeting. So they're professionals

and you're not so what there is that at? And so I think that kind of learning from VCR gave me confidence enough to show up and go there always as an outspoken person. But I never probably would've even thought about going to like, oh I'm going to go to the commissioner meeting and tell 'em about my neighbor that had this issue and these people downstairs.... So I think VCR helped me, guide me to seek help to go to commission's meeting, confront and do emails to housing authority.

Fostering equity through power sharing was also a result of the Cafés being known as a central place where parents and community members connected and solicited input and participation for their own community-based organizations and events, and where local African American leaders and community figures promoted their various efforts. Moreover, as Tracy, a seasoned Café participant, shared, the Cafés provided an avenue for parents and community members to be approached by and partner with other community organizations, which further concretized them as experts and leaders in their communities.

And so those are some of the partnerships that I see where Project Launch [Cafés] tries to connect parent leaders with organizations who are looking for consumer-based involvement, I mean the grassroot involvement with community leaders with lived experiences.

Finally, through their Café involvement, parents and community members were invited to join PACT-STL's or Project LAUNCH's Parent Advisory Councils. Members of these formalized groups not only attended community wide meetings that sought to address widespread and pervasive issues related to child abuse and neglect and mental health, they were also asked to participate in advocacy activities like traveling to Jefferson City alongside VCR project staff for events like Child Advocacy Day.

#### **Inhibiting Equitable Power-Sharing**

Imbalances in power were represented as aspects of the Cafés that inhibited or impeded equitable power-sharing with African American communities. It was reported that some parents and community members may have struggled with skills needed to fully participate and contribute to the Cafés. They experienced feelings of inadequacy and insecurity related to contributing in the Cafés because of the lack of public speaking skills and the use of conventionally accepted speech. Discrepancies about certain Café protocols may have also discouraged participation. For example, parents and community members who participated in the Cafés where from communities with an increase of risk factors associated with child (e.g. poverty, unemployment) and questions about whether the Café stipend amount adequately reflected what they thought was sufficient for their participation and challenges related to having too many problems and proposed solutions to sort through toward determining what is possible and what is plausible (Tracy) for the Café to focus on were barriers that may have deterred full participation. Relatedly, change efforts in Black communities to address the myriad of racial health disparities are often disjointed and ineffective. Casey, a VCR employee who lives in one of the African American communities with elevated risks for child abuse and neglect, highlighted how external constraints such as Cafés efforts not being known to the wider community and the tendency for local change efforts to be siloed as major barriers to equitable power sharing with African American communities.

I think that as in the community, I think we still got a lot of work to do with making an actual impact within the community. I think a lot of people don't know what the work we do or what this could do. It could be to them, it could be just another work group. It could be just another somebody else meeting and nothing happening. So I wish that we had a

bigger impact in the community than what we do. And that's coming from my personal experience. I live right here, so I know. I know.

#### **Honoring and Centering the African American Experience**

The Cafés demonstrated that power was generated and restored as efforts to honor the Black experiences are centralized. Respondents noted that the aspects of the Cafés that reflected and honored (or did not reflect and failed to honor) African American culture were experiences of racial reflectiveness, collective healing and expressions of love, and the failure to directly address critical issues like racial discrimination.

#### Reflecting Racial and Cultural Identity

Martha, 67-year-old PACT-STL grandparent participant joyfully expressed what about the Cafés reminded her or resonated with Black culture was *all the Black people I see*. Also reflective of Black culture was the use of music that resonated with African American attendees, as well as invitations to participate in movement, such as stretching and breathing that were sometimes included as part of the Café warm-up activities. And the way parents and community members expressed themselves was also reported as a keyway the Cafés were reflective of Black people and culture.

And the harvest of how we speak with that St. Louis country twang. And so when the harvest comes out and it's written on the board, just reading like wow, she said that, she really did say that" [both interviewer and respondent laugh].

Here Beth, parent participant who has also worked as VCR project staff, highlighted that these organic exchanges seemed to be uncoordinated or uncoerced, and free of performative code-switching and showed the unique way African American people communicate with each other.

#### Prioritizing Discussions About Racism

Interestingly, most of the respondents indicated that racism and the impact of racial discrimination on African American communities were not directly discussed in the Community Cafés. The majority of respondents reported "We haven't talked about that yet in my group" (Darlene) and "Well I didn't really hear no—nothing about no race, racism in the Café" (Marquita). This line of questioning seemed to evoke strong feelings of concern that while experiences of racial discrimination were implied through the described contentious encounters between African American parents and community members and the child welfare system, it was not explicitly acknowledged as a result of racism (interpersonal and structural). The omittance of racism and racial discrimination as an explicitly discussion topic in the Café can be understood as a of result its ubiquitous permanence in society. As Casey, VCR project staff expressed,

I don't think we've ever, it's not really said. It might be implied, but I don't think that people say because I'm Black that this happened or because I'm Indian this happened or this happened. I don't think that ... parents more might say—imply it, but nobody, I don't think [it] has ever really connected the dots that is could be what's going on. And I don't think so when I'm thinking about conversations, I don't think people ever actually say it.

Respondents went on to make pertinent suggestions about how to incorporate discussions about race into the Cafés. Generally, they agreed that maintaining a safe space for communication was central to any discussion about racism. Café participants need to be given the choice ahead of time whether they would like to participate in a Café focused on racism. Moreover, because racism evokes strong feelings and reactions, they asserted that more time be allotted for a Café aimed at discussing it. Cafés need to educate participants on the necessity of discussing racism as it relates to the purpose of Community Cafés and emphasize the connection

between structural racism and resulting outcomes for African American families and children.

These discussions should also highlight statistics that illustrate racial disproportionality toward further contextualizing parents and community members' lived experience. And as Beth, a parent participant who has had several tenuous encounters with the child welfare system suggested, given the traumatic, and sometimes racially motivated encounters Black families have had with child welfare systems, when appropriate and safe, conversations about racism and racial discrimination should also include representatives from Children's Division.

The Cafés can bring the head of Children's Division and the head of this state, the governor, to the table and have them to acknowledge the data that is there. That's clearly not lying, its data, having them to acknowledge and try to make amends with it instead of trying to sweep it under the rug or turn the blind eye act like they don't see it. Cause the data's there.

#### Centralizing Healing

Given these traumatic experiences of Children's Division and other organizations, respondents also identified ways the Cafés worked to bring a greater degree of healing to African American communities and suggested strategies to strengthen its therapeutic impact. The Cafés offered a space where gaining knowledge was a liberatory experience that rendered it a crucial part of reflecting and honoring the Black Experience as well as healing. In particular healing was experienced through learning new things and taking part in activities that promoted insight and reflection (e.g., "a-ha" moment activity and the one-word closing in which participants openly reflected on new insights they gained from their time in the Café). Additionally, the Cafés exposed participants to the use of concrete data that illustrated the scope of problems facing Black communities and families, specifically statistics on the increased risks of mental health

problems, experiences of child abuse and neglect, and subsequent encounters with Children's Division. The Cafés also promoted healing by educating participants on their rights (e.g., the *Know Your Rights* brochure—a product of the Café workgroups). As Sarah, a 29-year-old parent participant who also volunteers with several community agencies that support African American families, indicated, teaching parents and community members about their rights increases their ability to advocate for themselves and their families.

I feel like it's important for us to know because, if I'm being honest, a lot of people in the Black community just do not know their rights and this is why they get taken advantage of. You get your children taken out of the house, but little do you know they have to have certain things in order before they can take your children from them. We don't really know--a lot of us in the community don't really know our rights as African Americans because we've given up like, oh well, we Black anyway, we're going to get discriminated against. What's the point of knowing our rights? But no, putting your foot down and knowing your rights and advocating for yourself is important. And I feel like in these community Cafés we learn how to advocate for ourself and know our rights.

Through learning about Children's Division protocols and their rights within those protocols, parents experienced healing relief and hope that bolstered confidence in their agency and belief that interactions with Children's Division (and within systems more broadly) could be different.

A central way respondents suggested integrating more healing into the Café was to employ strategies to contextualize the Café as a therapeutic space, which included setting a positive tone and incorporating activities to help participants regulate and shift perspectives. For example, positive feedback and reframing could validate experiences of trauma while also help participants to see *what could be the value of the experience* (Stacy). And as Tracy, who has

attended the Cafés as a parent, a community organizer, and at one time a VCR employee suggested, the Cafés could also include periodic check-ins to gauge how participants are feeling in the space and offer a therapeutic segment, inviting participants to take part in collective grounding exercises at the beginning and conclusion of Café.

I'll say, I'll say maybe start with some grounding. Always start with the grounding.

Allow people to check in on how they are showing up to the space. And then at the very end I call it temperature check to see how they're leaving the space... Do the grounding.

Asking people, check in with people, asking people how they're coming into the space and then at the very end of the Café to see how people are leaving the space.

Strategies for suggested for healing also included a focus on cultivating intimacy and vulnerability. Respondents noted that Café hosts should be kind, inviting, and accepting, as well as socially adept at engaging a wide range of personalities such that they are willing to talk in more natural language (Alex) that resonates with a broader audience. Moreover, efforts to foster deeper connections and promote healing should be centered on expressions of love. Communal acts such as collectively defining and expressing love and sharing a meal together were suggested. This also included supporting the full participation of community agencies and service providers so that they would feel and comfortable to share their lived experience. As Casey, VCR project staff explicated, when community agencies and service providers share, the commonality in human experience is exposed which fosters genuine connections with parent and community members.

We just had a STL CANN workshop and it was all professionals and we did a mock Parent Café for them to witness. And just the transparency that the community partners, they participated...like we asked for four volunteers and we said, remove your professional hat. Oh my God! And they all became parents and the way they expressed themselves, the transparency they gave, that's what I would like to see even our community partners do within a Community Café. And some of the things those ladies said was the exact same things that our parents are experiencing. So it would've been excellent to have parents in there just to hear them express that they're not alone. That's what people were typing in there: You're not alone. I was shocked that they were so transparent. You'd be surprised. I was like, whoa. We had a head-start teacher that was in there. It might've been an intensive in-home worker. I mean, they were professionals and they just let it out.

Respondents suggested that healing can also be promoted by establishing relationships with institutions in the African American community whose central focus is healing, such as the Black Church. Importantly efforts toward healing need to include cultivating safe interactions with entities that have historically caused harm to the African American communities. In this way, parents and communities are provided the opportunity to express and have their stories of discrimination and marginalization be directly heard and acknowledge by representatives from oppressive organizations. Sarah, a 29-year-old PACT-STL participant, explained how these interactions are especially salient for healing from traumatic encounters with Children's Division.

I feel like we've been through so much as a people that the fact that you guys even took the time to create the Community Café is a sign of healing because you're trying to merge the organizations that causes the offenses and the community and trying to come up with a solution. That's ultimately going to bring healing in. Sometimes healing don't come right away...sometimes it takes time for things to heal.

By encouraging representatives from Children's Division to attend and to set aside their professional titles, the Cafés emphasize the importance of dismantling hierarchal communication and foster authentic relationship where healing can begin and true solutions sought.

#### Strengthening the Impact of the Café

Respondents indicated how the Cafés could better support, collaborate, and ultimately empower African American communities. Although they offered strategies that were indicative of improving Community Café processes in general (e.g., increasing the number and type of participant, offering the Cafés at different days and times to accommodate a greater variety of work and life schedules, revisiting the use of end-of-Café evaluation surveys) some recommendations spoke to what is specifically needed to strengthen the Café's impact on the empowerment of Black communities. Suggested strategies involved increasing networking activities, such as exploring the various community avenues parents and community members use to voice and amplify their stories and deliver experiences (Tracy) toward creating relationships with these entities, thereby exponentiating the power of their stories. Additionally, families and communities' productive power could also be bolstered by creating opportunities for parents and community members from different projects across VCR to meet up and network. The Cafés could also offer trainings to enhance cultural responsiveness, provide additional liberatory knowledge toward healing, and strengthen equity efforts. For example, Cafés could include "continuous education" for VCR project staff on how to engage families and how to help families be more transparent and tell their stories (Casey). Additionally, new participants could attend a Café orientation where they would learn about the origins of the Café model and how VCR has used it to partner with local African American communities. Each new attendee could be assigned a mentor to help them navigate their initial (and beyond) Café

experience ensuring that they felt supported in participating and contributing in the Cafés. And trainings offered to parents and community members to bolster leader and partnership skills could be made more beneficial by ensuring that they were offered by a local reputable entity (e.g., the Brown School at Washington University or the University of Missouri St. Louis) from whom participants would receive a certificate or credential of completion.

Several respondents suggested that in-person panel discussions be organized to take place outside of the Community Cafés, where parents and community members could be supported in further exploring Café topics and other challenges facing the Black community. This intentional space could be used to collectively develop ideas for solutions among themselves without the input of community agencies and service providers. It could also provide concrete exposure and practice in activities that support parent and community members' in increasing their experience of leadership, partnership, and shared decision-making skills and interactions. Sarah, a 29-year-old PACT-STL parent participant, summed up how offering leader and partnership trainings along with opportunities for African American parents and community members to convene provides a safe space to practice and test out new skills while discussing issues and arriving at solutions among themselves.

I don't know, the panel really speaks out to me. I feel like a panel would be really good and I feel like as parents, a lot of us don't have access to different things. There's a thing called Toastmasters that teach you how to speak and articulate in a way where it's professional. I feel like the Community Café does that and I feel like if we create a panel for that, it will bring more people out because a lot of times, a lot of us, we are afraid to ask for help. Some people struggle with reading, some parents may have learning disabilities, and so sometimes it may be hard to try to come out there just out on our own,

but if you guys open the door with a panel, I'm pretty sure parents would be like, oh, okay, this gives us some type of role and now we feel comfortable where we could be open and be able to share. So I feel like that will be really good.

#### Participatory Research Empowerment Guideposts for African American Communities

To generate a tentative set of considerations or guideposts that help to centralize the experience of empowerment for African American communities within participatory research engagement, I conducted a thematic analysis on the experiences of participants in VCR's Community Cafés. Table 2 depicts the PREGs for use when collaborating with African American communities to address racial health disparities. Each of the six guideposts has key principles that help describe its specific use in upleveling generic participatory research engagement to empowerment-centered participatory research for African American. Given that issues of power are at the root of inequities within the research engagement spaces and our society at large, there is considerable overlap and interdependency among all the guideposts. This means that as researchers attend to (or neglect) one, the others are affected. To further underscore the importance of seeing and treating everyone involved in participatory research engagements as cocreators and co-owners of the research process, I refer to those involved—American community members, academic or researchers, and other institutional and organizational participants as research partners instead of participants.

 Table 3

 Participatory Research Empowerment Guideposts

Participatory Research Empowerment Guidepost- PREG	Seeding Safety- Nurturing Trust	Liberating Communication	Fostering Connections	Providing Supportive Acts & Resources	Centering the Black Experience	Prioritizing Acts for Collective Healing
Principles	Consensus  Consistency  Predictability  Transparency	Mutuality Vulnerability	Building relationships Networking Diversity	Increasing access to resources Actualizing equity	Cultural and experiential reflectiveness  Prioritizing discussions about racism	Communal acts of LOVE  Truth and reconciliation
	Choice					

### **Seeding Safety-Nurturing Trust**

African Americans have been valued as little more than research objects with little to no say in how research will take place in their communities. Moreover research efforts are not always transparent about the ways in which African American communities' data will be used or the reality that research often has distal outcomes such that the immediate community participants may not experience any tangible improvements. Given this, special care must be taken to create a sense of safety within the research engagement space and to nurture Black communities' trust in professional or institutional research partners. The first guidepost *seeding safety-nurturing trust* offers recommendations based in the principles of consensus, consistency, predictability, transparency, and choice. A foundational way to begin to foster a sense of safety and establish trust with Black communities is to implement consistency and predictability as structural components of the participatory research process. This is achieved by implementing the same basic activities at each research engagement session so that community member partners experience a degree of certainty. Another initial step in cultivating trust and establishing safety with Black communities involves centralizing or giving power to their collective voice by

using intention efforts to reach consensus on important aspects of the research project. One practical way this can be achieved is by collectively developing research participation agreements. These agreements consist of details outlining how research partners will interact and communication, as well as how about information will be shared and used. Toward providing transparency, the agreements must be written and expressed using the words and language of the community (related to the guidepost *centering the Black experience*) and each time the research team is convened, partners should be given the opportunity to provide their ongoing agreement with them. Choice and transparency are also reinforced by treating the participation agreements as a "living" document such that as power dynamics and differences within the research space are recognized and attended to, participants are asked if there is anything that needs to be added or changed. Implementing choice, consensus, and transparency within participatory research spaces with African Americans can also be accomplished by offering a stipend to community members for their participation and collectively coming to an agreement about the amount of that stipend. These actions help to build the trust of African Americans and convey that they are valued members of research project team. Finally, it is critical to provide reminders and be transparent about the ways in which their contributions and lived experiences serve as the impetus of change and inform action and solutions. This could be accomplished by providing consistent updates about the progress of research efforts.

#### **Liberating Communication**

Because of the inherent power imbalances in research spaces Black voices are often subjugated. Those aiming to do research in a way that is both equitable and empowering must focus intentional efforts on *liberating communication*. The recommendations included in this guidepost are based on promoting the principles of mutuality and vulnerability and highlight the

importance of making sure community member partners are engaged with and treated as equal partners in the research space. To accomplish this, steps to support and highlight the interdependent and mutually beneficial acts of sharing and learning across research partners need to be taken. Such reciprocity, especially between those who hold positions with conventional power differences (e.g., researchers or organizational partners compared to community member partners) requires significant vulnerability. To facilitate the mutuality and vulnerability needed for *liberating communication* the professional or institutional partner initiating the participatory research project should employ intentional, methodical, supportive strategies of communication. This means exhibiting qualities that are relatable, kind, and inviting, as well as promoting connection and familiarity among the partners. Those leading research efforts should be adept at engaging a wide range of personalities and use natural language that resonates with and is reflective of the community partner. Oftentimes this is best accomplished by inviting and supporting community member partners to take on hosting and leadership roles. Liberating communication also involves modeling non-condescending, nonpatronizing communication and providing opportunities to practice effective communication skills (e.g., active listening, being nonjudgmental, using "I" statements, refraining from offering advice). These actions help to promote vulnerability among research partners by establishing communication dynamics that respect and honor shared lived experiences.

Also central to encouraging vulnerability among African American community research partners is the assurance that the personal stories they share openly will be kept safe. One way to demonstrate this is to take intentional steps to reiterate the importance of confidentiality (e.g., by providing reminders periodically during research engagement). Moreover, the ability to be vulnerable signals just how much I, a research partner, believes we (myself and other partners)

are the same. Thus, attention should be given to how all participants show up in the research engagement space. Interestingly professional or institutional partners may restrict themselves from being vulnerable in an effort to be respectful of African American community members' experiences of oppression and marginalization. Although good intentions, this could actually have the opposite effect and limit or prevent community member partners from feeling safe enough to share their lived experiences. Vulnerability in support of a *liberating communication* requires risk-taking on both sides, from all participants. Professional participants must be supported in feeling vulnerable to share their lived experience (when appropriate and meaningful) as this helps to foster trust among participants (tying back to *seeding safety-nurturing trust*).

#### **Fostering Connections**

To curate a collaborative space where differences in privileged rights to exert power or make change happen are neutralized, where research partners with varying degrees of conventional power positions actually feel and experience each other as equals, there must be intentional efforts made toward *fostering connections*. The key principles of this guidepost are building relationship, networking, and diversity. Participatory research initiatives that aim to empower African Americans should be exceedingly intentional about tending to and building relationships across and between research partners as well as external relationships with the surrounding community. Employing personable, creative ways to stay connected, such as personal phone calls or emails, and the strategic use of social media with content that sparks the interest of and is relevant to African American community members is especially critical to building and maintaining relationship. Additionally, support for research partners to connect outside of the research engagement space is also advised as it helps to strengthen relationships

that translate to increased trust and safety within research engagement space. This could be achieved by inviting research partners to join special workgroups responsible for specific tasks related to aim of research project and, of course providing administrative support such as setting up Zoom calls and sending out email reminders. Participatory research aimed at empowering also needs to be intentional about seeking diverse, representative participation and including the wider African American community. This means supporting the attendance of individuals from organizations whose participation is essential to real, meaningful change for the issue the research project is aimed at addressing. For example, with VCR's PACT-STL's Community Cafés, it was imperative that representatives from Children's Division be present to discuss misunderstandings and issues related to risk factors associated with child abuse and neglect for local African American communities. It also means establishing and maintaining dynamic relationships with a broader scope of African American community members and organizations. Although it is imperative to support the participation of the community organizations and partners with whom the research project already has an existing relationship, additional focus should be on creating ways to elicit the participation and involvement of new participants. This could be achieved by leveraging existing community partnerships to network and attract new participants, marketing project efforts and goals in local communities perhaps by holding external meetings or gatherings like VCR's pre-Café focus groups, and being intentional about hosting the research engagement sessions in various places throughout the community and at various times to accommodate a wider variety of schedules. Through Fostering Connections participatory research engagement helps to strengthen the "empowerment infrastructure" in the wider African American community.

#### **Providing Supportive Acts and Resources**

Black communities have been strategic stripped of and denied access to resources which undermines their full participation in research engagement spaces. The providing supportive acts & resources guidepost is activated through the principles increasing access to resources and actualizing equity, which relatedly work through fostering connections and towards liberating communication. Increasing access to tangible material supports such as providing an adequate participation stipend, providing referrals and warm hand-offs to community agencies that meet an expressed need or concern, and being available to offer immediate relational support, are all are fundamental to African American community member partners being able to fully participate and contribute to the research initiative. Through the research engagement encounter, community members should have increased access to resources and services that can help them support their own and their family's well-being, thus alleviating stress and helping to increase their bandwidth to participate. Additionally, resources should be offered and actions taken to support them in contributing and taking on partnerships and leadership roles as well. To achieve this, new partners could be encouraged to attend an orientation that explains the basics of participatory research, PREGs for collaborations with Black communities, and the specific aims of the particular research initiative. Additionally, new partners could be assigned an "attendance buddy" of sorts, a seasoned community member partner to help them navigate and process the experiences of attending their first few research meetings. Ongoing trainings should also be provided to community member partners to help them feel confident, capable, and safe in using their power within the research engagement space. These trainings could include development in skills like public speaking, race equity, diversity and inclusion, conflict resolution, and strategic thinking and planning. And although these trainings advance the research project's ongoing

work, they hold the potential to be especially valuable for the empowerment of community members and the larger African American community. For example, the trainings should be offered and credentialed by reputable organizations such that upon completion, community members would have a tangible credential that helps to advance and legitimize their work as community leaders beyond the research initiative. Other resources and acts that work to empower community members and the African American community involve supporting community member partners in acting as liaisons who recruit new partners and inform the larger community about the research project's actions, plans, and goals. Through these research leadership roles, community member partners can also connect and solicit participation for the own community-based organizations and events, further positioning themselves as community leaders. Finally, participatory research initiatives should find and initiate ways to support community member partners in putting their partnership and leadership skills into practice while centering and addressing the issues that are important to them. For example, this could involve the support and sponsorship for a series of panel discussions where community member partners invite others to explore challenges facing the Black community, and where they can indigenously developed ideas and solutions without the input of professionals while activating and practicing their leadership and partnership skills in a safe, familiar setting.

#### **Centering the Black Experience**

Although all the PREGs provide recommendations on ways to structure research engagement so that it addresses disparities of power that are the result of and mirror how power manifests in broader societal contexts, the *centering the black experience* guideposts offers specific activities to centralize community member partners similarities and understandings. The central principles of this guidepost are cultural and experiential reflectiveness and prioritizing

discussions about racism. Related to and supporting seeding safety-nurturing trust, participatory research initiatives seeking to empower Black communities will do well to incorporate elements of local Black culture into its structure of consistent activities. This could involve using background music and art that resonates with community member partners, inviting and supporting them to take on hosting and leadership roles, and being intentional about highlighting the shared experiences of Black people, most importantly their collective experience of racism. Moreover because racism is ubiquitous and covertly permeates social spaces, participatory research initiatives seeking to collaborate with African American must give explicit prioritization to discussions about racism and racial discrimination. As demonstrated in the Communities Cafés hosted by VCR's PACT-STL, participants seem to unconsciously know and understand that the shared lived experiences of African American parents and community members described the increased risk Black families experienced for child abuse and neglect were the result of racism, although this was never directly pointed out. Researchers using PREGs must not allow for such assumptions about the connection of racism to racial health disparities to play in the background of its engagement. They must articulate and make a clear and foundational stance that racial health disparities exist and persist for Black communities because of racism. Initiatives using PREGs must initiate and facilitate discussions about racism even if community research partners do not directly identify their personal experiences as the results of racism. By providing information on the economic and legislative influences of racism as well as statistical data illustrating the scope of racial disproportionality of the specific health issue of interest, those using PREGs provide transformative education that contextualizing community members' lived experience within structural racism. Related to seeding safety-nurturing trust, and liberating communication, there must be a definite intentionality about creating a safe and productive space

to openly talk about racism. Racism evokes strong feelings and reactions thus special care must be taken to ensure research partners feel supported and free to express themselves. Additional partners should always be given a choice whether they want to participate in such discussions and sufficient time should be allotted to ensure participants are able to fully process triggered thoughts and feelings. In support of making sure they feel supported in contributing to these conversations, there should be pointed attention given to cultivating a degree of cultural or experiential sensitivity and understanding among those who are not African American and / or who do not share similar experiences of community member partners. To ensure research partners are supported in contributing thoughtfully to discussions (and tying back to *supportive acts and resources*) research initiatives using PREGs should offer trainings in areas such as CRT and racial equity, unconscious bias, cultural humility, and restorative justice so that critical nature of how racist systems have shaped and programmed the experience of all Americans is thoroughly understood.

#### **Prioritizing Acts for Collective Healing**

Because *centering the Black experience* means acknowledging, sharing, and discussing the traumatic impact of having to navigate, interact, and live within racist systems, researchers using PREGs must start *prioritizing acts for collective healing* when partnering with African American communities. The key principles of this guidepost are *communal acts of love* and *truth and reconciliation*. A central way to make healing a fundamental part of the participatory research experience involves intentional efforts to contextualize research engagement as a therapeutic or healing space. This could be achieved by incorporating grounding activities into the structures of the engagement (tying into *seeding safety-nurturing trust*) such as periodic check-ins so community member partners can indicate how they are feeling as they participate.

Grounding activities should be communal acts of the expression of love that are reflective and responsive to African American culture. Collective activities such as breathing, bilateral movement, moments of silence, sharing a meal together, or any communal activity that reflects the community member participants' ways of knowing and feeling can begin to establish a feeling tone of love. Connecting back to *seeding safety-nurturing trust* communal acts also include collectively developing the communication agreements and could involve developing a collective definition of love to be used and expressed throughout participatory research engagement. To note, spirituality is a deeply important and felt component of Black healing. Instead of the hosting research partner implementing communal acts of healing and love, community member partners should be invited to express this connection as a means to help the research engagement experience embody an authentic healing experience. Additionally, participatory research focused on empowerment would benefit from establishing relationships with institutions in the African American community whose central focus is healing such as the Black church, mosque, or spiritual center.

Another crucial component of *prioritizing acts for collective healing* is *truth and reconciliation*. This means taking intentional steps to invite those entities who have historically caused harm to African American communities to be part of the participatory process.

Specifically it means providing the opportunity for community partners to express their lived experiences of oppression to be heard and validated by professionals who have set aside their titles and conventional held positions of power in order to listen. And when appropriate and safe, this also involves mediating exchanges where an active component of the engagement process includes a willingness to be forgiven and to forgive. The goal here is not to achieve total reconciliation, but to embrace a willingness to get there. A starting point for partners in the

PREG space is embracing collective learning and activism, an act far from the interest convergence of typical antiracism efforts. PREGs' collective learning and activism means articulating and championing the needs and rights of African American communities irrespective of main-stream, White interests. In support of this, research partners in the PREG engagement space learn new things from and about each other. For example, in VCR's Community Cafés, participants were asked to share their "a-ha" moment or a single word that captured their Café experience. These types of insights lead to expanded awareness about oneself and community, and deepen research partners' perspective and understanding about the challenges and triumphs of the Black community. Relatedly, those using PREGs should not only present concrete data that illustrates the scope of the issues facing the Black community but offer ways for partners to become involved in advocacy efforts to admonish and change the oppressive systems that are at the root of these issues. Moreover, these research initiatives should ensure that community member partners know and can exercise their rights within the systems they must navigate. Having such knowledge, exercising their rights, and being part of the collective action to change systems provides healing relief and hope that African Americans will be treated with dignity and respect, and that racial health disparities will be eradicated.

#### Conclusion

This chapter presented the findings from the study. The research aims and questions sought to explore the empowerment experiences of participants who took part in Community Cafès used to collaborate with African American communities in child welfare research toward generating a set of considerations of PREGs for Black communities toward addressing racial health disparities. Five primary themes and five subthemes of empowerment emerged from 16 interviews with participants of Community Cafès. From these themes I derived set of six

considerations or PREGs. The following chapter discusses the implications and limitations of these findings and presents the conclusion of the study.

#### **Chapter 6: Discussion and Conclusion**

This chapter presents the discussion and conclusion of the research study. It begins with an overview that briefly describes the research problem and aims along with data collection and analysis activities. Next, I present a summary of the findings, discuss how they expand on the previous frameworks by providing important nuances for the empowerment experiences of African Americans, and consider how they align with other critical research engagement methods. Lastly I present the strengths and limitations of the study, followed by the implications for future research directions, and the conclusion.

#### **Overview of the Study**

Multi-systemic impacts of anti-Black racism have resulted in health and well-being disparities for African Americans that persist despite efforts to address them (Brondolo et al., 2009). Racism is associated with disproportionately higher indicators of morbidity and mortality for African Americans (Williams et al., 2019), elevated rates of deprivation and disorder for Black communities (Anderson & Oncken, 2020), and Black people accounting for a disproportionate number of system-involved individuals (Alexander, 2011; Dettlaff & Boyd, 2020). Additionally, racism in research has an extensive history of unethical and exploitative practices with African Americans that has resulted in their generational distrust of research and researchers (Scharff et al., 2010; Washington, 2006). Consequently, structural racism has resulted in Black communities' continued disempowerment and the persistence of racial health disparities. In response, researchers are using empowerment-based approaches to collaborate with communities to address racial disparities and promote research justice (De Las Nueces et al., 2012; Douglas et al., 2016; Wallerstein & Duran, 2006; Ward et al., 2018). These could be

strengthened by work that amplifies experiential reflectiveness and responsiveness for African American communities.

Using a CRT orientation and a CGT methodological approach, this study sought to achieve two scaffolded aims. Aim one sought to explore the empowerment experiences of African American participants taking part in Community Cafès used to collaborate with communities to address racial disparities in risk for child abuse and neglect. Five primary themes and five subthemes of empowerment emerged from 16 in-depth interviews with Community Café participants. Aim two sought to use these themes to inform a tentative set of considerations or PREGs for use with African American communities.

Overall the respondents conveyed that their Community Cafè experience was empowering and worthwhile, and that it benefited both them and their community. Power and control in the Community Cafès were described as interdependent, mutually beneficial act of sharing and learning. Notably, community agencies and service providers did not seem to exert or use their power as much parent and community member and VCR project staff participants. There was a noticeable reluctance among some community agency and service provider participants to respond to or interact with parents and community members as it was speculated they felt their safety in the Cafés was not a priority. The following sections present a brief overview of the findings and discuss their implications and limitations.

Within the Café space, activities that centered on equity included democratic processes including the (re)distribution of resources, the provision of training and skill development, and voting. Beyond the Cafès, these included efforts such as hosting pre-Café focus groups in various African American communities, supporting parents and community members to act as liaisons for the Cafés, inviting local community leaders to participate, and linking parents and

community members to other formalized community organizing including advocacy efforts.

Aspects of the Cafès that may have stifled equity included parent and community members not having an adequate level of the skills needed to take full advantage of opportunities and external constraints like the limited visibility of Café efforts in the community, and the tendency for local change efforts to be siloed.

The Cafés honored and centered the Black experience through the use of music, language, and expressions that resonated with African American participants. And although these experiences felt familiar and safe, respondents were shocked to realize that Café discussions did not include topics of racism or racial discrimination. To remedy this absence, they suggested contextualizing shared lived experiences within structural racism, and facilitating these conversations with representatives from organizations from whom parent and community members have experience racial discrimination (e.g., Children's Division).

Respondents also noted healing as a central process to the empowerment of African Americans and experienced it as gaining insights and taking action that addressed oppressive and discriminatory experiences of racism. Suggestions made to increase the healing impact of the Cafés for Black communities included periodic check-ins to gauge participants' feelings and comfortability, and collective grounding such as breathing and movement. Focusing on relationships by cultivating intimacy, vulnerability, and risk taking among participants was also recommended. These included efforts to develop partnerships with the Black church and other institutions devoted to the healing of Black people, supporting the full participation of community agencies and service providers, and cultivating safe interactions with entities that have historically caused harm to African American communities. One major recommendation made by more than half the respondents to improve the Cafés was to organize in-person panels in

local communities where parents and community members could be supported in exercising leadership skills while exploring Café topics and other challenges facing the Black community.

As aim two sought to derive PREGs for African American communities from the Café interviews, it is important to reemphasize both the CRT orientation and CGT methodology of the study. CRT stresses that the voice and perspective of participants are paramount in shaping or informing research outcomes, while CGT methodology acknowledges subjectivity and the researcher's involvement in the construction and interpretation of the data. Because existing frameworks of empowerment do not center Black voices or extrapolate their meaning from African Americans' experiences they may fall short in providing the same level of specificity and nuance as the PREGs. Moreover, my positionality as a Black woman with lived-experience of child welfare systems and CPS, a resident of a local at-risk community, and a community-based researcher has significant implications on the execution of the study. That is, it is important to recognize that being conscious of and making use of my insider experiences and perspectives influenced the way I derived meaning of the data that hopefully adds to the relevancy and weight of community's expressed experience of empowerment and the generated PREGs.

From the Café empowerment themes I derived six PREGs that provide recommendations for researchers wanting to use participatory research to empower African American communities to address racial health disparities. Given that issues of power are at the root of inequities in research engagement (and within systems more broadly), PREGs work interdependently to renegotiate power such that as researchers implement the strategies of one specific PREG the others are affected. Additionally, each guidepost has specific underlying principles that help underscore and describe its use to collaborate and empower African American communities.

The first guidepost seeding safety-nurturing trust is based in the principles of consensus, consistency, predictability, transparency, and choice. It includes recommendations to implement routine activities, collectively develop participation agreements, offer a stipend to community members for their participation, and be transparent about how community member partners' shared lived experience and information is being used in meaningful ways. The next PREG, liberating communication uses the principles of mutuality and vulnerability, and focuses on increasing intimacy in communication across research partners. It includes recommendations to promote reciprocity in mutual sharing and learning. To do this those using PREGs should model noncondescending, nonpatronizing communication, support community member partners in taking on leadership roles, and support professional and institutional partners in taking risks by being more open and sharing their lived experience. The guidepost fostering connections is rooted in the principles of building relationship, networking, and diversity and involves strategies to stay connected to existing partners as well as to expand and diversify the research project's partnership base through extending relationships to the wider African American community. The providing supportive acts & resources guidepost is activated through principles increasing access to resources and actualizing equity. It makes recommendations to increase community member partners access to tangible material supports needed for them to fully participate and contribute to the participatory research initiative. The centering the Black experience guidepost involves cultural and experiential reflectiveness and prioritizing discussions about racism. It requires intentional efforts to integrate aspects of local Black culture into the research engagement space and to center the shared experiences of racism as an essential part of the research initiative. Because of the hurt and harm racism has caused African American communities, a final guidepost, prioritizing acts for collective healing is needed. With key

principles communal acts of love and truth and reconciliation, healing can be promoted by implementing grounding activities such as periodic emotional check-ins and encouraging communal acts of love (e.g., collective breathing, bilateral movement, moments of silence, sharing a meal together), partnering with institutions that focus on the healing of African Americans like the Black church, facilitating safe interactions with organizations and systems that have historically cause them harm, and energizing collective learning and activism among research partners.

## Upleveling Previous Empowerment Frameworks for Engagement with African American Communities

When relating study's findings back to the existing literature on the empowerment in participatory research several observations are made that showcase the ways in which the PREGs work to remedy their limited ability to empower African American communities. Existing frameworks of empowerment defined safety and communication as singular process of empowerment (Akom, 2011; Kasmel & Andersen, 2011; Laverack, 2001; Wallerstein, 2002), whereas the empowerment experiences of African Americans that informed the PREGs necessitated that these be attended to as separate but interdependent aspects of their empowerment. This is not surprising given the legacy of exploitative research practices used against African American people. The guidepost *seeding safety-nurturing trust* for African American communities' empowerment involves activities that give power to their collective voice in determining research interactions, processes, and outcomes. Through predictable, consistent research activities that have been codeveloped with the community partner, research efforts using PREGs enhance their transparency and in turn start to (re)build trust and sow seeds of safety with Black communities.

In previous explanations of empowerment, Labonte (1994) defined power and empowerment as transactional, and stated that professional partners engaged in participatory research demonstrate power with as opposed to power over community partners. PREGs provides nuanced details that illustrate how this is to be accomplished with Black communities. The *liberating communication* guidepost defines Labonte's power with as the mutually beneficial acts of sharing and learning based in the principles of mutuality and vulnerability. It explains that for African Americans whose voices have been subjugated and personhoods exploited by racist systems to share in power means that researchers must be deliberate and intentional in the ways they communication with community members and that community members need to be valued and respected in the research space. It instructs those hosting or initiating the participatory effort to move members community into leadership positions to demonstrate mutuality. Moreover, for African Americans to feel liberated and free to communication to share in research space, professional research partners must learn to be vulnerable. Those wishing to empower Black communities using PREGs must find ways to support professional partners in taking risk to also share their personal stories of loss and triumphs. African American community members should not be expected to take risk while others in the research space are permitted to stay and feel safe.

The PREG fostering connections and providing supportive acts & resources provide specific instructions for Black communities that supplements the generic, vague recommendations provided in previous frameworks such as sharing in decision-making (Laverack, 2001; Wallerstein, 2006), building capacities (Kasmel & Andersen, 2011; Laverack, 2001; Rifkin, 2003; Wallerstein, 2006), redistributing resources (Laverack, 2001; Rifkin, 2003), and promoting and establishing leadership and partnership (Kasmel & Andersen, 2011;

Laverack, 2001; Rifkin, 2003; Wallerstein, 2002, 2006). Historically, research efforts (knowingly and unknowingly) have extracted data from Black communities leaving little evidence of real improvements for the immediate community. Thus, the PREGs dictate that before participatory researchers seek to share in decision-making, establish partnerships, etc., they need to signal a sincere desire to collaborate and empower Black communities. The fostering connections PREG instructs researchers to be intentional about building and supporting strong authentic relationships with community member partners and the Black community at large. In fact, it resembles Braithwaite et al.'s (1994) assertion that because of research's legacy of exploitative and dehumanizing practices and the resulting, proportional level of distrust African Americans have of systems and institutions, researchers must be intentional about gaining entry and building credibility within African American communities. In the spirit of a wise social work colloquialism "no one cares how much you know until they know how much you care" fostering connections entails researchers going out into the communities and demonstrating their genuine desire to be a part of the community's growth and change beyond the outcomes of their specific research project. Further, the providing supportive acts & resources guidepost attends to the fact that structural racism has disproportionally left Black communities without the resources needed to fully participate in society at large. While existing empowerment framework seem to mistakenly assume that communities are already empowered enough or capacitated to fully participate in the research initiative, the African American voices that informed PREGs asserted that community members need access to tangible and material resources that free up their bandwidth to participate and that bolster their skills to take full advantage of being a research partner.

While the existing empowerment frameworks emphasize the importance of culturally relevant or culturally responsive research engagement processes (Wallerstein, 2006) the PREGs in general and specifically its guideposts seeding safety-nurturing trust, centering the black experience and prioritizing acts for collective healing expand on Braithwaite and colleagues' (1994, 1989) HPRC and Akom's (2011) BEAR models providing prescriptive, best practices that compel researchers to be increasingly intentional about addressing the particular needs of African American communities and the consequences of structural racism. The BEAR model calls generally for researchers to orient, locate, and center all aspects of the research process exclusively in the African American perspective. The PREGs answers this call specifically by grounding its recommendations for research engagements in the actual empowerment experiences of African American participants in Community Cafès. Specifically, the centering the Black experience guidepost confirms and expands on Akom's model by offering pointed strategies to increase the cultural and experiential reflectiveness of the research engagement experience (e.g., incorporate elements of local Black culture with background music and art that resonates with African American partners, encouraging community partner leadership). Aligning with both the HPRC and BEAR models, the centering the Black experience guidepost also directly calls for prioritizing discussions of racism and racial discrimination, arguable the most important and impactful experiences shared by African Americans in this country as a mandatory component of the research process. Thus, centering the Black experience instructs researchers using PREGs to contextualize the research problems they are addressing and their participatory responses to these problems as consequences of and solutions to structural racism.

The *prioritizing acts for collective healing* guidepost includes a particularly novel way PREGs uplevel participatory research to empower African American communities that expands

on The BEAR model's focus on healing and love. As Akom (2011) asserted, healing and love within research engagement must originate from Indigenous and African values and ways of being and values especially if the aim of the research efforts is authentic improvement and wellbeing of Black communities. Both the PREGs and the BEAR model point out that healing is essential to the empowerment of African American people because of the historical trauma White supremacy has inflicted (and continues to inflict) on Black communities. While both PREGs and the BEAR model call for healing rituals that are reflective of and resonant with African American ways of knowing and loving, the e guidepost calls forth nuances that speak to the definition of love Akom's used Peck's (1998) definition of love in his model: "the will to extend oneself for the purpose of nurturing one's own or another's spiritual growth" (p. 148). For the African American participants in the Community Cafès that informed the PREGs, healing involved two important acts: truth and reconciliation with entities that have historically caused Black communities harm, and collective learning and activism to change racially oppressive systems. This guidepost is prescriptive in that it instructs researchers to mindfully orchestrate opportunities for community members and organizations that are a part of the oppressive structures that injure Black communities to come together in a willingness to be forgiven and to forgive, and to grow and demonstrate that willingness through collective action to change systems.

# Situating PREGs in Existing Research Engagement Approaches for Marginalized Populations

As CGT emphasizes, it is important to consider the social and political context in which the research study takes place. This is especially salient for the current study and the social, cultural, and historical factors that impact the empowerment of African Americans. As with most

Black communities across the country, the local communities in which this study took place suffered the worst of the COVID-19 pandemic and the underlying factors that exacerbated its negative consequences. Additionally, the St. Louis region in general has a long history of racial segregation, discrimination, tensions, and upheavals with the most recent, the murder of Michael Brown and the Ferguson uprising response, receiving nationally attention. Broader contextual factors of this study include the upsurge of media coverage on the mistreatment and killings of Black people by law enforcement, the continual rise of the BLM response, and the presidential attack on CRT and DEI—among the myriad of other factors impacting the state of Black people and the disempowerment of their communities. Given these social dynamics, the development of PREGs as well as other approaches that call attention to the oppressive systems that marginalize Black communities and emphasize the centering their lived experiences as means to generate solutions, are especially timely and necessary.

Thus, the study's findings on empowerment processes for African American communities are similar to the burgeoning scholarship on decolonizing methodologies, trauma-informed research frameworks with marginalized populations, and healing centered engagement (Smith, 2021). Both decolonizing methodologies and PREGs are rooted in the fact that legacies of colonization such as racism, have shaped the lives of communities and that research must attend to issues of power within the research engagement space. Thambinathan and Kinsella (2021) offered four practices including "exercising critical reflexivity, reciprocity, and respect for self-determination, embracing 'Other(ed)' ways of knowing, and embodying a transformative praxis" (p. 3) that mirror the recommendations found in the PREGs. Additionally, given the emphasis on lived experience that describes oppressive and traumatic encounters of racism and racial discrimination, there are also notable similarities between the PREGs and trauma informed

research frameworks. Voith et al. (2020) illustrated the application of their trauma-informed socially just research (TISJR) framework that integrated SAMSHA's trauma-informed principles (safety, trust worthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural, historical, and gender issues) with a population of lowincome, predominantly African American men recruited from a criminal justice setting that resembles and mirrors the strategies described in the PREGs. Interestingly, a barrier in the applications of their framework was the tension between the researchers and the African American male participants, similar to those that arose between African American community members and the community agency and services provider participants in the Cafès. The study's researchers, being mostly women of non-African American backgrounds, were reluctant to communicate and showed signs of being emotionally triggered by the participants' stories and comments, similar to the reactions community agencies and services providers had in response to the lived experience of parent and community members in Cafés. In response, strategies to help manage the relational boundaries were deployed, like those suggested in the PREGs, prioritizing safety and voice of all research partners.

While the PREGs share philosophical and practice-based approaches found in decolonizing methodological and trauma informed research frameworks, perhaps they are most similar to and align with is Ginwright's (2018) healing-centered engagement (HCE) approach. Developed for engagement with marginalized, trauma exposed youth, HCE is a strengths-based approach that moves beyond critical and trauma-informed engagement, and recenters culture, spirituality, civic action, and collective healing as central features in health and well-being (Ginwright, 2018). It views traumas, like racism, not solely as individual experiences of racial discrimination, but acknowledges and highlights how racism is experienced at collective

macrolevels, that then calls for experiences of collective healing. For example, as outlined in the *prioritizing acts for collective healing* guidepost where involvement in advocacy efforts to address racially oppressive legislation and systems is indicated as a strategic way to support healing, HCE asserts that "well-being comes from participating in transforming the root causes of the harm within institutions" (Ginwright, 2018, p. 27) and "taking loving action, by collectively responding to political decisions and practices that can exacerbate trauma (e.g. school walkouts, organizing peace march, or promoting access to healthy foods)" (Ginwright, 2018, p. 29).

Another similarity between the PREGs and HCE is their focus on healing. The *centering* the Black experience and prioritizing acts for collective healing guideposts recommend incorporating elements that reflect and resonate with African Americans and contextualizing research engagement as a therapeutic space by employing collective regulation activities (breathing, moments of silence). Likewise, HCE sees culture as means to offer "shared experience, community, and sense of belonging" (Ginwright, 2018, p. 30) and recommends incorporating culturally grounded rituals where people share stories about healing and connection, like healing circles from Indigenous cultures or drumming circles rooted in African cultural principles. Additionally, HCE also emphasizes the importance of empathy and encourages people to "share their story first and take an emotional risk by being more vulnerable" (Ginwright, 2018, p. 31) just as the *liberating communication* guidepost asserts that vulnerability requires risk-taking on both sides, from all participants, such that professional partners must be supported in feeling vulnerable to share their lived experience.

#### **Strengths and Limitations**

A major strength of this study is the use of CGT and the methodological integrity these methods afford. For example, in CGT, the interview guide evolves as theoretical insights emerge in the data, which allows for emergent processes to be proved or disproved (Charmaz, 2014). Additionally, I alone conducted all data collection and analyses. Charmaz (2014) maintained that data collection and analysis conducted by the same person strengthens the trustworthiness of the study, this is because "when you collect first-hand data, ... you see the setting, observe interactions, witness research participants' nonverbal behavior, and hear their voices as well as see written accounts. Analytical ideas may occur to you in the midst of an interview or during a moment in your ethnographic setting" (Charmaz, 2014, p. 111). Finally, the degree to which qualitative research results are generalizable is debatable. Leung (2015) and Charmaz (2014) asserted that the coconstructions produced by CGT can resonate with populations outside of the research's scope. So, while the purpose of this study was to explore the empowerment experience for African Americans and generate a set of considerations for participatory research specifically for this population, the experiences described by the respondents can serve to inform research engagement with other marginalized groups.

Strengths withstanding, there are limitations of this study that should be acknowledged. Although codeveloped with VCR PACT-STL staff, there were the discrepancies in the ways in which the interview guide's wording and language was interpreted by respondents. This was evident in the first few interviews and signaled that the guide required changes. The majority of the respondents stated that they participated as parents, which means empowerment findings may only be representative of this subset of the Café participants. Other similarities in the sample were that the majority identified as female and reported participating in Community Cafès hosted

by PACT-STL and not Project LAUNCH. Further, no follow-up interviews were conducted. Member checking activities could have increased the accuracy and transparency of the study and led to new insights and perspectives not previously considered (Birt et al., 2016). Finally, a limitation to participatory research is that often it creates a professional class of community members. This can impact the integrity of the data when the goal is to tap into the actual lived experiences of the partnering community.

# Implications and Key Takeaways

The PREGs findings offer numerous considerations for future research and theoretical, policy, and practice implications. Given the limited representation of VCR project staff, community agency and service provider participants in the study, additional research should look to diversify the respondent pool towards providing a more comprehensive view of empowerment processes. Additionally, given the PREGs' foci on prioritizing discussions about racism and healing, future research should explore how integrating these features into research engagement impact the empowerment experiences of community members. Relatedly, it is important to note that the study produced a tentative set of PREGs to help inform research collaborations with African American communities. Future research should look to observe and test the applicability of these guideposts with other African American communities addressing disparities in health.

As noted, there are notable challenges regarding the operationalization and measurement of empowerment. The findings advance the field's current theoretical understandings of empowerment as occurring on three levels—micro (individual), mezzo (group, familial, organizational), and macro (community) for African Americans. The results highlight how participatory research practices function to empower community member research partners, their families, and their community—simultaneously and synergistically. For example, while the

participatory research project is aimed to reduce a specific racial health disparity (macro), resources such as leadership skills trainings and tangible materials and services for family well-being work to empower individual and families (micro and mezzo), which also work to strengthening the "empowerment infrastructure" of the wider African American community (macro). Taken together, these theoretical and practical implications effect how researchers using participatory methods conceptualize empowerment for the Black community which influences the strategies they use in their research engagement efforts and the evaluation of that engagement.

There are also key takeaways of the PREG framework that advance equity as it relates to addressing racial health disparities for African American communities. PREGs offer a framework that is fully reflective of the community and capture the perspectives and experience of research partners. Thus it elucidates specific behaviors and strategies that lead to full implementation of previously espoused engagement principles and adds to the growing understanding of how researchers might assess the quality of engagement. Additionally, key to PREG implementation for the advancement of equity is its focus on relationship. This means that the guideposts *seeding safety-nurturing trust* and *liberating communication* are weighted more heavily and subsequent guideposts rely on them. For example, discussions about race and healing through mediated exchanges for truth and reconciliation cannot be facilitated without a foundational degree of safety, trust, and communication. Researchers in settings with limited resources and restricted time should focus their efforts on building relationship. Moreover, researchers must remember that while advancing science and moving the needle on indicators of health and well-being for African American communities may be their ultimate goals, those who

have not worked to establish a sincere, authentic relationship with the partnering community, risk compromising the quality of their data.

Lastly, the PREG framework also calls researchers to a higher standard of ethical responsibility. As researchers, we take an oath (and ongoing training) to do no harm, but the PREGs show us that for communities that research has historically exploited and systems have marginalized, doing no harm is not enough. PREG engagement offers a way to do research with Black communities that is healing and restorative. It helps researchers earn the trust of the Black communities, build authentic relationships, and shift the harmful and exploitive legacy of past and some current research.

#### Conclusion

The goal of this research study was to explore the empowerment experiences of African Americans involved in Community Cafès toward generating a set of guideposts for participatory research engagement to empower African American communities to address racial health disparities. The study found that empowerment for African American communities in participatory research involves processes not necessarily emphasized in research engagement with other groups. Engagement with African American communities must work to establish and maintain a foundational degree of trust. Additionally, discussions about racism that contextualize the lived experiences of community members as the result of structural racism must be prioritized. Finally, a focus on healing that encompasses culturally reflective activities, transformative education, collective activism, and truth and reconciliation involving entities that have caused hurt and harm to African American communities are cited as essential empowerment processes. These key findings provide vital insights for researchers partnering with African American communities.

The study used CRT and CGT methodology, both of which were integral to the purpose of the study. CRT focuses on issues of power and mandates explorations of how race and racism undergird health disparities and how social hierarchies of power shape the perspective from which these disparities are experienced. Moreover, it prioritizes the perspectives of those marginalized by racialization as the central means to understanding how and why health disparities persist. CGT actualized these CRT mandates for the study's exploration into the empowerment processes of participatory research with its emphases on social contexts, interactions of knowing and learning, sharing viewpoints, and interpretive understanding (Charmaz, 2014). Further, although previous scholars have asserted empowerment research as a means to support participants in increasingly gaining and exerting control over their lives, where social justice, social change, and sustainability are prioritized (Morton & Montgomery, 2011), this study highlights that relational aspects of the research engagement are paramount to more meaningful successes of empowerment for African American communities. Suggestions are offered for researchers wanting to use participatory methods to affect change and empower African American communities. Engagement must be intentional, and researchers and professional partners must be willing to be vulnerable and be ready to give up, give over and share power. A radical and definite stance about racism as the root cause of social and health disparities must be articulated. Finally, researchers need to be willing to let go of conventional ways of doing research and be open to incorporating nontraditional elements and features into the research processes, like using healing centered engagement techniques.

African American communities suffer deleterious health effects because of the racism that is codified and structured into our society's laws, practices, ideologies, and behaviors.

Empowerment in participatory research is a powerful, pragmatic tool for partnering with African

American communities to address racial health disparities, meeting the multidimensional, dynamic nature of their cause structural racism—by providing active, dynamic resolution and healing at every level of assault and harm. In essence, this research study advances and champions participatory research as a comprehensive means to social and health justice for African American communities.

#### References

- Abraczinskas, M., & Zarrett, N. (2020). Youth participatory action research for health equity:

  Increasing youth empowerment and decreasing physical activity access inequities in
  under-resourced programs and schools. *American Journal of Community Psychology*, 66,
  (3–4), p. 232–243. https://doi.org/10.1002/ajcp.12433
- Acevedo-Garcia, D., & Osypuk, T. L. (2008). Invited commentary: Residential segregation and health—The complexity of modeling separate social contexts. *American Journal of Epidemiology*, 168(11), 1255–1258. https://doi.org/10.1093/aje/kwn290
- Akom, A. A. (2011). Black emancipatory action research: Integrating a theory of structural racialisation into ethnographic and participatory action research methods. *Ethnography and Education*, 6(1), 113–131. https://doi.org/10.1080/17457823.2011.553083
- Alexander, M. (2011). The new Jim Crow. *Ohio State Journal of Criminal Law*, 9(1), 7–26. https://www.issuelab.org/resources/22893/22893.pdf
- Anderson, K. F. (2017). Racial residential segregation and the distribution of health-Related organizations in urban neighborhoods. *Social Problems*, *64*(2), 256–276. https://doi.org/10.1093/socpro/spw058
- Anderson, K. F., & Oncken, L. (2020). Racial residential segregation, perceived neighborhood conditions, and self-rated health: The case of Houston, Texas. *Sociological Forum*, 35(2), 393-418. https://doi.org/10.1111/socf.12587
- Arnstein, S. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4), 216–224. https://doi.org/10.1080/01944366908977225

- Austin, S., & Harris, G. (2011). Addressing health disparities: The role of an African American health ministry committee. *Social Work in Public Health*, *26*(1), 123–135. https://doi.org/10.1080/10911350902987078
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology and Community Health*, 60(10), 854–857.

  <a href="https://doi.org/10.1136/jech.2004.028662">https://doi.org/10.1136/jech.2004.028662</a>
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. https://doi.org/10.1177/1468794112468475
- Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Historical Social Research*, 37(4), 191–222. https://doi.org/10.12759/hsr.37.2012.4.191-222
- Birks, M., & Mills, J. (2015). Grounded theory: A practical guide (2nd ed.). SAGE Publications.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802–1811. https://doi.org/10.1177/1049732316654870
- Bonilla-Silva, E. (1997). Rethinking racism: Toward a structural interpretation. *American Sociological Review*, 62(3), 465–480. https://doi.org/10.2307/2657316
- Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2003). Race and trust in the health care system. *Public Health Reports*, *118*(4), 358–365. https://doi.org/10.1016/S0033-3549(04)50262-5

- Braithwaite, R., Bianchi, C., & Taylor, S. (1994). Ethnographic approach to community organization and health empowerment. *Health Education Quarterly*, *21*(3), 407–416. https://doi.org/10.1177/109019819402100311
- Braithwaite, R., & Lythcott, N. (1989). Community empowerment as a strategy for health promotion for Black and other minority populations. *The Journal of the American Medical Association*, 261(2), 282–283. https://doi.org/10.1001/jama.261.2.282
- Braithwaite, R., Murphy, F., Lythcott, N., & Blumenthal, D. (1989). Community organization and development for health promotion within an urban Black community: A conceptual model. *Health Education*, 20(5), 56–60.

  https://doi.org/10.1080/00970050.1989.10622392
- Brandstetter, S., McCool, M., Wise, M., & Loss, J. (2014). Australian health promotion practitioners' perceptions on evaluation of empowerment and participation. *Health Promotion International*, 29(1), 70–80. https://doi.org/10.1093/heapro/das046
- Brondolo, E., Gallo, L., & Myers, H. (2009). Race, racism and health: Disparities, mechanisms, and interventions. *Journal of Behavorial Medicine*, *32*, 1–8. https://doi.org/10.1007/s10865-008-9190-3
- Carratala, S., & Maxwell, C. (2020). *Health disparities by race and ethnicity* [Fact sheet]. Center for American Progress. https://www.americanprogress.org/article/health-disparities-race-ethnicity/
- Carter, E., Swedeen, B., Walter, M. C., & Moss, C. K. (2012). "I don't have to do this by myself?" Parent-led community conversations to promote inclusion. *Research and Practice for Persons With Severe Disabilities, 37*(1), 9–23. https://doi.org/10.2511/027494812800903184

- Charmaz, K. (2008). Constructionism and the grounded theory method. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 397–412). Guilford Press.
- Charmaz, K. (2014). Constructing grounded theory. Sage Publications.
- Charmaz, K. (2017). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23(1), 34–45. <a href="https://doi.org/10.1177/1077800416657105">https://doi.org/10.1177/1077800416657105</a>
- Charmaz, K., & Thornberg, R. (2021). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*, 18(3), 305–327.

  <a href="https://doi.org/10.1080/14780887.2020.1780357">https://doi.org/10.1080/14780887.2020.1780357</a>
- Chavez, V., Duran, B., Baker, Q. E., Avila, M. M., & Wallerstein, N. (2008). The dance of race and privilege in CBPR. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: From process to outcomes* (2nd ed., pp. 91–106).

  Jossey-Bass.
- Chavis, D. M., & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. *American Journal of Community Psychology*, 18(1), 55–81. https://doi.org/10.1007/bf00922689
- Chene, R. (2005). Mental health research in primary care: Mandates from a community advisory board. *The Annals of Family Medicine*, *3*(1), 70–72. https://doi.org/10.1370/afm.260
- Christens, B. D. (2011). Toward relational empowerment. *American Journal of Community Psychology*, 50(1–2), 114–128. https://doi.org/10.1007/s10464-011-9483-5
- Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE Open Medicine*, 7.

  <a href="https://doi.org/10.1177/2050312118822927">https://doi.org/10.1177/2050312118822927</a></a>

- Clarke, A. E. (2003). Situational analyses: Grounded theory mapping after the postmodern turn. Symbolic Interaction, 26(4), 553–576. https://doi.org/10.1525/si.2003.26.4.553
- Creswell, J. W. (2007). Qualitative inquiry and research design: choosing among five approaches (2nd ed.). Sage Publications.
- Cross, R., Woodall, J., & Warwick-Booth, L. (2017). Empowerment: Challenges in measurement. Global Health Promotion. https://doi.org/10.1177/1757975917703304
- Cyril, S., Smith, B. J., & Renzaho, A. M. (2015). Systematic review of empowerment measures in health promotion. *Health Promotion International*, *31*(4), 809–826. https://doi.org/10.1093/heapro/dav059
- Daftary, A. (2018). Critical race theory: An effective framework for social work research.

  \*\*Journal of Ethnic & Cultural Diversity in Social Work, 29(6), 439–454.\*\*

  https://doi.org/10.1080/15313204.2018.1534223
- De Las Nueces, D., Hacker, K., DiGirolamo, A., & Hicks, L. S. (2012). A systematic review of community-based participatory research to enhance clinical trials in racial and ethnic minority groups. *Health Services Research*, *47*(3.2), 1363–1386. https://doi.org/10.1111/j.1475-6773.2012.01386.x
- Delgado, R., Stefancic, J., & Harris, A. P. (2017). *Critical race theory: An introduction*. New York University Press. https://doi.org/10.2307/j.ctt1ggjjn3
- Dennis, R. M. (1995). Social Darwinism, scientific racism, and the metaphysics of race. *Journal of Negro Education*, 64(3), 243–252. https://doi.org/10.2307/2967206

- Der Ananian, C., Winham, D. M., Thompson, S. V., & Tisue, M. E. (2018). Perceptions of hearthealthy behaviors among African American adults: A mixed methods study.

  \*International Journal of Environmental Research and Public Health, 15(11), Article 2433. <a href="https://doi.org/10.3390/ijerph15112433">https://doi.org/10.3390/ijerph15112433</a>
- Dettlaff, A. J., & Boyd, R. (2020). Racial disproportionality and disparities in the child welfare system: Why do they exist, and what can be done to address them? *The ANNALS of the American Academy of Political and Social Science*, 692(1), 253–274. https://doi.org/10.1177/0002716220980329
- Dimick, J., Ruhter, J., Sarrazin, M. V., & Birkmeyer, J. D. (2013). Black patients more likely than Whites to undergo surgery at low-quality hospitals in segregated regions. *Health Affairs*, 32(6), 1046–1053. https://doi.org/10.1377/hlthaff.2011.1365
- Do, D. P., Frank, R., & Iceland, J. (2017). Black-white metropolitan segregation and self-rated health: Investigating the role of neighborhood poverty. *Social Science & Medicine*, 187, 85–92. https://doi.org/10.1016/j.socscimed.2017.06.010
- Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, 35(2), 220–222. https://doi.org/10.1177/0890334419830990
- Douglas, J. A., Grills, C. T., Villanueva, S., & Subica, A. M. (2016). Empowerment praxis:

  Community organizing to redress systemic health disparities. *American Journal of Community Psychology*, 58(3-4), 488–498. https://doi.org/10.1002/ajcp. 12101
- Faux, S. A., Walsh, M., & Deatrick, J. A. (1988). Intensive interviewing with children and adolescents. *Western Journal of Nursing Research*, 10(2), 180–194. https://doi.org/10.1177/019394598801000206

- Ford, C. L., & Airhihenbuwa, C. O. (2010). The public health critical race methodology: Praxis for antiracism research. *Social Science & Medicine*, 71(8), 1390–1398. https://doi.org/10.1016/j.socscimed.2010.07.030
- Forrester, S., Jacobs, D., Zmora, R., Schreiner, P., Roger, V., & Kiefe, C. I. (2019). Racial differences in weathering and its associations with psychosocial stress: The CARDIA study. *SSM—Population Health*, 7, Article 100319. https://doi.org/10.1016/j.ssmph.2018.11.003
- Freire, P. (1973). Education for critical consciousness. Continuum.
- Freire, P. (1976). *Pedagogy of the oppressed*. Continuum.
- Fullarton, C., & Palermo, J. (2008). Evaluation of a large group method in an educational Institution: The World café versus large group facilitation. *Journal of Institutional Research*, *14*(1), 109–117. http://hdl.handle.net/10536/DRO/DU:30021361
- Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities. *Du Bois Review, 8,* 115–132. <a href="https://doi.org/10.1017/S1742058X11000130">https://doi.org/10.1017/S1742058X11000130</a>
- Ginwright, S. (2018, May 31). The future of healing: Shifting from trauma informed care to healing centered engagement. *Medium*. https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c
- Glaser, B. G. (1978). Theoretical sensitivity. Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Aldine.

- Gorin, S. S., Badr, H., Krebs, P., & Das, I. P. (2012). Multilevel interventions and racial/ethnic health disparities. *JNCI Monographs*, 2012(44), 100–111. https://doi.org/10.1093/jncimonographs/lgs015
- Grove, J. (2017). Researching a marginalised group: Reflections on being an outsider.

  \*Counselling and Psychotherapy Research, 17(3), 176–180.

  https://doi.org/10.1002/capr.12120
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*(1), 59–82. https://doi.org/10.1177/1525822X05279903
- Halbert, C. H., Gandy, O. H., Jr., Collier, A., & Shaker, L. (2006). Intentions to participate in genetics research among African American smokers. *Cancer Epidemiology Biomarkers* & *Prevention*, 15(1), 150–153. <a href="https://doi.org/10.1158/1055-9965.EPI-05-0437">https://doi.org/10.1158/1055-9965.EPI-05-0437</a>
- Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2005). Introduction to methods in community based participatory research for health. In B. A. Israel, E. Eng, A. J. Schulz, & E. A. Parker (Eds.), *Methods in community based participatory research for health* (pp. 3–26). Josey Bass.
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, *19*(1), 173–202. https://doi.org/10.1146/annurev.publhealth.19.1.173
- Kasmel, A., & Andersen, P. T. (2011). Measurement of community empowerment in three community programs in Rapla (Estonia). *International Journal of Environmental Research and Public Health*, 8(3), 799–817. https://doi.org/10.3390/ijerph8030799

- Kershaw, K. N., Roux, A. V., Burgard, S. A., Lisabeth, L. D., Mujahid, M. S., & Schulz, A. J. (2011). Metropolitan-level racial residential segregation and Black–White disparities in hypertension. *American Journal of Epidemiology*, 174(5), 537–545. https://doi.org/10.1093/aje/kwr116
- Khong, L., Bulsara, C., Hill, K. D., & Hill, A. (2016). How older adults would like falls prevention information delivered: Fresh insights from a World Café forum. *Ageing and Society*, *37*(6), 1179–1196. https://doi.org/10.1017/s0144686x16000192
- Krieger, N. (2014). Discrimination and health inequities. *International Journal of Health Services*, 44(4), 643–710. https://doi.org/10.2190/HS.44.4.b
- Labonte, R. (1994). Health promotion and empowerment: Reflections on professional practice.

  \*Health Education Quarterly, 21(2), 253–268.\*

  https://doi.org/10.1177/109019819402100209
- Laverack, G. (2001). An identification and interpretation of the organizational aspects of community empowerment. *Community Development Journal*, *36*(2), 134–145. https://doi.org/10.1093/cdj/36.2.134
- Laverack, G. (2006). Improving health outcomes through community empowerment: A review of the literature. *Journal of Health, Population and Nutrition, 24*(1), 113–120. http://www.jstor.org/stable/23499274
- Laverack, G., & Wallerstein, N. (2001). Measuring community empowerment: A fresh look at organizational domains. *Health Promotion International*, 16(2), 179–185. https://doi.org/10.1093/heapro/16.2.179

- Lavizzo-Mourey, R., & Williams, D. (2016, April 14). Being Black is bad for your health [Blog post]. *U.S. News and World Report*. https://www.usnews.com/opinion/blogs/policy-dose/articles/2016-04-14/theres-a-huge-health-equity-gap-between-whites-and-minorities
- |Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324–327. https://doi.org/10.4103/2249-4863.161306
- Levers, M. J. D. (2013). Philosophical paradigms, grounded theory, and perspectives on emergence. *Sage Open*, *3*(4), https://doi.org/.1177/2158244013517243
- Lichtenberg, P. A., Brown, D. R., Jackson, J. S., & Washington, O. (2004). Normative health research experiences among African American elders. *Journal of Aging and Health*, 16(5\_suppl), 78S-92S. <a href="https://doi.org/10.1177/0898264304268150">https://doi.org/10.1177/0898264304268150</a>
- Lindacher, V., Curbach, J., Warrelmann, B., Brandstetter, S., & Loss, J. (2017). Evaluation of empowerment in health promotion interventions: A systematic review. *Evaluation & the Health Professions*, 41(3), 351–392. https://doi.org/10.1177/0163278716688065
- Love, M. B., Gardner, K., & Legion, V. (1997). Community health workers: Who they are and what they do. *Health Education & Behavior*, 24(4), 510–522. https://doi.org/10.1177/109019819702400409
- MacFarlane, A., Galvin, R., O'Sullivan, M., McInerney, C., Meagher, E., Burke, D., & LeMaster, J. W. (2017). Participatory methods for research prioritization in primary care: an analysis of the World Café approach in Ireland and the USA. *Family Practice*, *34*(3), 278–284. <a href="https://doi.org/10.1093/fampra/cmw104">https://doi.org/10.1093/fampra/cmw104</a>

- Manjunath, C., Ifelayo, O., Jones, C., Washington, M., Shanedling, S., Williams, J., Patten, C.
  A., Cooper, L. A., & Brewer, L. (2019). Addressing cardiovascular health disparities in
  Minnesota: Establishment of a community steering committee by FAITH! (Fostering
  African-American Improvement in Total Health). *International Journal of Environmental*Research and Public Health, 16, Article 4144. <a href="https://doi.org/10.3390/ijerph16214144">https://doi.org/10.3390/ijerph16214144</a>
- McIntyre, A. (2007). Participatory action research. Sage publications.
- Minkler, M., & Wallerstein, N. (2003). Part one: Introduction to community-based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 5–24). Jossey-Bass.
- Minkler, M., & Wallerstein, N. (2012). Improving health through community organization and community building: Perspectives from health education and social work. In *Community organizing and community building for health and welfare* (3rd ed., pp. 37–53). Rutgers University Press. https://doi.org/10.36019/9780813553146-005
- Morse, J. M. (2007). Ethics in action: Ethical principles for doing qualitative health research.

  \*Qualitative Health Research, 17(8), 1003–1005.

  https://doi.org/10.1177/1049732307308197
- Morton, M., & Montgomery, P. (2011). Youth empowerment programs for improving self-efficacy and self-esteem of adolescents. *Campbell Systematic Reviews*, 7(1), 1–80. https://doi.org/10.4073/csr.2011.5
- National Institute of Health. (2010, September 27). NIH announces Institute on Minority Health and Health Disparities [Press release]. <a href="https://www.nih.gov/news-events/news-releases/nih-announces-institute-minority-health-health-disparities">https://www.nih.gov/news-events/news-releases/nih-announces-institute-minority-health-health-disparities</a>

- National Institute on Minority and Health Disparities. (2018). *Minority health and health disparities: Definitions and parameters*. National Institutes of Health https://www.nimhd.nih.gov/about/strategic-plan/nih-strategic-plan-definitions-and-parameters.html
- Newman, L., Baum, F., Javanparast, S., Orourke, K., & Carlon, L. (2015). Addressing social determinants of health inequities through settings: A rapid review. *Health Promotion International*, 30(Suppl 2), Ii126–Ii143. https://doi.org/10.1093/heapro/dav054
- Newman, S., Andrews, J., Magwood, G., Jenkins, C., Cox, M., & Williamson, D. (2011).
  Community advisory boards in community-based participatory research: A synthesis of best processes. *Preventing Chronic Disease*, 8(3), Article 70.
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3103575/
- Noack, K., Elliott, N., Canas, E., Lane, K., Paquette, A., Lavigne, J., & Michalak, E. (2016).

  Credible, centralized, safe, and stigma--free: What youth with bipolar disorder want when seeking health information online. *UBC Medical Journal*, 8(1), 27–31. https://med-fom-ubcmj.sites.olt.ubc.ca/files/2017/03/v8i1-academic3.pdf
- O'Brien, R., Neman, T., Seltzer, N., Evans, L., & Venkataramani, A. S. (2020). Structural racism, economic opportunity, and racial health disparities: Evidence from U.S. counties. SSM—Population Health, 11, e100564. https://doi.org/10.1016/j.ssmph.2020.100564
- Oetzel, J. G., Ting-Toomey, S., & Rinderle, S. (2006). Conflict communication in contexts: A social ecological perspective. In J. G. Oetzel & S. Ting-Toomey (Eds.), *The SAGE handbook of conflict communication*. Sage Publications. https://doi.org/10.4135/9781412976176.n26

- Olshansky, E., Sacco, D., Braxter, B., Dodge, P., Hughes, E., Ondeck, M., Stubbs, M. L., & Upvall, M. J. (2005). Participatory action research to understand and reduce health disparities. *Nursing Outlook*, *53*(3), 121–126. https://doi.org/10.1016/j.outlook.2005.03.002
- Peck, M. S. (1998). The road less traveled and beyond: Spiritual growth in an age of anxiety.

  Simon and Schuster.
- Perkins, D. D., & Zimmerman, M. A. (1995). Empowerment theory, research, and application.

  \*American Journal of Community Psychology, 23, 569–579.

  https://doi.org/10.1007/BF02506982
- Peterson, N. A., & Zimmerman, M. A. (2004). Beyond the individual: Toward a nomological network of organizational empowerment. *American Journal of Community Psychology*, 34, 129–145. https://doi.org/10.1023/B:AJCP. 0000040151.77047.58
- Phelan, J., & Link, B. (2013). Fundamental cause theory. In W. Cockerham (Eds.) *Medical sociology on the move: New directions in theory* (pp. 105–125). Springer. <a href="https://doi.org/10.1007/978-94-007-6193-3">https://doi.org/10.1007/978-94-007-6193-3</a> 6
- Rainbow, P. (1991). The Foulcault reader: An introduction to Foulcault's thought. Penguin.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15(2), 121–148. https://doi.org/10.1007/bf00919275
- Rifkin, S. (2003). A framework linking community empowerment and health equity: It is a matter of choice. *Journal of Population Nutrition*, 21(3), 168–180. https://obsaludasturias.com/obsa/wp-content/uploads/A-framework-linking-community-empowerment-and-health-equity.pdf

- Rissel, C. (1994). Empowerment: The holy grail of health promotion? *Health Promotion International*, *9*(1), 39–47. https://doi.org/10.1093/heapro/9.1.39
- Robinson, H., Gandarilla-Ocampo, M., Shires, K., Newton, G., Jonson-Reid, M., Sulaiman, S., & Kohl, P. (2023) Sharing our story in a safe space: Using community cafés to empower African American voices in child welfare intervention research. *APSAC Advisor*, *35*(3), 50–68. https://apsac.org/new-apsac-advisor-36-1-black-families-and-the-child-welfare-system/
- Roos, V., & Toit, F. D. (2014). Perceptions of effective relationships in an institutional care setting for older people. *SA Journal of Industrial Psychology, 40*(1), Article 1139. https://doi.org/10.4102/sajip. v40i1.1139
- Sandoval, G., & Rongerude, J. (2015). Telling a story that must be heard: Participatory indicators as tools for community empowerment. *Journal of Community Practice*, *23*(3–4), 403–414. https://doi.org/10.1080/10705422.2015.1091417
- Satir, V. (1984). *Virginia Satir PAIRS training* | *Segment II* [Video]. <u>PAIRS Foundation</u>. https://www.youtube.com/watch?v=1MEF2G1Kedg
- Savin-Baden, M., & Howell-Major, C. (2013). *Qualitative research: The essential guide to theory and practice*. Routledge.
- Scharff, D. P., Mathews, K. J., Jackson, P., Hoffsuemmer, J., Martin, E., & Edwards, D. (2010).

  More than Tuskegee: understanding mistrust about research participation. *Journal of Health Care for the Poor and Underserved*, 21(3), 879–897.

  <a href="https://doi.org/10.1353/hpu.0.0323">https://doi.org/10.1353/hpu.0.0323</a>

- Sheats, K. J., Irving, S. M., Mercy, J. A., Simon, T. R., Crosby, A. E., Ford, D. C., Merrick, M. T., Annor, F. B., & Morgan, R. E. (2018). Violence-related disparities experienced by Black youth and young adults: Opportunities for prevention. *American Journal of Preventive Medicine*, 55(4), 462–469. https://doi.org/10.1016/j.amepre.2018.05.017
- Shoultz, J., Oneha, M. F., Magnussen, L., Hla, M. M., Brees-Saunders, Z., Cruz, M. D., & Douglas, M. (2006). Finding solutions to challenges faced in community-based participatory research between academic and community organizations. *Journal of Interprofessional Care*, 20(2), 133–144. https://doi.org/10.1080/13561820600577576
- Smajgl, A., & Ward, J. (2015). Evaluating participatory research: framework, methods and implementation results. *Journal of Environmental Management*, *157*, 311–319. https://doi.org/10.1016/j.jenvman.2015.04.014
- Smith, L. T. (2021). *Decolonizing methodologies: Research and indigenous peoples*.

  Bloomsbury Publishing.
- Steier, F., Brown, J., & Mesquita da Silva, F. (2015). The World Café in action research settings.

  In H. Bradbury (Ed.), *The SAGE handbook of action research* (3<sup>rd</sup> ed., pp. 211–219).

  <a href="https://doi.org/10.4135/9781473921290.n21">https://doi.org/10.4135/9781473921290.n21</a>
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage Publications
- Teh, Y. Y., & Lek, E. (2018). Culture and reflexivity: Systemic journeys with a British Chinese family. *Journal of Family Therapy*, 40, 520–536. https://doi.org/10.1111/1467-6427.12205

- Thambinathan, V., & Kinsella, E. A. (2021). Decolonizing methodologies in qualitative research:

  Creating spaces for transformative praxis. *International Journal of Qualitative Methods*,

  20. <a href="https://doi.org/10.1177/16094069211014766">https://doi.org/10.1177/16094069211014766</a>
- Tilley, C. (1990). Michel Foucault: Towards an archaeology of archaeology. In C. Tilley (Ed.),

  \*Reading material culture: Structuralism, hermeneutics, and post-structuralism (pp. 281–347). Blackwell.
- Vision for Children at Risk. (2022). <a href="https://www.visionforchildren.org">https://www.visionforchildren.org</a>
- Voith, L. A., Hamler, T., Francis, M. W., Lee, H., & Korsch-Williams, A. (2020). Using a trauma-informed, socially just research framework with marginalized populations: practices and barriers to implementation. *Social Work Research*, *44*(3), 169–181. https://doi.org/10.1093/swr/svaa013
- Wallerstein, N. (1993). Empowerment and health: The theory and practice of community change.

  \*Community Development Journal, 28(3), 218–227. https://doi.org/10.1093/cdj/28.3.218
- Wallerstein, N. (2002). Empowerment to reduce health disparities. *Scandinavian Journal of Public Health*, 30(3), 72–77. https://doi.org/10.1177/14034948020300031601
- Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health?

  (Health Evidence Network report). World Health Organization Regional Office for Europe. https://iris.who.int/bitstream/handle/10665/364209/9789289056861-fre.pdf
- Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, 100(Suppl. 1), S40–S6. https://doi.org/10.2105/AJPH.2009.184036

- Ward, M., Schulz, A. J., Israel, B. A., Rice, K., Martenies, S. E., & Markarian, E. (2018). A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships. *Evaluation and Program Planning*, 70, 25–34. <a href="https://doi.org/10.1016/j.evalprogplan.2018.04.014">https://doi.org/10.1016/j.evalprogplan.2018.04.014</a>
- Washington, H. A. (2006). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present.* Doubleday Books.
- Webb, C. (1992). The use of the first person in academic writing: Objectivity, language and gatekeeping. *Journal of Advanced Nursing*, 17(6), 747–752. https://doi.org/10.1111/j.1365-2648.1992.tb01974.x
- White, K., & Borrell, L. N. (2011). Racial/ethnic residential segregation: Framing the context of health risk and health disparities. *Health & Place*, 17(2), 438–448. https://doi.org/10.1016/j.healthplace.2010.12.002
- Williams, D. R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports*, *116*(5), 404–416. https://doi.org/10.1016/s0033-3549(04)50068-7
- Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and Health: Evidence and Needed Research. *Annual Review of Public Health*, 40(1), 105–125. https://doi.org/10.1146/annurev-publhealth-040218-043750
- Williams, D. R., & Mohammed, S. A. (2013). Racism and health II a needed research agenda for effective interventions. *American Behavioral Scientist*, 57(8), 1200–1226. <a href="https://doi.org/10.1177/0002764213487341">https://doi.org/10.1177/0002764213487341</a>

- Williams, D. R., & Sternthal, M. (2010). Understanding racial-ethnic disparities in health:

  Sociological contributions. *Journal of Health and Social Behavior*, 51(1\_suppl), S15–S27. https://doi.org/10.1177/0022146510383838
- Witmer, A., Seifer, S., Finocchio, L., Leslie, J., & O'Neil, E. (1995). Community health workers:

  Integral members of the health care workforce. *American Journal of Public Health*,

  85(8), 1055–1058. <a href="https://doi.org/10.2105/AJPH.85.8">https://doi.org/10.2105/AJPH.85.8</a> Pt 1.1055
- World Café. (2019, November 25). *World Café method*. http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/
- World Health Organization, Alliance for Health Policy and Systems Research. (2017). *Rapid reviews to strengthen health policy and systems: A practical guide*. https://ahpsr.who.int/publications/i/item/2017-08-10-rapid-reviews-to-strengthen-health-policy-and-systems-a-practical-guide
- Yankeelov, P. A., Faul, A. C., D'Ambrosio, J. G., Gordon, B. A., & McGeeney, T. J. (2018).
  World cafés create healthier communities for rural, older adults living with diabetes.
  Health Promotion Practice, 20(2), 223–230. https://doi.org/10.1177/1524839918760558
- Zimmerman, M. A. (1990). Toward a theory of learned hopefulness: A structural model analysis of participation and empowerment. *Journal of Research in Personality*, 24(1), 71–86. https://doi.org/10.1016/0092-6566(90)90007-s
- Zimmerman, M. A., & Eisman, A. B. (2017). Empowering interventions: Strategies for addressing health inequities across levels of analysis. In M. A. Bond, I. Serrano-García,
  C. B. Keys, & M. Shinn (Eds.), APA handbook of community psychology: Methods for community research and action for diverse groups and issues (pp. 173–191). American Psychological Association. https://doi.org/10.1037/14954-011

- Zimmerman, M. A., & Rappaport, J. (1988). Citizen participation, perceived control, and psychological empowerment. *American Journal of Community Psychology*, *16*(5), 725–750. https://doi.org/10.1007/BF00930023
- Zimmerman, M. A., & Warschausky, S. (1998). Empowerment theory for rehabilitation research:

  Conceptual and methodological issues. *Rehabilitation Psychology*, *43*(1), 3–16.

  https://doi.org/10.1037/0090-5550.43.1.3
- Zimmerman, M. A., Israel, B. A., Schulz, A., & Checkoway, B. (1992). Further explorations in empowerment theory: An empirical analysis of psychological empowerment. *American Journal of Community Psychology*, 20(6), 707–727. https://doi.org/10.1007/bf01312604

Appendix A: World Café—Wiser Together Guiding Principles Practices

Invite and Honor Unique Contributions	• Use personal storytelling and deep listening techniques for identifying the
How can we acknowledge, respect, and use the	common hopes we share, independent of age or stage.
wisdom and experience of all generations,	•Do Community Asset Mapping of unique contributions and experience of
including those that came before or after us?	each generation.
Foster Real Partnerships	Bring multigenerational teams that model collaborative leadership to host
How can we shift traditional mindsets and	key gatherings.
assumptions in ways that deal compassionately	• Identify issues of common concern that are larger than individual interest.
with hierarchies and stereotypes, which can keep	•Use proven dialogue methods that uncover hidden assumptions and mindsets
us stuck in unproductive relationships between	in collaborative ways.
generations?	
Design Innovative WT Experiments	Practice leading edge learning methods such as participatory action
How can we embody the Wiser Together approach	research.
to the work we are already doing in order to test	•Engage on-line communication and collaboration tools such as Maestro
and share the evolving Wiser Together guiding	Conference to design and share the results of action learning experiments
principles, approaches and core questions, as well	across networks and share discoveries.
as our ongoing learnings?	Create venues for face-to-face gatherings that foster multi-generational
	story-telling around key projects.
Create Safe & Inclusive Spaces	• Use large group hosting practices, World Café, Open Space, Appreciative
How can we design physical environments and	Inquiry and collaborative on-line sensing tools such as Swarmworks.
collaborative processes, which assure that every	• Engage dialogue-based collaboration processes such as Blueprint of We to
voice and perspective has the equal opportunity to	build strong and lasting partnerships.
contribute their gifts?	•Create hospitable spaces which include sharing nourishment for body, mind,
	and spirit.
	Build on recent discoveries in brain science regarding pattern recognition,
	laying down new neural pathways etc.

Use Creative Ways of Learning and Working	Use proven dialogue methods such as World Café, Appreciative Inquiry,
Together	Circle techniques, NonViolent Communication, Compassionate
How can we introduce authentic dialogue, the	Communication, use of Talking Piece etc.
arts, ritual and celebration as well as other modes	• Invite the use of music, movement, art, poetry, silence, and other forms of
of creative expression to access collective	creative expression— both individual and collective.
intelligence and cultivate wise action?	•Engage the natural world as an ally
Cultivate Meaningful Friendships	Share meals and other informal times together.
How can we create opportunities to build strong	•Use personal storytelling/story-sharing as a core process.
personal relationships of mutual trust and respect	•Inquire into each other's dilemmas and concerns. •Use methods of
with others across the life cycle in all Wiser	reconciliation.
Together projects?	•Play as well as work together!
Learn Together, Harvest Insights, and Share	•Use graphic facilitation/documentation in both face to face and virtual
Discoveries	gatherings.
How can we individually and collectively	•Adapt After Action Reviews
incorporate time for reflection and mutual	•Create digital records of Wiser Together gatherings and designs.
learning as well as the documentation and sharing	•Develop & continually evolve a Wiser Together Playbook incorporating key
of stories, tools, and frameworks across our	designs.
networks	Create multi-gen "ambassadors" to other networks and conferences.
	•Develop and maintain a Wiser Together website and other on-line resources.
Share the stories of our past. Develop the	•Share the stories and forces that have shaped who we are – personally,
stories of our future.	culturally, etc.
How can intergenerational partnerships create	•Tell stories and help each other stay informed about what is going
opportunities to learn the truth about history and	•Critically analyze what happens when we come together
to allow meaningful relationships to be at the root	•Allow the stories from the past to influence the future by not repeating the
of designing the future we imagine?	past but allowing it to inform positive futures.

#### **Appendix B: Recruitment Flyer**



# **EMPOWERMENT IN CA**

**EVALUATION RESEARCH STUDY** 

YOU ARE CORDIALLY INVITE TO PARTICIPATE AND CONTRIBUTE YOUR VALUED PERSPECTIVE!



## WHAT IS THE STUDY ABOUT?

With Vision for Children at Risk (VCR), we are conducting a study called **Empowerment Strategies in Research** that seeks to understand how participation in the Community Cafes hosted by PACT-STL and Project LAUNCH may empower (or disempower) African American communities in our city.

## WHAT WILL I BE DOING?

You are asked to take part in an in-depth interview that will be held online via Zoom. You will be asked to share your experiences attending and taking part in the Community Cafes. Example questions are: What made you want to participate in the Community Cafes? What did you find interesting about the cafes? What are some somethings you would do to improve the cafés?







# **HOW LONG WILL IT TAKE & WHAT ARE** THE INCENTIVES?

Initial interviews will take about 60 to 90 minutes to complete with the possibility of a follow-up interview that will take a lesser time, about 30 minutes. Please know that participation in the study is completely voluntary. Participants will receive a \$50 Visa gift card for the initial interview and \$25 gift card for the follow-up interview.

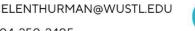
#### WANT MORE INFORMATION:

#### WANT TO PARTICIPATE:

Follow the link below to sign up for interview time

Contact Helen Thurman





https://calendly.com/empincafes/interview



404-250-2405

## **Appendix C: Empowerment Strategies in Research Interview Guide**

Hello, my name is Helen Thurman, and I will be facilitating our time together today. I want to start by thanking you again for taking the time to participate in this important study. As mentioned in the consent form, the purpose of this study is to understand the processes of empowerment within Community Cafès. The study wants to understand how participation in Community Cafès may empower (or disempower) local African American communities in our area.

The results from this study will not only help us to better understand how to structure and implement the Community Cafés that VCR uses but will provide vital information for other organizations that may choose to use the Café model to partner with communities.

This interview is projected to take from 60 to 90 minutes to complete. With your permission, our time together today will be audio recorded and transcribed verbatim as a part of this research study. The information gathered in the interview will be summarized and shared with Vision for Children at Risk. Direct quotes may be used and shared, **however**, all data will be deidentified, meaning there will be no information that could directly or indirectly identify you. Please know that you are free to decline to answer specific questions or to withdraw from this interview or the study at any time. You will still get the \$50 Amazon gift card even if you decide to end the interview early (or the \$25 gift card for the follow-up interview). If you have any questions as we proceed, please feel free to ask those questions.

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Are there any questions or concerns about that or any other parts of the informed consent you

received?

I am going to begin our recording now.

[Begin recording]

To give you an overview of the interview, we will begin by talking about your experience in

your very first Community Café and how that impacted your participation in future Cafès. In the

remainder of the conversation, I will ask you about various topics concerning your participation

in the Community Cafés and how it has changed (or not changed) over time.

[Share A. Interviewee Background—Demographics with respondent]

A. Interviewee Background—Demographics

Assigned Data Identifier:

Age:

Zip Code of Residence:

Number of Community Cafès Participated in:

How many of these were in-person?:

How many were virtual?:

Indicate all that apply to you and how you participated in VCR's Community Cafès:
PACT-STL African American Community Member
PACT-STL African American Parent Participant
Project LAUNCH African American Parent Participant
☐ VCR Employee or Staff
☐ Project LAUNCH ☐ PACT-STL
Other Community or Service Organization/Agency
Name of Organization:
Washington University Research Evaluation Team Members
☐ Project LAUNCH ☐ PACT-STL
Other: (please indicate)
[If respondent indicated more than one role] Of these roles which one do you most identify with now?

[Experience at First Community Café-Activating participation: Participation and Observed Roles in the First Community Café Attended]

Thank you again [name of participant] for agreeing to take part in the study. So, you have participated in about \_\_\_\_ [number of Cafès] Community Cafès. So, to start, I would like to get to know you a little better and find out about your very first experience participating in the Community Café

1. Tell me a little bit about yourself and how you first came to know about the Community Cafés?

## Prompts:

How were you introduced to Cafès?

How did you hear about the Community Cafès? What made you want to attend your first Café? What drew your interest?

2. Drawing on your memory, describe how was it participating in the first Community Café you attended.

#### **Prompts:**

What was it like the first time walking into or logging on to your first Community Café? What was one of the first things you noticed?

What were some of the first sounds you heard?

How did this make you feel?

Who did you notice was in attendance? Who did you notice was not in attendance? How would you describe the atmosphere or the energy?

What other things are most memorable about your first time participating in Community Café?

3. Thinking back to the list of different Café participant groups: African American Parent or Community Member, VCR Employee or Staff, or someone from a Service Organization or Agency—under what role did you participate from/which group did you belong when you attended your first café?

## Prompts:

For example, did you attend as an African American parent or community member, or as a VCR staff or volunteer, or perhaps a community service provider, or some combination of these?

4. Thinking about the different participant groups, how would you describe each group? What was one thing you remember? What was most memorable?

## **Prompts:**

For example, how many parent or community member participants would you say attended that first café?

How many people were from service organization or agency?

What were the shared or similar characteristics of group members? (race, age, gender) How did you know there were a group?

- 5. Of the different types of participants, which group did you feel the most connection or similar to in your very first Café?
  - 5.1 What are the reasons you felt this way?
- 6. Which of these groups did you feel most different from, or least connected or similar to? Largest difference in experience?
  - 6.1 What are the reasons you felt this way?
- 7. How would you describe your comfort level participating in that first Café?

## Prompts:

Maybe ask them to rate comfort level.

What made it more comfortable for you?

- 8. What kind of activities do you remembering taking part in during your first Café?
  - 8.1 How do you remember feeling about those activities?
- 9. What things about the first Café you attended made you want to participate?

#### Prompt:

Describe the parts of the Café that resonated with you. What parts of the Café didn't?

- 10. What were the things that made it harder for you to participate (in that very first Café)? Or made you *not* want to participate?
- 11. And how do you think your experience participating in that *very first* Community Café impacted/influenced your participation in future Cafès?

Now let's talk about your overall your experience participating in the Community Cafès. So, for the next set of questions, think about all the Cafès you participated in. Let's first revisit the participant group you belong to. Thinking about which participant group you identified with when first participating in the Cafès You mentioned that you first participated as a
12. Let's talk about how your role and Café participation has changed over time. How is your role <i>now</i> different or the same from first Café you attended/participated/facilitated in? <i>Prompts:</i>
How would you compare your role participating in the Cafès now compared to the first? Café you attended.
13. And what things have impacted your participation and your role over time?
Now I'm hoping we can discuss the types of things you do and have done, and what you have noticed about what others do when participating in the Community Cafès. And since the research study is focused on the empowerment of African American parents and community members, I want to know about this group's experience in particular.
15. What are the types of things that African American community member and parent participants do?
16. What are the types of things that VCR or other organizational/agency participants do?
17. So you mentioned activities and and and , in your opinion which Café activities are the most meaningful/important?  17.1 What do you think makes these meaningful?
18. Of the Café activities you mentioned which do you think are not as meaningful/important? 18.1 What about them makes them less meaningful?
19. So from what you have observed in the Cafès, what are the contributions/input of African
American parent/community member who participation in the Cafès?

- 20. And how have you seen their contributions/inputs being used?
- 21. From what you know, what steps or actions have been taken to encourage local African American community members and parents to take part in the Community Cafès?

## **Prompts:**

How are potential attendees informed about the Cafès? How are they recruited?

What incentives have been/are offered?

How are African American parent/community member Café participants reminded about upcoming Cafès?

22. In your opinion, what could be done to increase local African American communities and African American parent/community member Café participants' attendance and contribution or input in the Cafès?

Thank you for sharing your experiences related to Café participation. Your answers are important because they set the stage for the remainder of the interview.

So, for the rest of our time together, I want us to have a conversation about your café experience and the experience of the African American community/parent Café participants. This is important because this study is interested in learning how Cafès may empower (or disempower) African American communities. The first topic we are going to talk about is how power and control play out in the Cafès.

23. When you hear the word power what do you think of?

## Prompts:

When you think of power do you think of government, law enforcement, etc.? Do you think of head of the household, church or community leaders, etc.? Do you think Black power? Do you think of supremacy?

24. When you hear the word control what do you think of?

## Prompts:

Are you reminded of civil rights legislation, laws, policies and practices? Does control remind you of education, lack of resources within the community? Do you think about the powers-that-be, and money?

- 25. In your opinion which person or which group of people are in power or in control of the Café the experience?
- 26. How did you know that they are in power or in control of the Café?

## Prompts:

What actions do they take that let you know they are in control? What words do they say to let you know they are in control?

27. Describe the other participants who are not in control or who do not seem to have power or control of the Café?

## Prompts:

Describe who belongs to this group?

What things let you know they do not have power or were not in control?

What actions/inactions signal to you that they do not have as much power or control?

28. Describe how control of the Café is shared by those who have power and control with those who don't?

#### **Prompts:**

At what point in the Cafès how did you notice power and control being shared? What actions or language let you know that power or control was being shared?

So, we talked about power and control in the Community Cafés, and this leads us into a discussion about leadership. I am interested in knowing how you understand and see leadership in the Cafès, in particular the leadership role of African American parent and community members.

29. From what you have observed, what Café actions/efforts are taken to help build leadership among African American parents and community member participants?

#### **Prompts:**

How are leadership skills promoted/built among Café participants who are African American parents or community members?

- 30. What café actions have been taken to support/engage leaders in the African American communities in wider St. Louis?
- 31. What impact do you think the Community Cafès have (had on the leadership of) African Americans communities in St. Louis?
- 32. What can the cafés do to help increase the leadership of African Americans parent and community member participants?

# Another important point of view related to empowerment is how partnerships are formed and maintained.

- 33. Please tell me what you know about any actions, activities, projects [joint activities] (with VCR or other community organizations) that African American parent and community participants take part in because of their participation in the Community Cafès?
- 34. What, if any, efforts/actions have been taken to bring African American parent and community participants together to establish a formalized group or some sort of board or committee?

#### **Prompts:**

[If mentions efforts] Tell me what you know about the efforts of the group/board?

- 34.a Describe how partnerships have been formed between the community Cafès and African American parents and community members.
- 35. What actions could be taken to create a stronger, more productive partnership between with African American parent/community participants?

Decision-making is another important aspect/part of empowerment. So, let's now talk about how African American parents and community members take part in decision-making related to the Community Cafès. This could mean decisions that have to deal with things like how the Cafès are put on or ran, or decisions about specific ideas and areas of focus of the Cafès.

- 36. How are Café responsibilities and tasks (like recruiting for Café attendance, execution of Cafès, decisions about Café topics, evaluation of Cafès) shared with African American parents and community members participants?
- 38. Describe how you think shared decision-making in the Cafès works to beneficial local African American communities?

- 39. How do you think shared decision-making in the Cafès hinders or creates barriers for our local African American communities?
- 40. What could be done in the Community Cafés to increase shared decision-making or give African American parent and community member participants access to more decision-making?

The distribution of resources is also important to the empowerment of communities. The next set of questions ask about resources and how the Cafès help African American parents and community members access resources?

### [ASK IF AFRICAN AMERICAN PARENT OR COMMUNITY MEMBER]

41.a What resources have been made available to you? How have you used these resources?

#### Prompt:

[if say haven't used resources] What has kept you from uses the resources?

## [ASK IF NOT AFRICAN AMERICAN PARENT OR COMMUNITY MEMBER]

- 41.b From your knowledge what resources have been made available to African American parent and community members through the Cafès?
- 42. How does participating in the Community Cafés impact African American communities access to resources? (e.g. knowledge of community resources; access to resources).

#### Prompts:

In what ways have the Community Cafès increased African American communities' access to resources?

In what ways have the Cafès limited or restricted African American communities' access to resources?

43. What could be done in the Community Cafés to increase African American communities access to and/or knowledge of resources?

So, the next set of questions will ask about how the Community Cafès integrated or focused on the African American experience.

Let's first talk about communication, interactions, and creating a safe space for sharing lived experience—all of which are vital parts of empowerment.

44. How would you describe the overall communication within the Cafés?

#### **Prompts:**

How would you describe the communication between the different types of participants in the Cafés?

- 45. What did you noticed about how African American parent and community member participants communicated in the Community Cafès?
- 46. What have you noticed about how VCR or other service agency participants communicated in the Cafès?
- 47. What is your level of comfortability in communicating in the Cafès?
- 48. What do you think impacts this level of comfortability communicating?
- 49. From your observations, how comfortable are (other) African American parent and community member participants communicating within Café?
- 50. Ok, and how would you describe the interactions between African American parent and community member participants and non-African American café participants?

#### **Prompts:**

Between those who belonged to the same participant groups (e.g., interactions between African American parent/community member participants or interactions between VCR staff or other service organization participants)?

What about interactions between different participant groups?

- 51. Often in Cafès, participants share lived experiences and stories, if you can remember such a time, describe when you were attending a Café, and someone shared their personal or lived experience.
- 52. And how did you feel listening to stories or lived experiences of African American parent/community member Café participants?
- 53. What did you observe about the response of others who also listened to the personal stories or lived experiences of African American parent/community member Café participants?
- 54. Often, sharing a personal experience requires that people feel safe, how, in your opinion, do the Cafés create a safe space for African American parents and community member participants to share their lived experience?

55. What actions can be taken in the Community Cafès to help increase or enhance communication and feeling of safety to share lived experiences?

Another important part of empowerment is trust. We know that trust is needed to ensure communication and interactions are authentic.

56. What is your level of trust in the community Cafès?

## **Prompts:**

Maybe use rating 0 to 10

56.a What makes you trust the Cafès at this level?

- 57. What is the level of trust African American parent and community member participants have in the Community Cafès?
- 58. What things do you think influenced (have an impact on) this level of trust?
- 59. In thinking back on the Cafès you have participated in, how was trust built and maintained among Café participants?
- 60. What Café activities do you think help build and maintain the trust of the African American parent and community member participants?

## Prompt:

What things tell you that these activities had an impact on trust in the Café? How do you know these had an impact? (OR what made these unimpactful?)

61. In your opinion, what actions can be taken in the Cafès to enhance the trust of African American parent and community member participants?

Another important part of empowerment is recognizing, acknowledge and reflecting community culture and values ...AND engaging in conversations and action to address the issues that face communities.

- 62. What about the Cafès remind you of Black/African American culture?
- 63. So, in thinking about all the Community Cafès you participated, what were some of the central topics of discussion at the Cafès?

## Prompts:

Or what were some important issues discussed during the Cafès?

- 64. From your knowledge, how are Community Café topics determined? Who decides on the topics to be discussed during Cafès?
- 65. So in your opinion, what makes these topics important to African American families and communities?

#### Prompt:

How do you see these topics being important to African American families and communities?

66. When you think about these topics and what is talked about in the Cafès, how does or have attending the Cafès effect/impact/change what you know about these issues?

## Prompts:

What were the new things you learned about these issues from participating in the Cafès?

Were there aspects or things about the topics that you needed more information about?

Acknowledging and addressing racism and racial discrimination is very important to the empowerment of African American communities.

- 67. How is racism and racial discrimination talked about in the Cafès (regarding these issues)? [maybe list one of the issues previous discussed to help participant track]
- 68. What Café actions/efforts/activities address racism and racial discrimination for African Americans and our/their communities?
- 69. In your opinion, what (other) Café actions/efforts/activities can be taken to address racism and racial discrimination for African Americans and our/their communities?

[If not being talked how they feel they about it? Would it effect you by talking about?]

Because of racism and the hurt and harm it causes African American children and families .... healing must be a part of any effort to empower African American communities.

70. How, if any, were the personal stories of *healing* from shared or talked about in the Café?

72. How do the Cafès promote healing for African Americans?

#### **Prompts:**

From your memory, what actions / efforts /activities, if any, take place in Cafès that promote healing from traumatic racial discrimination that African American parent/community Café participants experience?

## **Prompts:**

What was your reaction to these? What do you think about these actions? What did you notice about the reactions of others?

## [ASK IF AFRICAN AMERICAN PARENT OR COMMUNITY MEMBER]

73. How have the Cafès helped you heal from racism and racial discrimination?

## [ASK IF NOT AFRICAN AMERICAN PARENT OR COMMUNITY MEMBER]

- 74. How have the Cafès helped African American parent and community members heal from racism and racial discrimination?
- 75. What [other] actions could be taken in the Cafès that would work to help African Americans and our/their communities heal from racial discrimination experiences?

Although not often considered—growth, connection, positive transformation, and LOVE are central to the empowerment of communities that have been oppressed and marginalized.

- 76. How do you define LOVE?
- 77. Thinking back on the Cafès, how was LOVE talked about or expressed? Who expressed LOVE? To whom?
- 78. What was your personal experience of LOVE in the Café?
- 79. What [other] actions could be taken in the Cafès African American communities that would express LOVE?

# [Wrapping up]

79. In all how do you think participating in the Community Cafès has impacted you?

## Prompts:

What changes do you notice in yourself as it relates to taking part in the Community Cafès?

80. Is there anything we haven't talked about regarding your experience with Community Cafès that you would like to tell me about?

I want to thank you again for taking time to talk with me today. If you have any question or think of any more information you would like to share with me as a follow-up to this interview, please do not hesitate to reach out to me. I'm going to stop the recording now.