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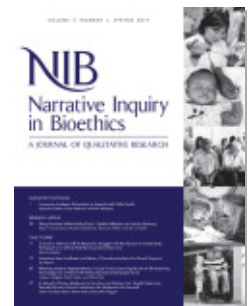
Two Steps Forward, One Step Back: Dancing Toward Equitable Collaboration

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Conclusion

Our primary goal with this symposium was to provide a platform for individuals engaged in community–academic partnerships to reflect on some of the more nuanced challenges of such work, as well as the ways in which they themselves had been personally affected by the partnership. The human stories of partnerships inevitably develop as teams meet, set specific aims and deadlines, complete project milestones, and write reports. Yet the human side of community–academic partnerships gets no more than a few lines in an academic publication—while human lives are profoundly affected. The fact that we received so many story proposals suggests that individuals engaged in community–academic partnerships have so much more to share than what is published in the traditional academic literature.

A list of references for publications that report findings from studies conducted by the community–academic partnerships detailed in the symposium in this issue are listed on the NIB website at <http://www.nibjournal.org/current/index.html>.

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Personal Narratives

Two Steps Forward, One Step Back: Dancing Toward Equitable Collaboration

Rosana Leos Bravo, Angela Gutierrez,
and Maria–Elena De Trinidad Young

Alma’s flustered voice burst out, “¡Pues, ya díganos! ¿Qué quieren que hagamos?” The outcry startled and confused us, breaking our attention and pulling us away from our facilitation notes—pages replete with our detailed plans for the meeting. It was a Friday evening after each of us had completed a full workday and fought the Los Angeles traffic. We were exhausted, to say the least. Furthermore, our meeting was taking place under time constraints because the East Los Angeles community center where we met was closing in an hour.

The members of our group—six *promotoras*—were antsy to move our collaborative project along. So were we. We were doggedly making our way through our plans to elicit discussion from the group to hone in the focus and objectives of the *promotoras*’ project. We were in our fourth meeting and had already spent the first hour attempting to lead a participatory decision-making process by asking the group our carefully crafted open-ended questions about their strengths and needs. The *promotoras*, who had formed a grassroots collective, had reached out to us in their efforts to develop the skills to initiate their own health promotion projects. On that hot, summer evening they had been politely, if somewhat listlessly, responding to our questions: What skills do you currently use? What skills would you like to gain? What types of research questions would you like to explore?

Alma’s words, “Okay, just tell us what you want us to do already!” marked the moment when we realized that our orchestrated recipe of participatory group processes was not helping us build a relationship with our community partners. It was not serving to move us towards an open exchange of ideas for the project. Alma pushing her chair away from the table where the nine of us were

sitting and, crossing her arms, continued, “We have a lot of skills. We can work on diabetes prevention, reproductive health, domestic violence; you name it. Just tell us already! What do you want us to do in this project?” Feeling the stare of our community partners as they awaited an adequate response, one of us sheepishly ventured in Spanish, “Well, we were hoping you’d decide what your project would be. It’s your project. You get to decide.” “Oh,” Yesenia, one of the *promotoras*, said. “We thought you were going to tell us what to do.” Another added, “I thought you were testing us on our skill level.” Quietly sitting and feeling the time slowly pass us by, we realized we had started on the wrong foot and inadvertently employed a deficit model of conducting our assessment with the group. Like learning a new dance, we had not only lost the steps but had lost track of how to take turns leading and following.

The three of us had won a small departmental grant that encouraged graduate students to engage in community partnerships. Our original idea was to collaborate with this group of seasoned *promotoras* on a research project of their own design. The members of the group had more experience than each of us working with a diverse range of nonprofit and public health institutions. We were newcomers to the public health field compared to their ten to almost twenty years each of experience. When we first met with them, they shared their desire to address the challenges that their fellow *promotores* faced personally and professionally in their health promotion work. Despite their experience, their work was poorly paid and rarely did they have a voice in the direction of the programs they implemented. When it came to research, they had only been treated as partners during the recruitment and data collection phases and had been dismissed at the latter stages of research.

As researchers committed to social justice, we saw the project as an antidote to the hierarchies in research and intervention programs we had so often observed in our work. The three of us had first-hand experiences with the stratified structures and often inequitable roles within academic organizations and studies, where voices and contributions of

less influential individuals could be discounted or undervalued. As Latina graduate students, we experienced being “tokenized,” had our voices disregarded or co-opted, and struggled with feelings of inadequacies and the lingering idea that “I only made it this far because of a ‘special program.’” We wanted to do things differently. We used the funds to provide each *promotora* with a stipend for her time and we wanted them to lead the direction of the project.

Perhaps we were too idealistic or naive. After the first meeting with them, it seemed like it would be easy to focus the project, impart some skills, and see a research project take off because the *promotoras* were full of ideas for their grassroots group. Silvia had wanted to work on a compilation of *promotores* stories. Marisa wanted to start a school to train other *promotoras*. All we had to do was direct their ideas and energy. In hindsight, however, what is clear is that despite our experiences of being subordinate in the research hierarchy, we did not know how challenging it is to dismantle those hierarchies.

Although we began our partnership with a sincere attempt to be collaborative, we perpetuated the research hierarchy by assuming that there were distinct functions between the researchers and the community partners. We assumed we had the “research” skills and they had the “community” skills. This perpetuated a false dichotomy of the abilities and values we each brought to the project and reinforced roles about who brings a researcher perspective and who brings a community voice. We saw ourselves as “consultants” to the community, where we planned to build capacity and step back to let them do the work. While our definition of these roles came from good intentions, from a desire to honor and recognize their wealth of experience and support them to gain new skills, we realized that we needed to drop our externally defined roles of “researcher” and “community” and collaboratively re-define new roles and project purposes for all of us.

We also had to challenge our concepts of what it meant to be “participatory.” Afraid of employing a banking model where we “dictated” and they “learned,” we applied what we assumed was an

open and fair approach to assessing and responding to their needs and interests. Thus, our initial meetings were awkward dances of questions, discussions, and group process activities—we thought we were letting them lead, but in actuality, we were leading them without sharing the steps to the dance. Our efforts to enact participatory processes felt collaborative to us because the questions were open-ended and we were looking to them to make decisions. Furthermore, we were mindful of the cultural context upon which we were developing this relationship. We wanted to be respectful due to their age and wisdom; however, we struggled to figure out how to best respect and foster their expertise, while also being cognizant that their formal training of research practices and methods was limited. On the one-hand, they had great working knowledge in their field, and on the other hand, they wanted to understand the research activities from which they were often excluded. What we quickly realized after Alma spoke up was that we did not give them the opportunity to lead, nor the research skills with which to do it.

We stopped trying to define the goals, objectives, and research questions and stepped back to focus on learning from one another. On our end, we developed interactive workshops to discuss research skills. The *promotoras* immediately started building from concepts already familiar to them—such as recruitment, interviewing skills, development of problem statements. As they started adapting these skills to the context of our research project, they shared with us their experiences in the field. We learned what it means to be a *promotora*. We were obtaining a deeper understanding of the role and experiences of *promotoras'* work.

As a result, we each started to foster each other's strengths. We began taking turns leading discussions on different phases of the research. Sometimes we as academics were the "experts" and sometimes the *promotoras* were the "experts." By switching off, we doubled our expertise. As our partnership progressed, each partner became increasingly comfortable in joining in the dialogue and challenging some of the assumptions or interpretations of the research we were conducting.

At one of our meetings, they each shared and spoke about the steps in the research process that they enjoyed the best. Alma loved losing herself in transcribing, while Yesenia felt her strongest when conducting interviews. During our last couple of meetings, the three of us sat back and enjoyed observing the *promotoras* develop codes and categories for their analysis, and discuss the results of their research. We relished in seeing our *promotora* partners successfully incorporate newly acquired research terminology and expand on the conceptual framework and recommendations of their completed research project, which captured the experiences of fellow *promotoras* in the field. We took their lead as the coding, analysis, and interpretation moved forward.

In the process, we have learned that being participatory also meant being honest and transparent about the many inequities that we could not directly address or change. As we became partners, colleagues, and equals within the context of our project, the glaring disparities within the research world have become more apparent. Although we are pleased that we have removed the rigid role of "researcher" and they the role of "*promotora*," these positions return the moment we step out of our meetings. The key to achieving, even if momentarily, an equal partnership is learning how to dance. We had to increase our sensitivity to reading the signs that indicated when it was our turn to lead and when it was our turn to follow. Although we recognize that community-partnership work is often accomplished within inequitable social hierarchies, at some level; we cannot fully resolve these systemic injustices. However, they need not negatively impact the relationship development between community-academic partners but we must be cognizant of their existence and its implications in our roles within the research.

As the project comes to a close, we plan to publish and disseminate our results. However, the real world of research, yet once again, confronts us with the challenge on how to be equitable. How can we ensure we respect *promotoras* as researchers? How do we ensure we equally share the benefits of our work? Then we are reminded that a partnership

must be maintained. Learning to dance is an art, not a science!

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Research Partnership Rather than Research on the Amish

Helen M Farrar

Personal Narrative

Gelassenheit. The first time I heard this word it sounded like a sneeze and I remember asking for the research participant, who I was interviewing, to translate. She paused, appeared thoughtful and said “for you it would be, it would be you being humble. That what you do is for God and you are grateful you can.” When I decided that I wanted to pursue doctoral education in nursing research almost ten years ago, I had no inkling how much this word, and my relationship with an Amish community would enrich my life. I knew that I wanted to do research with a population who was vulnerable. I knew that I wanted to learn how to listen to people’s stories and translate their perspective to the scientific community. I did not grasp how much I didn’t understand, and how reliant I would become on partnership to guide the research. My personal experience taught me that thinking you are humble and grateful, is not the same as being humble and grateful.

Research with groups who are considered minority, vulnerable, ethnically or racially diverse is a unique experience. There is a wealth of research about how the research community should interact

with these groups, all mindful of a less than savory history of how these groups were marginalized during the research process. When I first approached a member of an Amish community I knew this history, and I thought I was sensitive to the power differential. I assumed that as long as I was polite, there was no reason that they wouldn’t want to work with me.

I read literature about working with cultural groups, and most said to begin with a female Elder. When I first approached a female Elder of the Amish community about doing a research study, I asked her whether she thought there would be people in her community who might want to talk to me about mental health and aging. She was very polite and encouraging at the time, but never returned subsequent messages and when asked directly was evasive about getting started. I reflected that this may not have been the best strategy. This was the first of many missteps in my research relationship with this community that I made from a paternalistic and naïve perspective that of course they would want to talk to me, of course they would want to understand the same things I wanted to understand.

My second attempt met with more success, because instead of just asking someone I knew who was Amish, I asked who I needed to talk to, and how I should talk to them. This male Elder of the community was also polite and encouraging but blunt in his opinion that, “no, no one will talk about that”. I was distressed. I hadn’t planned on him saying no. In the moment I was faced with a choice, walk away, and be thankful for his time or see if there was another way. I asked him what he thought people would want to talk about. Instead of giving me an answer, he told me a story. He told me about someone in the community who had taken their grandmother to the hospital because she was experiencing dizziness. He said that the hospital doctor ordered multiple medical tests and kept her in the hospital for several days. He shared that this was hard on her family who had to hire a driver to take them back and forth to the hospital, over 30 miles away. They were worried about the cost of the tests and the hospital stay, but wanted to help her. The grandmother had been sent home