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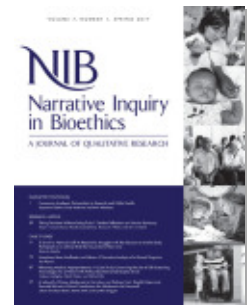
Engaging the Disengaged Community: Opportunities, Strategies  
and Lessons Learned Working with African American Males

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partnered, to advance their development and increase their voice in research ethics.

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### **Engaging the Disengaged Community: Opportunities, Strategies and Lessons Learned Working with African American Males**

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#### **A Need for Focusing on Black Males' Social and Health Issues**

Recently, national organizations such as the American Public Health Association have initiated a National Campaign Against Racism to address racism as a underlying force of the social determinants of health and barriers to achieving health equity. The campaign calls for a clear shift in focus, a re-imagination of our traditional research methods, and identification of new and strengthening of existing community relationships and partnerships. More authentic and culturally embedded interventions must be developed that aim to change not just behaviors but systems. The field of public health has made some headway in addressing the root causes of health disparities; however, research on the prolific and constitutive lower health trajectories of black males lags behind this progress. One strategy to do this is to find unique ways to build relationships and partnerships within black communities and with organizations and programs that provide support and assistance to black males.

I, like many other researchers and practitioners, am being called to better understand the social statuses of black males as well as their access and use of health care services and health behaviors

across the life course. The field of public health lacks the contextual evidence that provides us with meaningful processes of engagement and points us towards effective interventions. My work with black males aims to understand the healthy transitions to adulthood that will lead to better negotiations of gender identities and identify key resilience and support factors that lead to engagement in positive coping behaviors. I have used methods such as photovoice (described below) to engage middle school and high school black males in discussions about their health risks and threats to completing high school. These conversations helped me to understand that at these ages and developmental stages there are constant negotiations of their racial and gender identities, which are being shaped by interactions and relationships within their homes, neighborhoods, schools, churches, and in mentoring programs. These are the interactions and contexts public health professionals like myself need to be locate our work and interventions.

To advance research and practice to improve the health of black males, we have to be able to identify not only the barriers to healthy transitions across all life stages, but identify sources of resilience and support. Identifying a way to understand these influences within these various contexts could become part of the key to healthy identity development for black males and become an opportunity to re-structure how these contexts shape what some call hypermasculine behaviors that can be damaging and help community based organizations incorporate this evidence into their programs.

This central focus of my work began with my entrée into the study of black men's health as a W.K. Kellogg Health Scholar (postdoctoral fellow) at the University of North Carolina at Chapel Hill. During this time I worked with a project focusing on cardiovascular disease (CVD) risk for black men in rural black churches in Orange County, North Carolina. This project included a partnership with a community-based organization and the local health department. Also, during my time in North Carolina I began working with middle school and high school boys around issues related to dropping out of high school and health risks. Currently, I am

developing partnerships with community based organizations, a local health department, and health care service providers to increase health care access and service use for black men. These projects helped me to define some of the opportunities and lessons learned with working with black males and an opportunity to personally reflect on the effects of this work.

Personally, as I reflect on my professional development of this line of research I continuously raise questions about my life experiences differ from many black males I went to school with or lived within in my neighborhood. There are certainly individual, spiritual and family factors that contribute to the values I obtained and helped to shape the goals I set for myself. There was a supportive network as well as those who may have suggested I was unable to achieve such lofty goals. I recognize that there was a considerable amount of educational, economic, social and cultural capital I wanted to amass to become a successful health professional and member of my black community. I do not think this makes me unusually different than the black males I have encountered throughout my life or that I share familial ties. What perhaps led me down a different path are not merely some choices I made but the investment and protections that surrounded me allowed me to navigate and avoid certain risks for dropping out of high school, avoiding substance abuse, and pursuing my academic and professional dreams differently. These reflections structure the work I try to do with black males of all ages.

### Keepers of the Brothers: Practices and Programs Focusing on Black Males

In February 2014, President Obama announced the My Brother's Keeper Initiative (MBK) to help break down the barriers that may "prevent boys and young men of color and other young people from realizing their potential." This national call asks for partnerships to address systemic issues such as poverty, high school dropout, unemployment, and young people who enter the criminal justice system. We need evidence for effective programs that serve

black males, to develop models that can be adapted by other communities who want to develop similar kinds of effective programs. A major critique and concern that must be raised is to not develop partnerships that replicate inequality or fails to serve the true needs of black males.

My work with black males has included engaging churches, mentoring programs, and other community based organizations which informs and shapes the practice of community based research. Identifying the issue(s) becomes integral to the work and are rooted in the community development models of locality development, social planning, and social action. Locality development places an emphasis on building community capacity by empowering the community to become experts. One way to achieve that is providing continuous opportunities to hear the voices of the community and to provide structures that incorporate these voices to aid in decision making. I recently worked with the local chapter of the 100 Black Men of America. Inc. Their Barbershop Tour provides blood pressure screenings and health education for healthy eating and physical activity to reduce the risk for developing CVD. Our team recognized that we had not engaged barbershop owners to provide feedback about their participation in the tour. We wanted to know about their experiences with the tour and how the program can better serve them and their clients. Barbershop owners remarked wanting to be more engaged and to find opportunities to provide services to their clients that would help them to be healthier.

Social planning models are data driven and involve the coordination of services. While working with mentoring programs in North Carolina, I had to be vetted by many of the mentors and to be deemed trustworthy to develop a relationship and to gain entrée into working with middle school and high school black males. I proposed using photovoice methodology to talk to youth about their experiences in school, their neighborhoods, their interpersonal relationships, and how they contribute to educational attainment and health. The mentoring programs agreed to participate after I demonstrated the effectiveness of the photovoice

methodology. Mentors from these programs acknowledged that this process provided them with unique insights into the daily lives of these youth and allowed them to understand how these black males view and interpret their social worlds. These data aided in their programming that better meet the needs of these youth.

Lastly, using grassroots organizing is fundamental to the social action model. This is one model I have not been intimately involved in. However, the Black Lives Matter (#BLM) movement is one example that is germane to the work I do with black males. The articulation that some lives may be valued less speaks to the invisibility that many black males experience by being relegated to the margins of society. Our society has dismissed poverty and its historical, social, political and economic roots as a social reality that cannot be remedied because of the faces we associate with poverty. There are assumptions made that black males are not worthy of being protected or invested in the way I described earlier that shaped and helped me to navigate these structures. Black males in particular have been caricatured as lazy, criminally intentioned, uneducated, and too hard to reach. The passive approaches being used or the lack of interest in reaching black males has contributed to the lack of progress in improving their health and social status.

One of the limitations in black men's health research is the narrow focus on issues such as violence, sexually transmitted infections, and prostate cancer. There are many cross cutting risk factors that do not receive as much attention and contribute the leading causes of death for black men. In building the capacity of organizations and the greater community, there is a need to uphold valued components of the existing culture while working towards the desired change. This prevents outcomes that maintain the status quo. These structures include non-stigmatized programs that do not reflect cultures of fear or poverty that undermine or limit the opportunities for black males. Structures that include policies and practices that are welcoming, engaging, and are culturally relevant to the populations they intend to serve.

While working with rural churches in North Carolina, I learned that churches operate on

tradition and familiar patterns. Using participant observations we learned that these traditions and patterns come in the form of the order of a service, special programs, and other cultural elements such as sermons, scriptures and songs. These traditions helped us understand the culture and language of these churches to be able to better communicate with church members and to figure out a way to incorporate these into our intervention. For example, praying at the start of trainings or interventions helped to center and focus men on the new skills they were going to learn and helped to serve as a reminder that the immediate activities had long lasting effects on their health and ability to serve their families and community. Being unwilling to change or to shift cultural norms or practices that may be unhealthy will further stifle the larger mechanisms to eliminate disparities in health based on race, ethnicity, gender and social status.

## Conclusion

The deaths of Trayvon Martin, Michael Brown Jr., Philando Castille, Tamir Rice and many others has raised the public attention towards the unaddressed needs of not only the black community in America, but black males in particular. As a black man, I have experienced and been subjected to many of the same forms of discrimination, maltreatment and dismissive behaviors as the black males listed above. However, by the grace of God, I have not been killed by the hands of police or been so unsupported that I could not find ways to circumvent or navigate the potential pitfalls that could have ended my academic and professional advancement. My personal and professional lessons learned are mirrored in the approaches and lessons I have learned working with black males. This is an explicit gendered and racialized approach to uplift the social, political, economic and health status of black males and without it, we will continue to fail to reverse the trends in life expectancy, educational attainment, employment, and civic engagement of black males.

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### **Engagement and Quality of Life in Underrepresented Older Adults: A Community-Based Participatory Research Project**

Ellen R. Brown, Yvonne Lu, Joyce Beaven, Hugh C. Hendrie, Karen Hanson, Carly A. Carvell, and Mary G. Austrom

**C**ommunity-based Participatory Research (CBPR) is defined as a collaborative approach to research that involves all partners equally in the research process and recognizes the unique strengths that each partner brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving some kind of change in the community partner’s program and certainly improves knowledge for the academic partner. In addition, commonly acknowledged benefits of CBPR to the academic and researchers include an increased investment in and commitment to the research process by the study participants and facilitated participant recruitment and retention. Benefits for the community partner include assuming the role of “partner” rather than “subject”, and having a voice in both setting the study objectives and the design of the project, thus ensuring respect for the culture and goals of the community. Both partners gain from the increased likelihood that the project will be successfully completed. The CBPR model was used to guide our collaborative research project, entitled “Engagement and Quality of Life in Underrepresented Older Adults” at Indiana University with our community partner, Catholic

Charities Indianapolis and their Senior Companions Program (SCP). The Corporation for National and Community Service is the Federal agency that administers SCP nationally and is the major funding source for this program. As the elderly population increases so does interest in ensuring their health and function. The SCP, a volunteer based program of seniors providing companionship to vulnerable community dwelling elders is an excellent example of civic engagement. CBPR is especially relevant in research with underrepresented groups (URG) because the community partner is typically integrated well within the URG. The SCP recruits, trains, supports and matches volunteers aged 55 and older with frail adults in need of support and companionship. SC provide support and touch the lives of adults needing extra assistance to live independently in their homes. SC serve frail older adults, adults with disabilities, those with terminal illnesses and their presence offers respite to family caregivers at no cost to the clients or caregivers.

Our CPBR project was designed to determine elements of wellbeing, physical health and quality of life in the minority elderly participating in the SCP. Understanding the Senior Companion (SC) role and the impact of the SC on the client and, conversely, the client’s impact on the SC has provided valuable information and insight on the effect of meaningful engagement on minority elderly. 60 SC participated in one of 9 focus groups designed to learn more about how the SCP impacts their quality of life as well as that of their clients. SC shared rich stories and examples of how the SCP keeps them motivated, distracts from their own problems as they help clients in need. While our project was designed to understand the elements of participating in the SCP that contribute to and improve quality of life for both the Senior Companions and their clients, the nature of the relationship among the members of the research team, the academic and community partners, is crucial to the success of our work.

Fundamentally, CBPR succeeds when community–academic partners share equal responsibility for the project. While we certainly agree that these elements of CBPR described above are important, we found that the following qualities in our team and working closely together to meet