The Role of Context, Culture, and Community Engagement
To Address Child Poverty in California
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The Lifting Children and Families Out of Poverty Task Force

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HEALTHY CITY/COMMUNITY (WHO)

- clean, safe physical environment of high quality (including housing quality);
- ecosystem that is stable now and sustainable in the long term;
- strong, mutually supportive and non-exploitative community;
- a high degree of participation in and control by the citizens over the decisions affecting their lives, health and well-being;
- meeting of basic needs (food, water, shelter, income, safety, work) for all the city’s people;
- access by the people to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction and communication;
- a diverse, vital and innovative economy;
- connectedness with the past, with the cultural and biological heritage of city dwellers and with other groups and individuals;
- an optimum level of appropriate public health and sickness care services, accessible to all; and

*and freedom from Racism and Oppression*
The People’s – The Community’s History, Culture, Oppression, Resiliency, & Wisdom Matter
Racism and Historical Trauma

**African Americans**
- 13.2% of the U.S. population identifies as Black or African American.
- Of those, over 16% had a diagnosable mental illness in the past year.
- That is over 6.8 million people.
- MORE people than the populations of Chicago, Houston, and Philadelphia combined.

**Latino/as**
- 17.8% of the U.S. population is estimated to be Latino or Hispanic.
- Of those, over 15% had a diagnosable mental illness in the past year.
- That is over 8.9 million people.
- MORE than the number of people who live in New York City.

**Native American**
- 1.2% of the U.S. population identifies as Native American or Alaskan Native.
- Of those, over 21% had a diagnosable mental illness in the past year.
- That is over 830 thousand people.
- Enough to fill EVERY major league baseball stadium on the East Coast TWICE.

**Asian/Pacific Islander**
- 5.4% of the U.S. population identifies as Asian American or Pacific Islander.
- Of those, over 13% had a diagnosable mental illness in the past year.
- That is over 2.2 million people.
- MORE than the number of dentists, postsecondary teachers, and lawyers in the United States.
Culture provides the foundational frames for developing worldviews, interpreting reality, and acting in the world (Harrell, 2015).

Consider culture and how it influences an issue, a strategy, and its evaluation.

- emerges out of interpersonal realities
- is a dynamic relational process of shared meanings
- must be considered in historical, social, political, and economic contexts
- influences the experience, expression, course and outcome of mental health, substance use problems, help-seeking, poverty and the response to health promotion, prevention or policy strategies.
Critical need to consider culture and community at multiple levels in the design, implementation and evaluation of policies.

**Cultural Competence: Cross definition:**
“a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations” (Cross et al et al, 1989, p. iv).

**Multiple Levels:**

1. Systems level issues & policies
2. Organizational structures & processes
3. Provider characteristics
4. Diverse populations (e.g., ethnic, LGBTQ)
4. Diverse issues (e.g., spirituality)

Focus has mainly been on providers & ethnic groups
Structural Competency (Metzl, 2010, 2014)

Beyond the individual

Inequalities conceptualized in relation to the institutions and social conditions that determine resources

**Structural competency** = ability to discern how a host of issues (associated with individuals, individual behavior, and trends that count the number of individuals involved) also represent the downstream implications of a number of upstream decisions about matters related to health care, food delivery systems, zoning laws, urban and rural infrastructures, even our definition of poverty, health, and illness. (Metzl & Hansen, 2013)
Community Health & Well Being Matter
What does this have to do with lifting children and families out of poverty?

1. It’s “easy” to miss something you’re not looking for

2. We focus on (and make-meaning) based on what has or has not been “called-out”

3. Our implicit and explicit ways of thinking shape our practices and views about others who are “different” from us

4. Leading with racial equity and engaging in critical conversations to impact policy and practice is THE WORK
It’s All Connected

- Food Justice
- Access to Parks & Recreational Space
- Clean water, air, and soil
- Community safety
- Hope & Efficacy
- Connections with Neighbors
- Valued Cultures and Identities
- Transportation Justice
- Reproductive Justice
- Housing justice
- Healthy marketing and retail environment

- Equitable Health Care Access
- Community Infrastructure
- Economic Justice
- Educational Equity
- Immigration Climate
- Fair Justice System

Xavier Morales, Ph.D., MRP, 2018 (Praxis Project)
Beliefs
Culture
Poverty/Well Being Indicators
Socio economic And Structural Barriers
Resiliency
Relationship to Decision Makers
Internalized Oppression
Motivations Hopes/Dreams
Societal Attitudes/ Narratives
Services and Resources
Policies and Practices
A COMMUNITY’S
History
Values
INVISIBLE
VISIBLE
Factor in the **Social “Allostatic Load”** that may be consequent to causes of childhood poverty for various CA ethnocultural communities

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**Allostatic load**

Refers to the number of stressors that a person may experience, leading to recurrent arousal.

Frequent activation of the flight-fight response has a cumulative effect that can result in long term damage to the body.

e.g. Penny is a Year 12 student, she has a usual load of 5 subjects which is stressful enough, however she has just been informed to gain her scholarship she needs an average of 90% across her subjects. This pressure adds to her allostatic load.

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Beyond fight/flight

Other stress responses like appeasement may cause as much or more harm.
Social “Allostatic Load”

• “The wear and tear on CA communities.”
• Particularly in low income communities of color
  – multigenerational, collective exposure to repeated or chronic stress, structural racism, and diminished quality of life.
• The social, cultural, ecological as well as physiological consequences of chronic exposure to fluctuating or heightened destabilization of under-resourced communities that results from chronic, multigenerational assaults
• (Laws, policies, practices and inequity can be assaults).
  – Even those that are well intentioned.
Implicit bias will surely raise its usual head!

What is the potential social allostatic load on different communities of your analyses and your recommendations?
CRDP Phase I Population Reports

California Reducing Disparities Project (CRDP)
Population Reports
Community Based Participatory Practice

- Reflects a broader array of practices related to participatory activities which include and extend beyond research.
- A set of principles for engagement and participation—typically between communities and entities external to the community (e.g., government agencies such as County Departments of Mental Health, policy makers such as elected officials, institutions, researchers/program evaluators).
- Inspires attention to culture, context, trust-building, shared meaning, consensus, and equity.
Community Organizing (with, not for or to)

• A process by which people are brought together to act in common self-interest and in the pursuit of a common agenda.
  ➔ build a base of concerned people
  ➔ popular education
  ➔ mobilize community members to act
  ➔ develop leadership from and relationships among the people involved
  ➔ seek accountability from elected officials, and institutions
  ➔ increased direct representation within decision-making bodies and social reform.
Levels of Community Involvement

- **Consult**
  - More community involvement
  - Gets information or feedback from the community
  - Entities share information

- **Outreach**
  - Some community involvement
  - Provides community with information
  - Entities coexist

- **Involves**
  - Better community involvement
  - Involves more participation with community on issues
  - Entities cooperate with each other

- **Collaborate**
  - Community involvement
  - Forms partnerships with community on each aspect of project from development to solution
  - Entities form bidirectional communication channels

- **Shared Leadership**
  - Strong bidirectional relationship
  - Final decision making is at community level

Figure 1. Adapted from NIH, 2011
Community Based Participatory Practice

Why do it??  It’s a door into cultural humility …

“…a lifelong commitment to self-evaluation and critique, to recognizing power imbalances, and developing mutually beneficial partnerships with community”

Tervalon and Murray-García, 1998
Case Examples from Mental Health and Public Health

And Valuable Lessons Learned
Strategy and Approach is Determined by Culture and Context

- Develop Alternative (Indigenous) Poverty Reduction Strategies

Facilitates Capacity Building & Sustainability

Bridges Differences in Discourse (language, understanding) Between Funders/Academia, Decision Makers & Community

Builds and Maintains Trust & Facilitates Community Stakeholder Buy-In

- Enhances Relevance and Use of Data by All Partners (direct resources & influence systems/policy change)

Promotes External Validity & Expands the Evidence Base

- Improves Outcomes & Health & Well-being of Communities (directly and indirectly)

Develop Alternative (Indigenous) Poverty Reduction Strategies

Improves Outcomes & Health & Well-being of Communities (directly and indirectly)
The Community Centered Emergency Room Project (CCERP): Needs Assessment on Prescription and OTC Use

Funder driven county-wide process lead by LA County Department of Public Health’s Substance Abuse Prevention and Control & Safe Med LA

- LA County-wide quantitative community assessment (youth, adults) on risk, availability/accessibility, consumption, and reasons why people use prescription medications non-medically to assist with planning efforts county-wide

Community- driven local process lead by CCERP and Resident Leaders

- Qualitative approach (focus group in Spanish) with residents to assess the role of culture and context related to risk, availability/accessibility, consumption, and reasons why people use prescription medications non-medically to design culturally responsive prevention strategies for Boyle Heights community

*Environmental Prevention Services (EPS) contractors Comprehensive Prevention Services (CPS) contractors
What was revealed using this CBPR Approach?

County-Wide Findings TBD (data collection is ongoing)

Sample Question:
How do you think young people/adults typically get prescription medications? [Check up to five that you think are most common sources]
- From home (medicine cabinets, other storage places)
- From friends or peers at school
- From family members (siblings other relatives)
- From people around the neighborhood who write false prescriptions
- From local retail stores or pharmacies
- From doctors who over prescribe
- Illegally (from dealers)
- Internet
- Other sources (please describe):
- Don’t know

CCERP Findings: Contextual factors & cultural beliefs/practices emerged that will shape CCERP’s prevention strategy & subsequent data collection strategies.

- Self-prescribing or “sharing” meds due to lack of health insurance & access to affordable health care, including high cost of prescription drugs
- Easy access to Mexican medication from local stores or trips to-and-from Mexico that residents are more familiar with and comfortable taking
- Belief that Mexican medicine in general (including prescription drugs) is more effective than US medicine
- Lack of awareness and information of proper use and dangers about misuse (e.g., not following dosage instructions as directed by doctor/physician)
“People sometimes don’t even have money to go to a doctor visit. Right now it’s more expensive to go to the appointment, the appointment is more expensive than the medicine they are going to give you. And that’s why sometimes people don’t go, because the truth is there is no way to go to a doctor and it is easier to go and bring medicine [from Mexico] that you know.”

“[local store] here on Cesar Chavez…and they sell Mexican medicine. Then that one is also very famous they have been there for many years—I go there.”

“I think that it is also accessible to get the medicine without prescription with family members that can go to Tijuana for example, and they bring the penicillin or other things that we need from there...sometimes it is cheaper to pay the Mexican price.”

“We grew-up with Mexican parents and they don’t believe in American medicine. They think that the Mexican medicine is more productive, more effective than the American medicine, [which] is nothing more than a syrup, it is sweet water. And Mexico’s medicine is effective within a day or two.”

“I use bedoyecta (B12 injections) a lot and they sell it here, but I always order it from Mexico. Obviously, I cannot go to Mexico, but I ask people to bring it back here to me and I do not know why, but I trust it more.”

“We don’t finish them [prescription medication] and they told me to take it for ten days. In five days, I feel a little better and I stop taking it.”
When the Community Drives the Inquiry.....what emerges? An African American & Latino Community Discovery

The Community Coalition, South LA

CDC REACH
Community survey allows the community voice to emerge

Subsequent CBPR MAPPING PROCESSES
sharpened our focus in 2 neighborhoods

When the Community Drives the Inquiry......what emerges?  An African American & Latino Community Discovery

Can we verify the community perceptions using administrative data?
Crime data confirmed the patterns that the community had identified.

Focus groups
provided more nuance on the problems with smoke shops (traffic safety, drug use, crime & prostitution in and around smoke shops)

As a result, the Coalition more intentionally started querying the community about smoke shops to inform campaigns related to community safety and substance abuse prevention.

As the community was asked to identify the “hot spots”

The more critical issue emerged SMOKESHOPS

SLA wide Youth and Resident Poll (n=4,223): Smoke shops differences by zip code

The survey yielded one perception of issues: Equal concern across problem areas
The 2017 South Los Angeles People’s Poll

Sample Size (N = 4,136)

Percent Completed Polls by Zip Code and High School

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Dorsey H.S. 14% (n = 293)
Manual H.S. 17% (n = 359)
August Hawkins 9% (n = 183)
Crenshaw H.S. 12% (n = 252)
Fremont H.S. 34% (n = 758)
Washington H.S. 12% (n = 260)
Other SLA H.S. 1.6% (n = 33)
For 7 of 15 ZIPs, smoke shops have largest fraction of “very concerned”
For 4 of 15 ZIPs, liquor stores have largest fraction of “very concerned”
For 4 of 15 ZIPs, dispensary proximity has largest fraction of “very concerned”
“Entire strip malls will be filled with smoke shops and dispensaries and each one will have “a different angle in how to get you in their shops.” For example, smoke shops and dispensaries are advertising with cartoons like Sesame Street and cookie monster.”

Youth Poll: Concerns by School
Liquor Stores, Smoke Shops, Marijuana Dispensaries

- liquor stores
- smoke shops
- dispensary proximity
For 9 of 15 ZIPs, **affordable housing** is top priority
Top two “asks” over 70% across the board responding “spend here first”!
In 90011, every “ask” has 80%+ responding “spend here first”!
Your ZIP CODE is more important than your genetic code for life expectancy
The intersection of health, place and equity.
RWJF: CCHE IS ABOUT A CULTURE OF HEALTH

• Physical/mental health and broader indicators of community well-being (e.g., social, economic, education) are intertwined
  • (Across generations for COC this was/is understood)
• Changing the narrative around what “counts” as public health work and who is doing public health work
  • (A hidden reality across generations of COC)
• Moving from disparities → equity focus

→ JUSTICE
“One of the ways we think about addressing childhood obesity or childhood health, is [focusing] more on movement building...everything connects to everything. You can’t just pretend and [say to the community], ‘We’re not talking about Black and Asian tensions right now; we’re here to talk about health.’ Gentrification is [also] unhealthy. Wage theft is [also] unhealthy...I mean these are all really unhealthy things, but we think of health sometimes in a very narrow way. If you have a movement building framework, you can see everything is connected...But I think there’s kind of a transformational approach that’s needed because without that you end up siloing the movement.”
Community Snapshots - Interventions Defined By the Community Grounded in Community Context

Asian Pacific Environmental Network (APEN) – Oakland & Richmond, CA

Overview
Since 1993, Asian Pacific Environmental Network seeks to empower low-income Asian and Pacific Islander communities to achieve environmental and social justice.

Mission
“All people have a right to a clean and healthy environment in which their communities can live, work, learn, play and thrive. Towards this vision, APEN brings together a collective voice to develop an alternative agenda for environmental, social and economic justice. Through building an organized movement, we strive to bring fundamental changes to economic and social institutions that will prioritize public good over profits and promote the right of every person to a decent, safe, affordable quality of life, and the right to participate in decisions affecting our lives. APEN holds this vision of environmental justice for all people. Our work focuses on Asian and Pacific Islander communities.” – APEN website

Local Conditions & Critical Issues Impacting 0-5 Childhood Health in Oakland

Forced displacement due to gentrification
Including unaffordable housing, rising rents, evictions and displacement due to immigration status.

Lack of access to quality jobs in the community

Lack of access to community health care

Constituency
- Asian & Pacific Islander
- Ages 15-65+
- Relative Caregivers
- Immigrants
- Undocumented
- Formerly Incarcerated

Nollie Jenkins Family Center, Inc. (NJFC) – Durant (Holmes County), MS

Overview
NJFC visualizes an energized and involved community where all people, young and old, are valued, nurtured and supported as we work together to build and sustain communities that are purposeful in ensuring that the environmental, political, cultural, recreational, educational, economic, and spiritual needs of its citizens are actualized and preserved.

Mission
NJFC’s mission is to empower the citizens of the community by developing and supporting grassroots leaders, community organizers, parents, students, and members of the African American community, as well as community-based organizations so that they have the necessary tools/skills of community organizing, advocacy, and activism to increase family engagement, build for meaningful social change, effectively impact local and state policy, family and government structures; and build stronger/sustainable organizations and communities.

Local Conditions & Critical Issues Impacting 0-5 Childhood Health in Durant

Access to Quality Education for their Children
“The Mississippi Delta is identified as a critical teacher shortage area. Meaning that 10% or more of the teachers are ready for retirement and/or most teachers are teaching out of their content area, and/or we do not have teachers who are licensed and certified in the critical content areas for example science, math, and special education students with disabilities.” Only twice in the history of
DO OUR METRICS MARK TRANSACTIONS OR TRANSFORMATIONS?

CCHE 1: Black New Orleans

CCHE 1: White New Orleans
Funded by the Robert Wood Johnson Foundation, The Praxis Project served as the national program office for CCHE. Twenty-two community-based organizations and tribal groups were supported in the development and implementation of culturally competent community engagement and policy initiatives to address childhood obesity at the local level.

**CCHE Proposed Policy Campaigns**

- **INCREASE ACCESS TO NUTRITIOUS & AFFORDABLE FOOD**
- **INCREASE ACCESS TO SAFE PLACES TO PLAY**

A total of 72 total policy victories were obtained by CCHE 1 grantees.
CCHE 1: Public/Community Health Victories

**Government Spending**
- tribal, county, city, state
- transportation access/fares
- parks & rec programming
- hospital services
- walking trails
- lighting
- park renovations
- healthy stores
- 6 grantees

**Land Use/Space**
- community gardens
- shelters
- baseball field/basketball court
- community kitchen
- 8 grantees

**Environmental Regulations**
- Navy shipyard
- school food carbon footprint
- 8 grantees

**Zoning & Development**
- affordable housing
- tenant rights/protections
- zoning ordinances
- vacant building regulations
- 2 grantees

**School Spending, Programs, Policies**
- Breakfast in the Classroom/After Bell
- wellness centers
- recess before lunch
- farm-to-school
- community joint use agreement
- scratch kitchen/wellness bars
- 10 grantees

**Health Resources & Policy**
- park fees
- healthy food standards at stores
- water/land for gardens
- “ban the bag” and expanded health care
- transit passes
- 6 grantees

**Tribal Food & Land Sovereignty**
- preservation of indigenous hunting/fishing lands/rights
- healthy food policy councils & policies
- 3 grantees
“When families are part of changing the policies, it changes everyone. If mom feels like she knows how to advocate for these issues, and children are part of that and they see that, they don’t feel like they are just helpless and powerless in the system. Part of having intergenerational space is creating opportunities to hear what [children and youth] think, what kind of things makes them feel good and what kind of a leaders they want to be...doing organizing that includes everybody is important.”
Organizing is also holistic. May include linkages to and partnerships with social service agencies to address constituent needs.

- Referral
- Service enrollment
- Linkage & System Navigation
- Direct Service
- Co-location
- Ancillary Services
Resilience O.C.
Santa Ana, CA

“We really wanted to focus on a framework where both those models could co-exist [service provision and organizing/policy campaigns] in order to really build transformative youth leadership...that has been a strength. Yes they know how to take notes, how to facilitate a meeting. But they also know what social and emotional health is, and what trauma informed practices are...so that the youth don’t get overwhelmed, don’t get thrown into an organizing culture that then burns them out.”
CBPP: It’s a Journey...Not a Destination

The journey is shaped and will look different by necessity if you are truly engaging the local community.
Final Food For Thought for the Journey

01. Are the right community members at the table? This needs to be reassessed periodically as the “right” community members might change over time. Community Organizing Important here.

02. How are community members involved in developing strategies and goals? How did community members help ensure that they are culturally aligned?

03. How are community members involved in evaluation or data analysis? Did they help interpret or synthesize conclusions?

04. How can systems and decision makers employ CBPP to advance policy and praxis to truly reflect the lived experience of different communities? Moving beyond one size fits all.
Thank You

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