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Men on the Move: A Partnership to Create Educational and Economic Opportunities

Victor Motton, Elizabeth A. Baker, Alfronzo Branch, Freda L. Motton, Teresa Fitzgerald, and Ellen Barnidge

“We can break the life threatening choke-hold patriarchal masculinity imposes on black men and create life sustaining visions of a reconstructed black masculinity that can provide black men ways to save their lives and the lives of their brothers and sisters in struggle” [1]

As with many other community-campus partnerships for health, our partnership started with a focus on disease, particularly disparities between African Americans and whites in the incidence and prevalence of disease within our community. In our interventions we focused on the risky lifestyle behaviors associated with these diseases (e.g., smoking, physical inactivity, poor nutritional intake). As community members and academic partners learned to listen to each other in new and different ways, the importance of focusing on the underlying factors influencing health and health behaviors began to take precedence. The result of this new focus is the Pemiscot County Men on the Move (PCMOM) program, a program that addresses educational and economic opportunities as they directly and indirectly affect the health of African American men. We hope that by sharing our story about the development of the PCMOM program, we can facilitate other coalitions interested in addressing health disparities in moving from a focus on disease and risky lifestyle behaviors to a focus on the underlying conditions (i.e., social determinants) that act as barriers to change and therefore to health disparities.

As community members and academic partners learned to listen to each other in new and different ways, the importance of focusing on the underlying factors influencing health and health behaviors began to take precedence.

Starting with the numbers

As is traditional for public health initiatives, we began our work together by looking at the surveillance systems. We wanted to see what they could tell us about the basic demographics within Pemiscot County and determine if there was any evidence of disparities in disease among African Americans and whites in Pemiscot County.

Pemiscot County, MO is a rural community covering 493 square miles. Without a metropolitan area, it is home to approximately 19,800 people. Twenty-six percent of Pemiscot County residents are African American and 30% live below poverty (in comparison to 10.6% in MO as a whole) [2]. State-level data suggest disparities in a number of health outcomes. For example, for every 100,000 African Americans in Pemiscot County 608 die of heart disease in comparison to 450 deaths due to heart disease for every 100,000 whites¹. Similar patterns emerge for deaths due to AIDS (11 per 100,000 for African Americans, 1 per 100,000 for whites), and cancer (258 per 100,000 for African Americans and 199 per 100,000 for whites)[2]. State data systems also show that African American men within Pemiscot County

1 Data were collected from the Missouri Information for Community Assessment. The data were scaled to 100,000 in order to show population differences.

have death rates that are twice as high as African American women within Pemiscot County (1693 vs. 842 per 100,000)[2].

Going Beyond the Numbers: Working Together to Assess and Document Community Health

These numbers tell a story about the conditions that exist in Pemiscot County. However, in order to understand truly what is happening in our community, we had to take into account the context in which we work and live.

To do this, we conducted our own assessment of our community. This assessment included several different methods of collecting community information including interviews, focus groups, and the development of posters illustrating the community's health. The posters were later used to prompt further discussion. From these various data collection methods, we generated information about the strengths and assets within our community as well as the challenges we face. We also discovered that when we asked about the "community's health" (rather than disease), using methods that allowed for inclusion of a variety of voices, we generated discussion of the fundamental determinants of health and disease, or social determinants.



While we cannot review all of our findings here, it is useful to share some of the specific information that we gathered in our assessments. We found, for instance, that young African American men often leave school with few skills and/or inadequate skills and a poor sense of their own abilities due in part to the poor opinions expressed by teachers and administrators. They see little hope for the future given these few skills. Moreover, they look around them and see few jobs, little opportunity for personal development, and few positive male role models. In discussions among community members, this was in turn seen as leading to risky health behaviors that combined with other individual and social factors leads to poor health outcomes. Community residents reflected further on these issues (in additional community meetings) and saw that both individual (personal) responsibility as well as problems with community infrastructures led to these risky health behaviors and disparities in health outcomes.

In our assessments, the community participants indicated that while there were a number of committed individuals and organizations within the African American community, they needed to do two things. First, they needed to find better ways to work with the young men to address these issues. Second, in order to create changes in community infrastructures, they needed to improve their relationships with individuals in governmental positions and community organizations. In both instances, it was clear that the history of the community needed to be taken into account before moving forward.

In order to be effective at working with the young men it was essential to have the men in the community take the lead in developing and implementing programs. However, to do this the community needed to acknowledge that many of the men in the community had similar experiences to the ones the young people were currently experiencing. Therefore, in order to

have adult male role models, the community first needed to work with adult men to enhance their skills, to expand their capacities and hope. With these new strengths the men could then transfer and model this, to younger men.

In terms of working with individuals in governmental positions and community organizations, history also plays a crucial role. Specifically, Missouri is the *Show Me* state. According to the Missouri History website this title refers to the conservative, stubborn nature of our population [3]. The history of Missouri also reflects events that have challenged racial relations between whites and African Americans. This is in part due to the Missouri Compromise. Based on powerful white interests and the resulting Missouri Compromise, when the rest of the land within the Louisiana Purchase was annexed to the Union as free, Missouri was annexed as a slave state [4]. This reinforced the perception, and the experience, that state and federal governments would abandon African Americans living in our communities if it benefited the white majority. This understandably led to distrust between races and structures that reflect institutional racism. Taken together, these historical facts still influence our ability to work with governmental and community organizations — and across racial divides — and, to develop programs to improve health among African Americans in Pemiscot County.

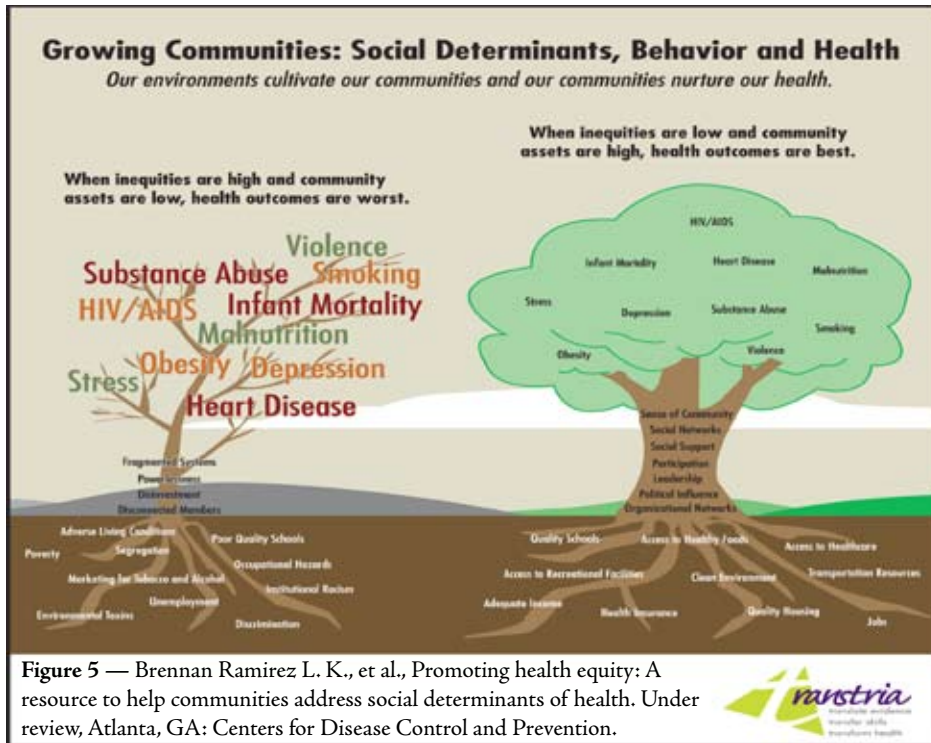
Re-enforcing Existing and Developing New Partnerships to Help Us Move Forward

Clearly, our findings from the community assessments led us to change the focus of our interventions from physical activity, nutrition, and smoking to more fundamental or social determinants of these risky behaviors. We decided we needed to focus on creating educational and economic opportunities for African American men. Because our community-academic partnership was initially focused on disease, we needed to find ways to share this information with existing and new partners in a way that helped us to describe how disease was related to social determinants. In other words, we needed a way to help everyone get on the same page and have the same understanding of how the fundamental issues uncovered in the assessments were associated with health. We found that Figure 5 was particularly helpful to us in putting these issues within a health context.

Figure 5 clearly shows that by focusing on improving the fundamental determinants in the soil (e.g., eliminating institutional and individual racism, providing adequate income and meaningful work, ensuring a clean environment, access to healthy foods and places to be physically active, providing quality schools) in a way that builds and nourishes the tree (e.g., by using methods that increase sense of belonging), we can decrease the negative health outcomes in our community. The figure and the framework it suggests, reflected our new way of thinking about things in a way we could share with others.

We not only needed a way to describe how social determinants were associated with health outcomes, we also needed to reconsider how to work with partners, both existing and new, in ways that maximized participation and helped us head in our new direction. To do this in

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a meaningful way, we did the following: 1) invited partners to join our new efforts; 2) held meetings at times when our new and old partners could participate; 3) created communication patterns within our meetings that enabled new and existing partners to feel welcome; and 4) organized our efforts so our partners knew we were serious about our pursuits (agendas, minutes, etc.).

Moving Toward Action

With our new partnerships in place, we revisited our assessment data. This review and the discussions that followed led us to recognize the complexity of relationships within our community. What continually emerged through this process was the need to create educational and economic opportunities for African American men in our community. We realized we needed to find out who else in the community was addressing these issues and how. We found some programs that were doing work in these areas including our local General educational development (GED) program, a mentoring program that assisted youth with homework, and a mentoring program that provided youth with financial skills.

We also looked at academic perspectives on educational and economic development. In particular, our community and academic partners jointly read about social learning theory and the importance of providing problem solving and goal setting skills to the men in our programs. We saw this information as particularly helpful in understanding issues related to personal responsibility and its incorporation into our intervention programs. In order to understand how the problems with community infrastructures influenced health behaviors and health outcomes, we read about intersectionality. We saw intersectionality as a framework to help us understand how race, class and gender acted together to create the conditions we saw and experienced within Pemiscot County. We also discussed the history of integration in Pemiscot County schools and businesses to understand how this history influenced existing conditions.

As we filtered these other programs and perspectives through our own experiences, we were able to synthesize what we learned and began to envision the programs we wanted for our community. As we did so, we came upon a program, Fatherhood First, with many of the elements and the philosophy that we saw as critical to creating change. The Fatherhood First program was the only program in our community that focused on the specific needs of African American men. While the program did not have a focus on educational or economic development, it did work with men to help them develop self-esteem, and problem solving and goal setting skills. One of the most important features of the program was that it created an environment different from other programs in the community. Rather than the more typical program environment shrouded in institutional racism, the program provided an environment of support and comfort. Men in the community trusted the Fatherhood First program, as did the local community organizations that referred men to the program. Therefore, we worked with the existing GED and Fatherhood First programs to pilot test our intervention. We found that by doing this, we were able to get more men excited about getting their GED. In addition, our program provided a vehicle for men to give back to the community through various community activities (such as Back to School events).

This initial pilot did not however have the funds to do a more thorough assessment or address some of the barriers men faced in obtaining additional education or jobs (transportation, child care, no jobs available). Sadly, the Fatherhood First program lost its funding. But through our continued efforts and commitment to partnership, we were able to obtain additional funds through the National Institutes for Health National Center for Minority Health and Health Disparities. With our new funding, we are working with local politicians, businesses, and schools to enhance and develop educational and economic opportunities for African American men in our community. We have recently had an opportunity to work with the mayor and county wide economic development efforts. We have also been able to get an African American woman elected to the school board for the first time.



Lessons Learned

We have learned many things about our partnership through these efforts. First and foremost, we recognize the importance of focusing on the foundation for health in our community. This has at times been challenging. On the one hand, we have had criticism from individuals who feel that our step-by-step approach to addressing educational and economic development does not adequately recognize how national and global social and economic forces influence these issues in our own community. On the other hand, public health practitioners and funders have criticized us because we do not have a categorical disease focus. As residents of Pemiscot County, we experience life as a complex web. Through the process of community discussion, we recognized this web as the interconnectedness between basic education, life skills, the ability to obtain and/or create jobs, hope, and health. As a member of our community planning committee stated, "In addition, with self-esteem and a GED we will motivate men to search out and pursue additional education and a better life. We are providing a fishing pole and the skills to use it. We are also working to create jobs. But even if there is not necessarily the best

fishing around here they will have the tools to do well whether they stay or leave here. They will carry these traits and new traits as they raise their own kids. We are also showing the community that we can plan and implement a program that serves the community...they see African Americans putting back into the community — working together. We are helping more than just the men — we're helping the community as a whole. We are improving community health.”

Too often, others have come into our communities and told us what is best for us and why our health problems exist. While some of the programs instituted through these outsiders have resulted in meaningful improvement in our lives, we believe that in order to change the status quo, community members must be active in defining the focus of interventions and the ways of creating change. Pemiscot County Men on the Move is a product of this type of community input. We recognize that there are national and international factors that influence the economic and social conditions, and therefore health, within Pemiscot County. That said, we either can accept these conditions as unchangeable or we can work within partnerships that enable us to see the potential in working to develop educational and economic opportunities through participatory and grassroots strategies.

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We have also learned a lot about sustainability. Sustainability for us is a commitment to our participatory process. This process enables us to bounce back from challenges and lack of funding, stay engaged, and make a real difference. While we will always need money to run our programs, the glue that holds the partnership between community and academic partners together goes far beyond finances. In order to stay engaged, all partners need to be involved in thinking about how our program is developed. This requires each of us to go beyond simply doing our various job tasks to developing a common understanding of the issues. One way we have done this is by developing a book club for our staff that enables us to stay focused on the reasons why we are doing this work, and helps us to think about how and what we are doing. We also recognize that this type of learning is important for the community at large, and have an on-going book drive to increase the number of books in the local public library by African Americans, about African Americans, and about issues related to race and racism.

Last, but not least, we recognize that within our rural communities we need to build bridges that enable us to move forward. We have seen the benefits of working with and enhancing existing community organizations and political structures. When building on positive structures, we can benefit from the trust and relationships built with the community, and we can blend these with other groups that may not have these relationships but have important contributions to make to the community.

Conclusion

Pemiscot County Men on the Move is moving forward. We are beginning to understand how the various factors come together to influence the ability of men in our community to obtain jobs and an education, and the influence this has on health as well as other aspects of their

lives. Our hope is to develop a program in which men participate in creating a new generation that is better able to respond to the challenges they will face. To do so requires acknowledging both the collective and individual aspects of their experiences.

We believe that even small changes have the potential to strengthen the fabric of our community and enhance the likelihood that individuals will be able to reach their full potential. We hope that a change in any part of the fabric will have ripple effects. As stated by Margaret Mead, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”



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