UIC **Collaboratory for Health Justice**

Anti-Racist Community Engagement Principles


UIC UNIVERSITY OF
ILLINOIS CHICAGO

School of Public Health

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About these Principles

At the UIC School of Public Health, community engagement is a core value of our mission, alongside unity in economic and cultural diversity, equity in health and social justice, and excellence in academics and practice. In addition, the sixth goal of the UIC School of Public Health Strategic Plan specifically focuses on our ambition to build the institution's capacity for meaningful community engagement across teaching, research, service and practice. We emphasize community engagement because it can improve the current state of public health and also enhance community capacity and achieve our ultimate goal of health equity.
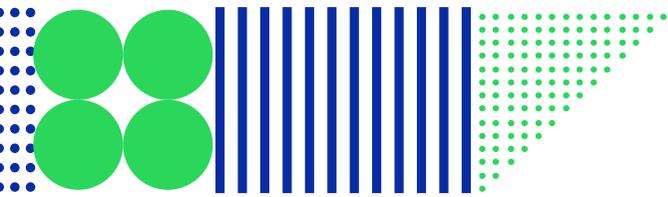
The School of Public Health's Collaboratory for Health Justice was established with one of the goals of increasing community engagement in the School of Public Health. To guide these efforts, we aim to align our work with principles that encompass best practices for community engaged work. With these principles, we are explicit about our commitment to dismantling structural inequality in the form of racism, sexism, homophobia, ableism, ageism, classism, and xenophobia among others, in order to authentically work towards health justice.

📷 **@shaali_stories on instagram**
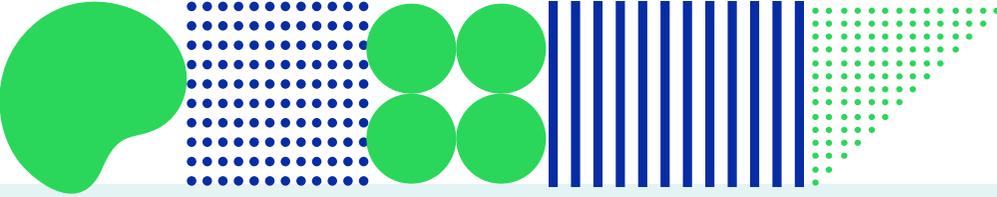
Community Engagement Principles

The following community engagement principles will guide the Collaboratory for Health Justice's daily work to dismantle health inequities and achieve health for all:

Principle 1: **We commit to ongoing critical reflexivity as individuals, researchers, and an institution of higher education**

Principle 2: **We will ground all of our work in an asset-based framework and practice co-learning with our community partners.**

Principle 3: **We will acknowledge our positionality and will leverage our resources to benefit and build power with our partners.**

Principle 4: **We commit to making our work and our resources accessible and applicable.**

Principle 5: **We cannot move forward without rectifying the past. We commit to healing with our internal and neighboring communities using practices of restorative justice.**

Principle 1:

We commit to ongoing critical reflexivity as individuals, researchers, and an institution of higher education.

1. Examining SPH's internal practices and processes and aligning them these principles is necessary to dismantle systemic racism and promote antiracist praxis (Ford & Airhihenbuwa, 2010; Okun, n.d.; Human Impact Partners, 2017; Jones, 2018; Society for Research in Child Development, 2020; Chicago Beyond, 2020).

2. Engaging in critical reflection and evaluation of ourselves individually and our organizations as a whole in terms of what we offer as community partners is essential for aligning with principles of equity.

3. We should challenge how race is treated as variables in health research. Historically, race is included as a variable, when racism is actually the construct of interest. Moreover, racial categories are constantly in flux and we should be explicit about how such information is both collected and reported (Society for Research in Child Development, 2020; Ford & Airhihenbuwa, 2010; Boyd et al., 2020; Kaplan & Bennett, 2003).

4. We can resist stereotypical narratives of people groups by critiquing the use of "culture" to explain behaviors of people groups, especially without a broader contextualization of structures and power that shape behavior.

5. Before critiquing others, we must model transparent decision-making and modeling community engagement in which partners are treated as equitable partners by being included at the decision-making table, rather than as being the fieldworkers or gatekeepers to facilitate our research goals (Jones, 2018; Chicago Beyond, 2019; Ford & Airhihenbuwa, 2010).

Principle 2:
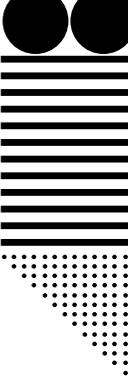
6. A commitment to the long-term process of developing and sustaining relationships is key to quality community engagement. We must embrace the hard work of intentional relationship building and are prepared and willing to be held accountable as we learn how to do better (Yonas et al., 2006; Chicago Beyond, 2019; Human Impact Partners, 2017).

7. Our protocols must be built for co-learning, rather than leaving it as an afterthought. That means *acting with* the community by sharing the skills and knowledge necessary to achieve the tasks at hand rather than *acting on behalf of* the community in which the researcher gets to serve as the "expert." Community engagement roles and responsibilities should be clearly defined yet still flexible enough to accommodate unanticipated research or community needs.

8. Established feedback mechanisms for community member feedback is essential for maximizing our impact. These feedback mechanisms will enable us to understand research questions through the lens of those impacted, recognize how our goals relate to or compete with immediate needs of partners, and prioritize the community as one of the primary audiences of our work so that the community is more likely to benefit from it (Chicago Beyond, 2019; Human Impact Partners, 2017; Rasekoala & Orthia, 2020).

Principle 3:
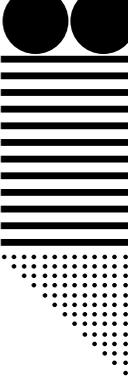
9. We should consider how we can utilize institutional resources to provide opportunities for the community. In our work, we should consider how to integrate skill building and networking to the benefit of our partners and ensure that we attribute credit to partners for their contributions to the co-developed projects.

10. In every partnership, we should engage in the process of listening and examining issues of importance to our community partners (Falkenburger, Arena, & Wolin, 2018). Even if it is not directly relevant to the research at hand, we recognize that our social capital and institutional resources can be leveraged to meet other needs of our community partners.

11. Asking our partners what success and improvement would be on their terms. This will be done with the goal of ensuring that the community gets to see improvements and progress as they would like to see it for themselves (Minnesota Department of Health, 2018).

Principle 4:
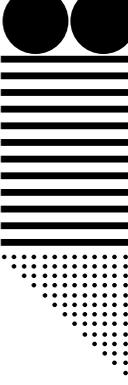
12. We will proactively consider the accessibility of all materials. Establishing a protocol for physical and virtual accommodations such as translation, transcription, and resources in multiple font sizes and languages.

13. We can maximize engagement by using plain language, holding events in community-preferred locations, and defining key terms to create a shared language and understanding.

14. Recognizing that what works in one place and with one group may not be universal, materials may need to be localized and adapted for optimal engagement. We should be prepared to adapting materials and outputs in ways that integrate community feedback without being essentializing or oversimplifying the complex factors that influence behavior and shape health outcomes.

Principle 5:
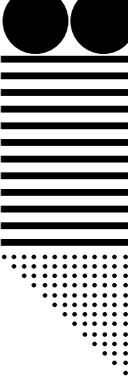
15. Our staff should reflect the diversity of Chicago's communities by including Black, Indigenous, and People of Color in leadership positions.

16. Ongoing and future research teams must include those from populations that have been historically marginalized from research, or the reverse, exploited by over-research and unequal pay. These groups include people of color, people living in poverty, sexual and gender minorities, adolescents, seniors, and people who are incarcerated.

17. We recognize responsibility as an institution for engaging in systematic discrimination and perpetuating inequity both within our institution and in our surrounding communities. Recognizing this alongside the responsibility to contribute to the public good as a land grant institution, we must understand the consequences of acquiring land and gentrifying neighborhoods that were previously owned and inhabited by others and humbly rebuild mutual trust, respect, and commitment between the community and our institution (Holley, 2016).

18. We are committed to creating and sharing resources for community members to understand and cope with the ongoing re-traumatization of structural racism, injustices, and violence in our current world (Falkenburger, Arena, & Wolin, 2018).

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ANTI-RACISM: FIXED TO GROWTH MINDSET

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FIXED - COMFORT | GROWTH - COURAGE

"I DON'T KNOW WHERE TO START OR WHAT TO SAY"

"FIRST I WILL LISTEN/READ/WATCH. I WILL SPEAK AGAINST INJUSTICE"

"I DON'T WANT TO GET IT WRONG OR GET CALLED OUT"

"I WILL MAKE MISTAKES, NO DOUBT ABOUT IT. I WILL BE GRATEFUL FOR THE LESSON"

"IT WON'T MAKE A DIFFERENCE WHAT I DO, NOTHING IS GOING TO CHANGE"

"THINGS HAPPEN WHEN I TAKE RISKS AND BECOME PART OF SOMETHING BIGGER"

"I DON'T GET INVOLVED IN POLITICS. I DON'T HAVE TIME"

"THIS IS A HUMAN RIGHTS ISSUE. THIS MATTERS, I WILL MAKE TIME"

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