VOLUME 4, ISSUE 2

ENGAGE!

Co-created knowledge serving the public good

CONTENTS

COMMUNITY-ENGAGED RESEARCH ARTICLES

IUPUI JOURNAL

ENGAGE!

Co-created knowledge serving the public good

VOLUME 4 | ISSUE 2

IUPUI

COMMUNITY-ENGAGED RESEARCH ARTICLES CONT.

Read past issues of ENGAGE! and calls for submissions at:

HTTPS://ENGAGE.IUPUI.EDU/

Tragic hope at the cruel edge: Toward an appreciation of the everyday struggles of the displaced

Author

THU SƯƠNG THỊ NGUYỄN, Guest Editor

"On Exile" or "Hope Without Optimism"

We stand on an edge
Uncertain how we arrived here
On one side: denigration, despair, destruction
On the other: an abyss.

Arising from the abyss
Persistent piercing noise –
a cacophony of promises:
refuge,
a temporary place to rest,
a scornful unwelcome,
violence disguised as benevolence.

And Silence that envelopes –
not the peaceful kind,
the unsettling kind:
ambivalent,
uncertain,
without guarantees.

On the edge -
our choices are only ever risk
On the edge -
there is hope without optimism.

Tragic hope at the cruel edge: Toward an appreciation of the everyday struggles of the displaced[2]

Surrounded by deep dark waters – teetering on an edge in the South China Sea in a not-quite-sea-worthy fishing boat – my parents looked back toward a homeland on fire. Decades of war preceded that moment. Decades of exile followed. That war – long since ended – is still ever present.

All those years ago, my parents saw their world set on fire. Many might now suggest that the world is on fire. Set ablaze by violent conflict, intolerance and hate, shameful inequities, economic polarization and precarity, obscene consumption alongside extreme food insecurity, arrogant disregard and disrespect for the earth. Perhaps the kindling was the denuding of our moral resources and political will to gaze directly on the misery and destruction that we have wrought.

The office of the United Nations High Commissioner for Refugees (UNHCR) estimates that since 2021 more than 100 million individuals have been forced to flee their homes—which is likely a gross underestimate. Across the globe, this figure represents 1 in every 78 individuals. Of these, more than 40% are children. The professional and scholarly literature focused on refugees, migrants, asylees, stateless and displaced peoples tends to center

[1] I want to acknowledge that I borrow Terry Eagleton's book title here and draw from his work on hope without optimism.

[2] I want to acknowledge my spouse and colleague, Brendan Maxcy. Our partnership—together feeling out and working the edges, cruel and otherwise—enlivens my intellectual life and fortifies my spirit.

psycho-social conditions of those who suffer displacement and multiple dislocations. It asks: whether and how they are able to integrate into new "host communities;" whether return to their countries of origin is possible; what are the social, psychological, and health implications of protracted refugee status; etc. Far less attention is given to the ways these individuals and communities are treated as objects of containment within a human management project designed to administer global movement.

Dr. Mamadou Sy's allusion to the politically expedient treatment of those who experience the same conditions of displacement as alternately "refugee" and "migrant" (Sy interview, this issue) illustrates one way the human management project categorizes and contains "human objects" in order to efficiently manage flows of people and allocate meager resources. As Dr. Sy points out, certain aspects of this technical management of human flows typically receives bipartisan support. Moreover, media headlines suggest that even in the face of anti-sanctuary and anti-immigration efforts, individuals, communities, philanthropic and faith-based organizations, will pull together to welcome and assist refugees. What is obscured by such bipartisan support and popular human interest stories are the political and moral conditions that make it possible for us to look past the ways we've produced, multiplied, and populated the cruel edges of our social and material worlds.

In 2021, of the 90 million individuals who experienced forced displacement, 27.1 million were given the label "refugee" (UNHCR). Some 15,000 were resettled in the United States. The articles included in this issue of ENGAGE! provide windows into particular moments of exile. The pieces focus our attention on those who were allowed to resettle. They encourage us to move beyond technical knowledge and demand that we rehabilitate our atrophied empathy. They remind us of the persistent, severe, and compromised health conditions of those who have suffered protracted displacement, physical violence, oppression, exclusion, dislocation, and alienation. They point to social, historical, cultural, and political complexities that are often ignored in our rush to provide well-intended palliatives. They illuminate how our conventional and over-generalized framing of "problems" may interfere with the "intentional engagement" (Morse, this issue) of the diverse communities we hope to serve (Kameniar, et al, 2010).

Tu's personal essay highlights the complexities, contradictions, and unsettling conditions shaped by a legacy of imperialism and exile. These reverberate across generations and oceans and between a mother and daughter. Her essay demands that we read and sense the fragmentation of experience and anxious meaning-making born of divergent and haunted desires. In what may be viewed as a superficial endeavor – pageantry – Tu's account points to how pregnant with meaning are the practices and attendant labor for her, her mother, their communities. It provides a needed window on and a call for empathy after the immediate threat of violence and expulsion.

The condition of displacement is increasingly common. It will no doubt touch all of our lives as the global temperature and sea levels rise and as shores recede, as the strength and frequency of natural disasters increases, as violence continues unabated. Of what he called a "generalized condition of homelessness," Salman Rushdie wrote:

> The effect of mass migration has been the cre ation of radically new types of human being: people who root themselves in ideas rather than place, in memories as much as in material things; people who have been obliged to define them selves – because they are so defined by others – by their otherness; people in whose deepest selves strange fusions occur, unprecedented

[3] Data collected by UNHCR are obtained through a few organizations that use movement tracking systems. These systems are not fully capable of handling the massive population flows we have seen in modern times. Thus, system capacity can be overwhelmed. Such tracking systems are also limited in their access to routes and locations in unstable areas. Individuals are many times disinclined to provide information for a variety of reasons (e.g., safety of self, loved ones, etc.). Agency reporting of human movement is subject to political pressures to suppress accurate information.

unions between what they were and where they find themselves.

If Rushdie is right, if radically new types of human being are created in the wake of mass displacement, then perhaps in this moment we will find the courage to look directly upon the world ablaze in deprivation and despair. Perhaps in doing so we would recognize that the tens of millions of individuals currently "living" on the run, in temporary shelters, those who have spent years and even decades in organized refugee camps – even as they resist tyranny and oppression (Alwan, this issue) – are victims of a slow genocide.

How do we engage this world on fire? Perhaps, we will finally discard impotent (and sometimes dangerous) optimism in favor of "tragic hope" (Eagleton, 2015). As Eagleton argues, the former is grounded in cheery irrational belief while the latter demands reflection and strenuous commitment in the wake of defeat and the recognition that there are still battles to be fought. Perhaps we have suffered enough tragedy to finally awaken from the fantasy that things will improve because it cannot be otherwise.

As I ponder where to go from here, my parents occupy my thoughts. The weight of innumerable defeats experienced over and again as exiles and forever foreigners must have been near unbearable for them. My and my siblings' younger selves – our inabilities to empathize, to fully resist incomplete and unkind narratives about our parents, to squelch our own petty desires – no doubt compounded their pain and littered the edge they traversed with thoughtless shards of glass. Memories of their dignified struggle and their struggle for dignity on behalf of their family—families—are suggestive of what constitutes tragic hope. Their daughter's desires for their grandsons – Tâm Bình and Tâm Minh, my sunrise (bình minh) – to honor a legacy of living with dignity even as others who by dint of malice or benevolence would undermine that dignity, too illuminates the political clarity and cultural humility (Horton & Freire, 1990) required to recognize and engage the cruel edges.

For those working in and with communities that have long embodied and operated from spaces of tragic hope, I want to center different questions. Who constitutes "our" communities? Under what conditions might our notions of community expand or contract? How do we understand our responsibilities to those who are forcibly displaced? In what ways might we have mistaken infantilization for responsibility? Is it possible to shake our captivation with the horrors of the strife and its casualties that occludes the "dignified," quotidian, and necessary struggles that follow? In what ways does the allure of the spectacle shape our treatment of Others? Might we engage differently if we understood those at the edge as operating with agency, humanity, and dignity rather than as an enfeebled mass pushed to and over the edge?

References

Eagleton, T. (2015). Hope without optimism. New Haven, CT: Yale University Press.

Horton, M. & Freire, P. (1990). We make the road by walking: Conversations on education and social change. Philadelphia, PA: Temple University Press.

Kameniar, B. M., Imtoual, A., & Bradley, D. (2010). "Mullin' the Yarndi" and other wicked problems at a multiracial early childhood education site in regional Australia. Educational Policy, 24(1), 9-27.

How did this get to be OK in the U.S. of A.?

Author

ANDREA COPELAND, Co-Editor *ENGAGE!*

It seems every day there is another headline about immigration or the refugee crisis. Some leaders in the Republican Party have managed to turn a global humanitarian crisis into a political football here at home. Humans moving around the globe are in desperate situations trying to find food and safe harbor for their families. They are not wanting to harm others; they are wanting only to move themselves away from harm.

Sadly, the cultural wars in the United States are keeping political leaders from truly addressing issues that need to be studied and understood as if people's lives depended on it, because they do. Mostly, we have narratives promoting political agendas rather than an understanding of the economic, environmental, and cultural systems that are at work to create this period, a period in which we have more displaced persons than ever before. The United Nations High Commission for Refugees (2022) estimated that persecution, conflict, and human rights violations displaced 89.3 million persons in 2021.

How did a nation of immigrants become so divided on the issue of immigration?

In 2015, presidential candidate Donald J. Trump said this on the campaign trail: "When Mexico sends its people, they're not sending their best … they're sending people that have lots of problems, and they're bringing those problems with us. They're bringing drugs. They're bringing crime. They're rapists. And some, I assume, are good people" (Ye Hee Lee, 2015). He was elected thanks to the outdated electoral college, not the majority of voters. The fact that he could be elected by any means is deeply disturbing to me and numerous others.

Trump did not start the division, but rather tapped into existing xenophobia and racism already firmly rooted in our soil (Perea, 2020).

The inhumanity continues, in step with the 2022 midterm election cycle. In April 2022, the Governor of Texas, Greg Abbott, started busing migrants from Texas to D.C. and NYC. In September 2022, Governor of Florida Ron DeSantis used taxpayer dollars meant to support human beings during a time of need (the pandemic) to fly 48 migrants to Martha's Vineyard. All for the optics of Owning the Libs. (Note: DeSantis is currently under investigation by the US Treasury for misuse of federal funds for his stunt.) What does "Owning the Libs" mean, and why is it so important? It means ridiculing or frustrating others that do not agree with a far-right conservative agenda that often includes white supremacy as a point of pride. It's a making fun of, a bullying, a tearing down, in such a way as to quash serious conversation or debate by turning any disagreement into an opportunity to reduce or devalue another human being's perspective. It's so important because it's easier to tap into people's fear of difference than it is to do the hard work of finding solutions that make a difference in people's lives.

Who benefits from the cultural wars? It's a question we should be asking of ourselves and our politicians. It's certainly not the quickly advancing non-white majority in this country. You might be inclined to think White

nationalism is only a fringe element until you see that voting rights are being suppressed and gerrymandered into the hands of the White electorate (Li & Rudensky, 2022; Olumhense, 2022).

More Asians (28%) than Hispanics (25%) have migrated to the U.S. since 2009 (Budiman, 2020). Yet what are we hearing about every day? The Southern Border. The top 5 countries from which people are migrating to the US are overwhelming non-white. Why did Trump attack people from Mexico instead of India? What's happening here? Why does a country of immigrants embrace such political grandstanding? As of this writing, DeSantis is ahead of his rival in the polls for re-election this November by almost 10 points. How did this get to be OK in the U.S. of A.? Did immigration become more concerning to Americans as the ethnicities changed from European (my ancestors) to South and Central American, Caribbean, Arab and Asian?

With this issue of ENGAGE!, we are asking people to pause and think about those human beings in pursuit of a better a life, no matter the path they've taken to find it. In addition to research articles, we've included some other features that we hope will help you engage critically with the issue of immigration. An interview with Dr. Mamadou Sy from Lutheran Social Services of the National Capital Area (LSSNCA) discusses how important it is to work with local communities to create welcoming spaces for immigrants to thrive. Organizations like LSSNCA provide vital infrastructures of support for persons arriving in the US from just about every life circumstance one can imagine: real people dealing with real life.

Additionally, we have two features that are designed to counter, or at least balance, the narrative that migrants are unwelcome and threatening: Notes of Compassion and Annotated Bibliography. Immediately following this editorial is Notes of Compassion. These are headlines that were not promoted as breaking news or subjects of federal investigations. These headlines link to stories about communities embracing their new neighbors and welcoming the good these individuals can bring to the further development of the US. I invite you to click through them.

Next, there is Annotated Bibliography, which is a sampling of the types of thoughtful exploration that exists regarding the forced movement of humans around the globe. The Bibliography includes works for adults as well as younger readers. These lengthier works provide readers with the opportunity to delve more deeply into the worlds of displaced individuals and the challenges they face.

Graduate student in library and information science Jad Rea curated both items. Librarians, as professionals, are committed to promoting access to a diversity of viewpoints and encouraging the development of multiple literacies, including media literacy. Media literacy is defined as "the ability to access, analyze, evaluate, create, and act using all forms of communication. In its simplest terms, media literacy builds upon the foundation of traditional literacy and offers new forms of reading and writing. Media literacy empowers people to be critical thinkers and makers, effective communicators, and active citizens." (United States Media Literacy Week, 2022).

Public and school librarians, along with K-12 educators, have been under attack lately for promoting access to diverse viewpoints and encouraging critical thinking about issues in the media like racial justice, climate change, immigration, abortion and reproductive rights, gender identity, and sexual orientation (Corsillo, 2022). There is a growing demand to ban books in our schools, and these demands are increasingly at the organization level tied to either proposed or enacted legislation. Those seeking bans rely heavily on social media to

amplify their voices. Not surprisingly, most of the bans involve characters or issues related to LGBTQ+ individuals and persons of color (Friedman & Johnson, 2022).

Why is knowledge so dangerous? How did differences become so threatening? How did questioning those in power become so dangerous? Under whose authority did this get to be OK in the U.S. of A.?

In early October 2022, the Right to Read Act was introduced by U.S. Senator Jack Reed (D-RI) and U.S. Representative Raúl Grijalva (D-AZ-03). This act, if passed, would address equity of access issues related to school libraries and librarians. Additionally, it would reaffirm that First Amendment rights apply to school libraries.

A Right to Read Act, in the 21st Century, in the country that refers to itself as the leader of the free world? Clearly, there's work to be done. Let's do it learning together through listening to and caring for each other, as fellow humans.

These words and the opinions they present are mine alone and do not speak from my position of employment at Indiana University.

References

Budiman, A. (2020, August 20). Key findings about U.S. immigrants. Pew Research Center. https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/

Corsillo, G. (2022, August 14). When they came for the librarians: My profession is under attack — what happens now? Salon. https://www.salon.com/2022/08/14/when-they-came-for-the-librarians-my-profession-is-under--what-happens-now/

Friedman, J., & Johnson, F. N. (2022, September 19). Banned in the USA: The Growing Movement to Censor Books in Schools. Pen America 100. https://pen.org/report/banned-usa-growing-movement-to-censor-books-in-schools/

Li, M., & Rudensky, Y. (2022, September 29). How the Supreme Court's new gerrymandering case threatens the Voting Rights Act. https://www.brennancenter.org/our-work/research-reports/how-supreme-courts-new-gerrymandering-case-threatens-voting-rights-act

Olumhense, E. (2022, October 28). New US state voting laws present most intense voter suppression threat in decades. The Guardian. https://www.theguardian.com/us-news/2022/oct/28/state-voting-rights-election-laws-police-suppression

Perea, J. F. (2020). Immigration Policy as a Defense of White Nationhood. Georgetown Journal of Law and Modern. Critical Race Perspectives., 12, 1. https://www.law.georgetown.edu/mcrp-journal/wp-content/uploads/sites/22/2020/07/GT-GCRP200001.pdf

United Nations High Commission for Refugees. (2022). Figures at a glance. https://www.unhcr.org/en-us/figures-at-a-glance.html

United States Media Literacy Week. (2022) Media Literacy Basics. https://medialiteracyweek.us/resources/media-literacy-basics/

Ye Hee Lee, M. (2015, July 8). Donald Trump's false comments connecting Mexican immigrants and crime. The Washington Post. https://www.washingtonpost.com/news/fact-checker/wp/2015/07/08/donald-trumps-false-comments-connecting-mexican-immigrants-and-crime/

‘Sanctuary’ cities navigate migrant influx from GOP states

Ping-pong tourney resettled Afghans

Ukrainian refugees find sanctuary at Silver Bay YMCA

Afghan evacuees are being crushe Philly agency is trying to help.

Parents are trying to raise money for a bus to get local Ukrainian children to Philly school

5 Questions: Afghan refugees n Carlisle after wedding plans in Taliban takeover

More than the 'bare necessities': Church holds free yard sale for refugee families

How a Belfast teacher helped a Ukrainian counterpart escape war

Mer

On the one-year anniversary, State Depart thanks Philly for welcoming Afghan evacu

Local effort to help feed Ukrainian refugees

Hartford immigration rally calls for change, with chants of ‘down with deportation’

Hartford init representatio

Com Ukra

St. Louis leaders urge Washington to help Afghans stranded in Albania

One year after Tali resurgence, Pittsbu refugees settle cau stable living

Concert to aid refugee family in need of vehicle

Shady Side Academy junior honored for his volunteer work supporting area refugees

St. Louis pushes US to send n here. ‘We are ready.’


raises funds for
Anti-sanctuary city bill draws opposition from church, ACLU
d by grief. A
Carroll program welcomes international students displaced by war
narry in
terrupted in
English At Large celebrates achievements of local immigrants
Local Rotary clubs raise nearly $20K for Ukrainian refugees
idian students sell baked goods to support Ukrainian refugee families
Most Americans value immigration. Most politicians don't.
ment
ees
Ukrainian refugees make a new life in Whitefish
In their new Brattleboro home, Afghan refugees honor art destroyed by the Taliban
iative provides money for legal
n for residents facing deportation
Yakima City Council signs on to letter welcoming refugees to the U.S.
munity groups prepare for
ainian refugees
Randolph Reads: Literacy initiative focuses on immigrant stories
ban's
urgh's Afghan
tiously into
Free tablets and mobile phones: St. Louis takes another step Saturday in resettling Afghans
nore refugees
New city program to help low-income Providence residents navigate immigration system

References

(2022, June 15). Randolph Reads: Literacy initiative focuses on immigrant stories. Journal Sun (Randolph, MA). https://www.wickedlocal.com/story/journal-sun/2022/06/15/randolph-reads-literacy-initiative-focuses-immigrant-stories/7635251001/

(2022, June 16). English At Large celebrates achievements of local immigrants. Lexington Minuteman (Randolph, MA). https://www.wickedlocal.com/story/lexington-minuteman/2022/06/16/english-large-celebrates-achievements-local-immigrants/7645622001/

Alvarez, A. A. (2022, August 21). Afghan evacuees are being crushed by grief. A Philly agency is trying to help. The Philadelphia Inquirer. https://www.inquirer.com/news/pennsylvania/afghanistan-evacuation-mental-health-philadelphia-20220821.html

Benchaabane, N. (2022, August 30). St. Louis pushes US to send more refugees here. 'We are ready.' St. Louis Post-Dispatch. https://www.stltoday.com/business/local/st-louis-pushes-us-to-send-more-refugees-here-we-are-ready/article_d2c40e3b-5fd3-548f-b78d-893ad9739727.html

Bolan, M. (2022, April 18). Local Rotary clubs raise nearly $20k for Ukranian refugees. The Keene Sentinel (Keene, NH). https://www.sentinelsource.com/news/local/local-rotary-clubs-raise-nearly-20k-for-ukrainian-refugees/article_55b86964-6b28-5da7-9f14-4cb21f87067b.html

Bunch, J. (2022, August 21). One year after Taliban's resurgence, Pittsburgh's Afghan refugees settle cautiously into stable living. Pittsburgh Post-Gazette. https://www.post-gazette.com/local/city/2022/08/21/pittsburgh-afghan-refugees-adjustment-life-in-us-status-one-year-anniversary-taliban-afghanistan/stories/202208180122

Creason, N. (2022, June 29). 5 Questions: Afghan refugees marry in Carlisle after wedding plans interrupted in Taliban takeover. The Sentinel (Carlisle, PA). https://cumberlink.com/news/local/communities/carlisle/5-questions-afghan-refugees-marry-in-carlisle-after-wedding-plans-interrupted-in-taliban-takeover/article_9408ba34-db5a-11ec-807d-9f2b629a7a3a.html

Curtis, A. (2022, August 4). How a Belfast teacher helped a Ukranian counterpart escape war. Bangor Daily News (Bangor, ME). https://www.bangordailynews.com/2022/08/04/news/midcoast/belfast-teacher-helps-ukrainian-counterpart-joam40zk0w/

De Rugy, V. (2022, September 22). Most Americans value immigration. Most politicians don't. The Orange County Register (Orange County, CA). https://www.ocregister.com/2022/09/22/most-americans-value-immigration-most-politicians-dont/

Fawcett, E. (2022, March 2). Hartford immigration rally calls for change, with chants of 'down with deportation.' Hartford Courant. https://www.courant.com/news/connecticut/hc-news-immigration-rally-hartford-20220303-qgineql6anb33k7odavced4suy-story.html

Gagosz, A. (2022, August 4). New city program to help low-income Providence residents navigate immigration system. Boston Globe. https://www.bostonglobe.com/2022/08/04/metro/new-city-program-help-low-income-providence-residents-navigate-immigration-system/?p1=BGSearch_Overlay_Results

Gammage, J. (2022, September 30). Parents are trying to raise money to get local Ukranian children to Philly school. The Philadelphia Inquirer. https://www.inquirer.com/news/philadelphia/ukraine-school-bus-northeast-philly-20220930.html

Green, R. (2022, April 19). Anti-sanctuary city bill draws opposition from church, ACLU. The Keene Sentinel (Keene, NH). https://www.sentinelsource.com/news/local/anti-sanctuary-city-bill-draws-opposition-from-church-aclu/article_da5830fe-1527-5548-9f93-bd169c46946e.html

Griffin, J. (2022, August 15). On the one-year anniversary, State Department thanks Philly for welcoming Afghan evacuees. The Philadelphia Inquirer. https://www.inquirer.com/news/philadelphia/afghanistan-evacuation-philadelphia-refugees-resettlement-20220815.html

Hanz, J. (2022, October 12). Shady Side Academy junior honored for his volunteer work supporting area refugees. Carnegie Signal Item (Tarentum, PA). https://triblive.com/local/valley-news-dispatch/shady-side-academy-junior-honored-for-his-volunteer-work-supporting-area-refugees/

Hochsprung, G. (2022, June 12). Ukranian refugees find sanctuary at Silver Bay YMCA. The Post-Star (Glens Falls, NY). https://poststar.com/news/local/ukrainian-refugees-find-sanctuary-at-silver-bay-ymca/article_0ed6a-

Analyzing Perceptions of Community -Engaged Health Research Partnerships Comprising Hispanic Groups and Academic Allies in Indiana

Author

CINDY GIL, Office of Community Engagement, Indiana University-Purdue University Indianapolis (IUPUI)
KARLA ARMENTA, HealthLINK Center, San Diego State University Research Foundation
CAMILA ESPADA, Kelley School of Business, Indiana University-Purdue University Indianapolis (IUPUI)
LEONEL ONTIVEROS-SALINAS, Biology Student, Indiana University-Purdue University Indianapolis (IUPUI)
GERARDO MAUPOME, Richard M. Fairbanks School of Public Health, Indiana University-Purdue University Indianapolis (IUPUI)

KEYWORDS:

Community-engaged research (CER), Hispanic, public health, key informant interviews, dental care education

ABSTRACT

Objectives: To analyze perceptions about multiple community-engaged oral health research partnerships with various local Hispanic-serving institutions and community-based organizations occurring in Indiana from 2010 through 2020, via interviews with actors involved in those partnerships.

Methods: We designed key informant interview questions based on a literature review to inform the approach at synthesizing perspectives from community partners and academic allies. Statements were categorized using thematic analysis and grounded theory.

Lessons Learned: Forty percent of respondents stated that community-engaged research projects connect communities with educational information about dental care and low-cost resources. In terms of capacity building, about half of respondents felt these projects had a positive impact.

Conclusions: Community partners defined positive impact as increasing access to dental care educational resources, helping to enhance communication networks through social media with community partners, and contributing to local Hispanic health education through TV, internet, and radio partnerships. The partnerships uniting Hispanic groups and academic allies appear to have helped set a foundation of trust to support current and future efforts in Indiana.

INTRODUCTION

Community-based research is a collaborative approach to conducting scholarly investigations in which power is shared with, and engages, community partners in the process, always aiming to benefit the communities involved. This positive interaction may happen either through direct changes in the life of the community, and/or by translating research findings into subsequent interventions and policy changes (Israel et al., 1998). There are several different types of evaluation—process, impact, outcome, participatory, formative, and summative evaluations—and multiple data collection methods—quantitative and qualitative—that can be used to evaluate community-academic partnerships (Israel et al., 2012).

The present manuscript describes the findings from key informant interviews conducted to estimate the impact of multiple community-engaged research (CER) partnerships developed between Hispanic community groups and one group of academic allies in Indiana. We consider key informant interviews to be qualitative interviews because they are conducted with people who know "what is going on in the community," and are selected for their first-hand knowledge about a topic of interest (USAID, 1996). The main themes from the interviews purported to identify improved strategies for enhancing community partnerships, and further support a framework for the integration of findings into ongoing research projects.

METHODS

PROTECTION OF HUMAN SUBJECTS IN RESEARCH

Permission for data collection was approved by the Indiana University IRB (#1703740862, #1709401236). Key informant interview participants did not receive financial compensation for their collaboration.

METHODOLOGICAL CONSIDERATIONS

Various theoretical and conceptual models provide frameworks for understanding and assessing how community-engaged research (CER) partnerships operate, their impacts and their outcomes. Models such as "The Conceptual Logic Model of Community-Based Participatory Research" (Wallerstein & Duran, 2010) and other theoretical models (Lasker & Weiss, 2003; Schulz et al., 2003; Sofaer, 1999) outline how the structural characteristics of the partnership (e.g., attaining membership) influence the group dynamics of the partnership (e.g., communication, or conflict resolution). The partnership's programs and interventions determine the intermediate measures or characteristics of partnership effectiveness (such as the degree of member involvement), which in turn influence the extent to which a partnership achieves its ultimate outcomes or outputs (for instance, improved community health outcomes).

PLACING THE PRESENT ANALYTIC ENDEAVOR IN THE CONTEXT OF PRIOR APPROACHES

Our relationship with Hispanic-serving organizations developed through their involvement in past studies. Through these relationships, key leaders in the community were identified and asked to continue working with us to help disseminate resources and information (health education flyers and manuals) that emerged from our previous research projects. To determine the effectiveness of these partnerships we conducted evaluations to ascertain the effectiveness and sustainability of CER partnerships that may take different shapes and forms. Generally speaking, approaches that respect the types of interactions between partners, and that ensure balanced power relationships are preferred. One solid example of such an approach are key informant interviews as they may be used to explore in-depth perceptions and beliefs about CER. We summarize here salient CER experiences in the recent literature.

In one study, key informants shared their perspectives and impressions of medical research, as based on personal experiences or stories from other people (Rodriguez et al., 2013). Interview questions ranged from, "When I say the words 'biomedical research,' what do you think of?" to "Would you ever participate in this type of research?" Key informants were also asked if having this type of research was important in the community as well as if there were any group concerns about having this type of research in the community (Rodriguez et al. 2013).

The Tampa Bay Community Cancer Network (TBCCN), involving a cancer center and community-based

organizations is another example. It used a participatory evaluation approach to evaluate perspectives on adherence to CER principles, priorities for cancer education and outreach, and suggestions for sustaining TBCCN and its efforts (Simmons et al., 2015). Semistructured interviews were used to assess each organization's perceived role in the TBBCN partnership, both expected (e.g., "What were your expectations of TBCCN when you first became a partner?") and realized benefits of the partnership, and suggestions for network sustainability and partner capacity building (e.g., "In what ways do you think TBCCN can enhance efforts to improve community partner capacity/skills?") (Simmons et al., 2015).

We used both process and impact evaluation frameworks in a previous CER project which enabled community partners to reflect on the successes and challenges of the partnership. In that study, semistructured interviews were conducted with key stakeholders, revealing main themes relating to the process, quality, challenges and value of the partnership, including navigating and defining equitable roles, relationships, and expectations of the partnership and capacity building within community teams and with the university team (Stacy et al., 2014).

In another example, key informant interviews were used to measure the extent and impact of environmental change in three community-level obesity-prevention initiatives (Cheadle et al., 2010). Interviews with a range of community stakeholders were used as one of the short-term outcome evaluation methods. The interviews assessed the operations of coalition, documented the efforts made to change community environment, and assessed the impact of those changes on residents most directly exposed to obesity-prevention interventions (Cheadle et al., 2010).

In a case involving the Detroit Community Academic Urban Research Center (URC), the evaluation subcommittee involved academic and community partner representatives. They designed and conducted in-depth, semistructured interviews to assess the process by which the URC had developed and worked toward meeting its objectives and to assess the impact of the partnership (Israel et al., 2012). The topics covered included expectations and hopes for the first year of the partnership and whether they were met; major accomplishments, barriers, and challenges and recommendations for meeting them; personal knowledge or skills gained; tangible benefits from an organization's affiliations with the URC; and examples of exchanges of information or assistance or support between partner organizations (Israel et al., 2012).

CHOICE OF ASSESSMENT STRATEGIES

Different approaches are used to design one-on-one qualitative interviews, varying with the degree of formality or informality required, the use of fully specified questions or topic guidelines, and the degree of flexibility in phrasing questions (Patton, 2002). Despite the different approaches, an emphasis is placed on asking open-ended questions, with follow-up probes as necessary, allowing a respondent to provide an in-depth explanation of the issues being addressed. Patton (2002) noted other aspects should be considered, including whom to interview, where to conduct the interview, recording, note-taking, informed consent, confidentiality, and approaches for data analysis. Furthermore, evaluation tools have assessed the effectiveness of CER projects using start-point, mid-point, end-point, and post-project evaluations. Examples of indicators used at start-point evaluations include community capacity, organizational capacity, and historical context of collaboration. Indicators in process evaluations could inquire about involvement in recruiting study participants, collecting data, and interpreting study findings. Indicators in output and outcome evaluations might include academic publications, community presentations, and community

and organizational development (Nash, 2016).

Our approach was simpler, aiming to incorporate a wider perspective of CER between long-standing community partners and academic allies that encompassed several projects carried out between 2010 and 2020. The academic allies have largely amalgamated around a research program led by Gerardo Maupomé. The various CER projects have focused on oral health, oral health knowledge, perspectives on dental care and access to dental treatment; general health and mental well-being; food/drinks/snacks choices; the architecture and evolution of social networks in well-established and in recent Hispanic immigrants to Indiana (Maupomé et al., 2016; Maupomé et al., 2016; Pullen et al., 2018; Lopez-Owens et al., 2018; Pullen et al., 2019) including various aspects of acculturation and integration, such as use of language, adherence to new and old social and cultural traditions, and psychosocial interpretation of the world; and socio-economic-demographic variables. Because of the diversity of CER projects over several years, it was unfeasible to conduct start-point, mid-point, end-point, and post-project evaluations for each project. A mosaic of projects were considered to estimate the perceptions of impact of outcomes over the 10 years of such CER collaborations (Appendix 1).

Description of Partnerships Involved in the Present Analytic Enterprise

We have gathered extensive data over 10 years of robust CER collaborations. While this poses a challenge for us to describe in detail each individual partnership, a content analysis following principles of grounded theory unearthed some common themes. Each partnership followed general features that have been replicated over discrete CER endeavors. Namely,

1. The academic allies maintained a fluid exchange and collaborations on non-CER related aspects, e.g., sharing information about funding resources that might be attractive to community groups. The flow of information also included pieces relayed in the opposite direction, i.e., from community groups to academic allies.

2. Community groups encompassed multiple entities. Specifically, Hispanic businesses, employers with large Hispanic populations, parishes and temples with substantial Hispanic congregations, parochial schools affiliated with such parishes; community advocacy groups; informal and formal networks targeting recent immigrant families, with community workers and volunteers being charged with supporting assimilation of children to American education systems (academic level, remedial efforts, and language acquisition).

3. Community groups participated in various CER projects over the years – some only once, others multiple times. The availability of community groups' resources, transition periods, financial health, and other varying factors led to the opportunity and the willingness to participate.

4. Community members were always compensated for their time, with childcare and refreshments often being available.

5. Community members were always compensated for their time, with childcare and refreshments often being available.

6. Community members had substantive input in the creation of scholarly products and chose whether or not to be part of the authors' line up.

Explicit efforts were always present to engage community groups on an equal footing for research design with academic allies. Some specific examples of this include monthly (for local partners) or quarterly (for partners throughout the state) visits to their community sites and communication via email on research progress.

STUDY DESIGN AND POPULATION

The key informant interview questions were developed based on a literature review and discussions with the team of community groups and academic allies. An interview script was created and translated into Spanish. Three areas were identified: research process evaluation, perceived value of research for the Hispanic community, capacity-building strategies to further engage community, and preferred research format for working with Hispanics. The team postulated that there are unique characteristics of Hispanic immigrants compared with other minoritized populations. It was our goal to gain greater insight into how to better design, cocreate, and conduct CER with Hispanics living in Indiana. The interviews focused on research programs involving Hispanic communities from Mexico, El Salvador, Guatemala, and Honduras, which made up most of the Hispanic population in the area during those years.

DATA COLLECTION AND VARIABLES

To collect data, two university students were trained to complete key informant interviews. The interviews were conducted over the phone in either English or Spanish. Eligibility criteria for interviewees were a) to be a leader in the Hispanic community or an academic ally, b) be of Hispanic ancestry, and/or c) to have participated in any of the CER projects. Twelve key informants were recruited through an email invitation, identified from a list of community partners and academic allies and having been involved currently or in the past as supporting programs addressing health and wellness of Hispanics. The phone interviews took place over a two-week period following the email invitation. If no response was received, a follow-up call was made to make sure questions or concerns were addressed. The original number of planned interviews was 12, and 10 were conducted. Interviews lasted 25 to 30 minutes and were audio recorded, and responses were transcribed.

INTERVIEWS

Key informant interview consent was obtained at the beginning of the interview. No personal identifiers were collected. Key informants were informed that the interview would be recorded to ensure the collection of accurate information. While most interviews were conducted in English a few key informants preferred conducting their interviews in Spanish. Using a prepared script (Appendix 1), participants were encouraged to expand their responses and provide details when appropriate and were allowed time to think about the questions and responses. The script presented questions related to capacity-building efforts, CER related to oral health, and practices for building engagement through CER. Each key informant was interviewed individually.

Interview core statements were categorized by staff. A number of the questions were met with a "Do not know" answer, or "I have no information specific to this question." Rather than considering these categories as ambiguous, we believe respondents felt at ease to answer frankly during the interview. In this perspective, where respondents did answer the remainder of questions, that information did in fact signify first-hand experience, or carefully weighed responses to the standardized questions. Respondents were encouraged to speak about their experiences and recollections of the projects, and they were told to omit answers for any reason they felt appropriate (e.g., respondents were not involved in that aspect of the project or did not know about it).

DATA ANALYSIS

Transcribed interviews were thematically analyzed using grounded theory. We developed a codebook, with emerging categories driven by the narratives. Simple frequencies and proportions of categories were calculated from the aggregated collection of categories across all respondents.

Results

The following is a description of the key informant participants. A total of 10 participants (each representing a local Hispanic-serving institution or community-based organization) took part in the impact assessment study (seven female and three male). Five had directly worked as partners with the CER team, and all reported that they enjoyed working with the team. Below we present the themes that emerged during key informant interviews.

Most positive aspects of project

Forty percent of respondents stated that the CER studies mentioned served to connect communities with educational information about dental resources. Another 40% of respondents stated that the CER projects increased the Hispanic public's knowledge of dental care.

Project success

The CER projects had a positive impact among the Hispanic community in Indiana, according to 40% of key informants.

Feedback from community members

Forty percent of respondents indicated they received positive feedback from community regarding CER experiences. In fact, two respondents shared stories of clinicians making use of the educational material developed through an oral health education manual.

Contribution to building capacity

When asked if the CER studies contributed to building capacity in the Hispanic community, 60% of respondents confirmed they believed those projects in fact did so. Respondents were allowed complete control in describing how "building capacity" emerged from their views. Specifically, two key informants indicated that community members shared that the CER experiences helped to educate and connect the community to free or low-cost dental care services. We learned of the need for health educational resources from previous research projects and materials were developed with the participation of community. These resources are now used by the community to share health knowledge.

Local assets and resources

Key informants pointed to the potential to collaborate with other projects or groups who have similar goals of advancing health education among the Hispanic community. Others indicated that concrete dental care resources were most helpful.

Activities you believe have increased a community's knowledge of health topics

Informants shared that the oral health manual was helpful in increasing the community's knowledge of health topics. Additionally, community partners recognized that the CER team has done strong work in outreach, promotion of findings from the studies, and recruitment of individual CER study participants.

Improved process of building capacity

Key informants had various suggestions for how the research team could continue to build capacity in the Hispanic community. In fact, 40% stated that the CER team could work more closely with community partners, and 50% stated that the best way to conduct CER data collection was face-to-face. This supports consistent use of surveys done one-on-one. It was reassuring to find that 60% of participants thought that community interests were represented throughout the CER projects.

Community partners would like to receive more information about the status of current CER projects. It is clear that community members see value in the approach and initiatives, thus supporting this involvement. Suggested ways to further involve the community include providing updates and information about the events the CER team will attend. 40% of informants shared they would like to receive updates about the progress of CER projects.

EDUCATION AND KNOWLEDGE

Increasing access to dental health education was identified as vital by many key informants. Forty percent of respondents shared that through the CER projects listed, the community was able to receive educational information about dental care. Specifically, the navigation manual was utilized by the community. Clinicians provided examples of how patients used this resource to advocate for themselves during dental visits. The value of having resources that speak to targeted Hispanic communities has proven effective, rather than attempting to provide 'one-size-fits-all' resources meant to address concerns across all Hispanic communities. In the case of the navigation manual, this resource focused on newcomers from Central American countries (Guatemala, El Salvador, and Honduras), utilizing language and cultural nuances specific to this population.

Figure 1: A guide for the care of teeth and mouth for communities from Guatemala, El Salvador, and Honduras. The guide currently is being used by community partners throughout the state.

Another common theme gathered from the key informant interviews is that in order to continue making a difference for patients in dental care, Hispanic communities need to learn about dental care options. By collaborating with partners throughout the state, the CER team has compiled a list of low-cost or free dental care resources. This list is periodically updated, openly disseminated, and also provided to community members as requested. Key informants verified that this resource has been invaluable to increase the agency of individuals to have greater knowledge and advocacy tools to negotiate their way around dental care challenges

The value of having resources that speak to targeted Hispanic communities has proven effective, rather than attempting to provide 'one-size-fits-all' resources meant to address concerns across all Hispanic communities. In the case of the navigation manual, this resource focused on newcomers from Central American countries (Guatemala, El Salvador, and Honduras), utilizing language and cultural nuances specific to this population...Hispanic communities.

DISCUSSION

This is a qualitative analysis of perceptions about various research projects. Based on the variety of impressions derived from the key informant interviews, we learned that community groups and academic allies are aligned in the process of CER knowledge and resource cocreation of dental health education and local dental care resources. The CER partnerships seem to have led to more Hispanics living in Indiana gaining greater understanding about access and awareness of dental care. Through shared CER involvement, community groups take part in the decision making and shaping of research agendas, and academic allies

gain greater clarity to guide future directions and engagement opportunities with the community. CER partnerships therefore can facilitate further engagement opportunities as directed by community leaders. Additionally, engagement should be sustainable through simple and accessible communication with community stakeholders, facilitated through paper and e-newsletters, open forums or roundtables, as suggested by community partners.

However important our estimates may be, some methodological considerations apply to the straightforward design we created. While key informant interviews provide rich information and contribute to an enhanced understanding of evaluating community-academic partnerships, they are labor and time intensive, requiring resources and skills on the part of the interviewer (Patton, 2002; Israel et al., 2012). Additional challenges include the time constraints on the community partners, the degree to which members of a CER partnership have input into the design, implementation and interpretations of the partnership's evaluation, and whether the evaluation should be led by an individual or team external and without a vested interest in the partnership (Israel et al., 2012). Perhaps of greater importance is the need to recognize that the evaluation methods used, and the questions asked in partnership and impact evaluation, may need to evolve over time as a CER partnership evolves. Tolma et al. (2009) describe how community-academic partnerships go through different phases or stages and the dimensions that need to be evaluated change over time. Within the constraints of our approach, it appears that shared power and capacity building can be estimated through assessment efforts such as the present perception analysis. CER lessons may be used to support the implementation of actionable processes where new knowledge can be generated by both academic allies and community members, leading to aligned and improved partner practices that support better health access and equity.

Additionally, engagement should be sustainable through simple and accessible communication with community stakeholders, facilitated through paper and e-newsletters, open forums or roundtables, as suggested by community partners.

Together with other peer-reviewed and public announcements resources derived from the research enterprise under analysis, we aim to offer practical advice and real-world resources to support the acquisition of community-relevant tools. The following are the key takeaways from the present report:

1. Hispanic community partnerships can serve as a tool for enabling communities accessing resources.

2. Through key information interviews we learned how community – through descriptions in their own words – benefitted from past community-engaged research projects, and also about areas that need improvement.

3. Connecting to various levels of the community, above and beyond the specific goals of the research project, is a vital part of a community-engaged research partnership.

ACKNOWLEDGMENTS

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health, Indiana University, nor that of the Richard M. Fairbanks School of Public Health.

The authors gratefully acknowledge the partnerships with numerous community members, multiple Hispanic groups, and various entities over the years, as well as the time invested by the key informant interview participants in conducting this assessment.

Appendix 1

Key unformant interview guide

Informant Code:
Interviewer Name:

Date:

Location of Interview:

Interview Start Time:

Interview End Time:

Introduction

Hello. Thank you for agreeing to participate in this interview to help us evaluate your partnership with a community-engaged research (CER) project. You are being asked to participate because you are a valued member of the community or an academic ally in current or past CER projects. The purpose of this interview is to facilitate a reflection and evaluation of the CER project and your partnership. We are asking these questions to learn about your experiences, so that we can better understand how the projects perform, and how it can be improved to better meet its mission.

Everything you say will be strictly confidential and anonymous. We value your insight and expertise, so we'd like you to share, in your own words, the successes, any challenges, as well as any outcomes that you feel may have come from this CER project and your role. There is no right or wrong answer to any of the questions that I will be asking today. The interviews will be audio-recorded and transcribed by a member of our research team.

Let's begin.

Demographics

1. Please describe your role in the community or the academic organization.

Process Evaluation Overall Assessment of the CER projects.

1. Could you briefly describe your knowledge of or role in the CER projects led by Gerardo Maupome, which you have collaborated with?

2. What were the most positive aspects of your involvement with the CER project?

3. In your opinion, how successful was the CER project in the community? Did it add to the Hispanic community's knowledge of health issues?

4. In what ways is the CER project benefiting the community, or has benefitted it? Probe: How could the CER project improve its benefits to or value in the community?

5. What feedback, if any, did you receive from community members regarding the CER project?

Capacity Building

1. Do you believe that this CER project contributed to building capacity in the Hispanic community? (capacity building: allows individuals and organizations to perform at a greater level)

Yes/No

Probe: Please explain. E.g. Increase knowledge

2. To what extent and how has the CER project helped community organizations and members recognize and work with their assets and local resources?

3. If applicable, which activities do you believe have increased a community's knowledge of health topics as a result of the CER project?

4. Looking forward, what suggestions do you have to improve the process of building capacity within your community?

Research

1. What do you believe is the best way to do CER with the Hispanic community?

2. Do you think that community interests have been represented and assured in the CER project?

Probe: Please explain why or why not.

Overall Impression

1. Given your experience with the CER project, what advice do you have for us in the future?

2. Do you have any other comments and/or questions you feel are important to you as a key informant of this impact assessment?
Probe: If yes, please describe.

References

Cheadle, A., Samuels, S.E., Rauzon, S., Yoshida, S.C., Schwartz, P.M., Boyle, M., Beery, W., Craypo, L., & Solomon, L. (2010). Approaches to measuring the extent and impact of environmental change in three California community-level obesity prevention initiatives. American Journal of Public Health, 100(11), 2129–2136. https://doi.org/10.2105/AJPH.2010.300002

Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of community-based research: assessing partnership approaches to improve public health. Annual Review of Public Health, 19(1), 173-202. https://doi.org/10.1146/annurev.publhealth.19.1.173

Israel, B.A., Eng, E., Schulz, A.J., Parker, E.A. (2012). Methods for community-based participatory research for health. 2nd ed. [eBook edition]. Wiley. http://ebookcentral.proquest.com/lib/iupui-ebooks/detail.action?docID=918182

Lasker, R.D., & Weiss, E.S. (2003). Broadening participation in community problem solving: A multidisciplinary model to support collaborative practice and research. Journal of Urban Health: Bulletin of the New York Academy of Medicine, 80(1),14-47; discussion 48-60. https://doi.org/10.1093/jurban/jtg014

Lopez-Owens, M., Starkey, K., Gil, C., Armenta, K., & Maupomé, G. (2018). The VidaSana study: Recruitment strategies for longitudinal assessment of egocentric Hispanic immigrant networks. International Journal of Environmental Research and Public Health, 15(12), 2878.

Maupomé, G., McConnell, W.R., & Perry, B.L. (2016). Dental problems and Familismo: Social network discussion of oral health issues among adults of Mexican origin living in the Midwest United States. Community Dental Health, 33(4), 303. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5457701/

Maupomé, G., McConnell, W.R., Perry, B.L., Marino, R., & Wright, E.R. (2016). Psychological and behavioral acculturation in a social network of Mexican Americans in the United States and use of dental services. Community Dentistry and Oral Epidemiology, 44(6), 540-548. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7844983

Nash, C. (2015). Evaluating community based participatory research. Community Engaged Scholarship Institute. https://atrium.lib.uoguelph.ca/xmlui/handle/10214/8902

Patton, M.Q. (2002). Qualitative research & evaluation methods. Sage.

Pullen, E., Perry, B.L., & Maupomé, G. (2018). "Does this look infected to you?" Social network predictors of dental help-seeking among Mexican immigrants. Journal of Immigrant and Minority Health, 20(2), 399-409.

Pullen, E., Perry, B.L., & Maupomé, G. (2019). Talking about teeth: Egocentric networks and oral health outcomes in a Mexican American immigrant community. Advances in Medical Sociology,19, 105-122. doi: 10.1108/S1057-629020190000019006

Rodriguez, E.M., Torres, E.T., Erwin, D.O. (2013). Awareness and interest in biospecimen donation for cancer research: Views from gatekeepers and prospective participants in the Hispanic community. Journal of Community Genetics, 4(4), 461-468. https://doi.org/10.1007/s12687-013-0152-2

Schulz, A.J., Israel, B.A., & Lantz, P. (2003). Instrument for evaluating dimensions of group dynamics within community-based participatory research partnerships. Evaluation and Program Planning, 26(3), 249-262. https://doi.org/10.1016/S0149-7189(03)00029-6

Simmons, V.N., Klasko, L.B., Fleming, K., Koskan, A.M., Jackson, N.T., Noel-Thomas, S., Luque, J., Vadaparampil, S., Lee, J., Quinn, G., Britt, L., Waddell, R., Meade, C., Gwede, C., & Tampa Bay Community Cancer Network Community Partners. (2015). Participatory evaluation of a community-academic partnership to inform capacity-building and sustainability. Evaluation and Program Planning, 52,19–26. https://doi.org/10.1016/j.evalprogplan.2015.03.005

Sofaer, S. (1999). Working together, moving ahead: A manual to support effective community health coalitions. School of Public Affairs, Baruch College. https://www.rchnfoundation.org/wp-content/uploads/2015/07/Working-Together-Moving-Ahead-Shoshanna-Sofaer-1.pdf

Stacy, E., Wisener K., Liman, Y., Beznosova, O., Lauscher, H.N., Ho, K., & Jarvis-Selinger, S. (2014). Community-based research in action: Tales from the Ktunaxa community learning centres project. Progress in Community Health Partnerships: Research, Education, and Action, 8(3), 281–290. https://doi.org/10.1353/cpr.2014.0044

Tolma, E.L., Cheney, M.K., Troup, P., & Hann, N. (2009). Designing the process evaluation for the collaborative planning of a local turning point partnership. Health Promotion Practice, 10(4), 537-548. https://doi.org/10.1177/1524839907311574

USAID Center for Development Information and Evaluation. (1996). Performance monitoring and evaluation tips: Conducting key informant interviews. USAID. http://pdf.usaid.gov/pdf_docs/PNABS541.pdf

Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. American Journal of Public Health,100(S1), S40-S46. https://doi.org/10.2105/AJPH.2009.184036

Assessing Functional and Comprehensive Health Literacy in a Syrian Refugee Community

Author

MENTALLA ISMAIL, Founder & Executive Director | Refuge Collaborative, Cincinnati, Ohio

KEYWORDS:

Health Literacy, Refugee Health, Curriculum, Accessibility, English as a New Language (ENL), Intervention

ABSTRACT

Newly resettled refugees have poorly managed acute and chronic health conditions as a result of their migration experience. To add to an already complex experience, poor health literacy complicates effective utilization of healthcare among these communities (Wångdahl et al., 2014). Health literacy has been described in the literature as one of the key determinants of and potential barriers to optimal health (Kickbusch, 2001). Anecdotally, health literacy curricula have been implemented in other low-literacy communities with success. Yet there are very few known structured curricula built into the resettlement experience in the United States (U.S.), and even fewer have been described in the literature.

In collaboration with Closing the Health Gap and Refuge Collaborative, a six-week health literacy curriculum was developed and disseminated in adult Syrian refugee populations within the Greater Cincinnati Area. Using a pre-post intervention design, I aimed to assess the baseline health literacy of newly resettled adult refugees in the Greater Cincinnati Area and evaluate the effectiveness of the health literacy curriculum in improving the functional health literacy of these communities. This pilot study informed the development of a health literacy curriculum aimed at high school refugee students enrolled in Cincinnati Public Schools.

Establishing the effectiveness of such a curriculum has the potential to have far-reaching impacts on other refugee communities undergoing the resettlement experience. Other communities experiencing low health literacy, such as African Americans, may also benefit from a similar curriculum. Most importantly, improved health literacy can indirectly translate into more effective health care utilization and lead to overall better health outcomes for disadvantaged communities.

BACKGROUND

There are over 25 million refugees registered worldwide, over half are under the age of 18 (UNHCR, 2019). By the end of 2017, there was approximately 287,000 refugees living in the U.S. (UNHCR, 2019). Ohio is the third most frequent resettlement site in the U.S. (Hong et al., 2017). Due to the disruption caused by the sociopolitical forces and events that led to migration, many refugees suffer from poorly managed acute and chronic health conditions, as well as lack of access to consistent education and employment that can help empower them to be self-sufficient in their new communities. As a result, refugees struggle to attain optimal health outcomes and effectively access health care services even after resettlement.

Assessing this populations' health needs greatly differs depending on their country of origin. Having lived in polluted refugee camps for years, migrants present with weak immune systems, hepatitis B, tuberculosis, and other issues that have compromised their health (Wångdahl et al., 2014). Upon resettlement into the U.S., public health departments treat these infectious diseases during a "domestic health assessment." However, little to no attention is paid to treating chronic and mental health issues (Refugee Processing Center, 2014-2019). While speaking with participants for this study, many of them expressed the inhumane conditions of the camps they lived in. One participant's family of seven shared a small tent, having to sleep on tarp covering the soil terrain. Another shared the stories of discrimination she faced due to her hijab, a visible symbol of her religious beliefs.

Poor mental health is cited as a persisting determinant in refugee health (Hong et al., 2017). The World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR) share responsibility for refugee health (Hong et al., 2017). However, due to the scarcity of services and inability to coordinate national efforts, this population remains vulnerable to persistent mental health issues. This can be accredited to a combination of the burden of migration, socio-economic factors, lived experiences, and the uncertainty of resettlement. Prolonged mental health issues are also attributed to the duration of the time seeking asylum takes (UNHCR, 2019). Throughout the duration of the study, one family's story has persisted as a reminder of the devastation caused by a lack of mental health services for those seeking asylum. A family of four fled from Syria to Turkey to escape the war in 2011. The only way out of Syria for them was through smugglers who promised an escape to Turkey. The oldest of the family's two daughters was paralyzed from the waist down since birth and could not endure the journey. Choosing between war or survival the family decided to split, with the youngest daughter and father fleeing while the mother and older daughter stayed behind.

Recent studies attribute refugee mental health issues to post-migration conditions. Due to the high influx of migrants, addressing the responsibilities of the receiving countries to provide health services has resulted in anti-migrant and anti-refugee sentiment. Many feel that refugees are taking advantage of the welfare services in their receiving countries, and do not necessarily believe that countries have to accommodate these migrants (Nutbeam, 2008). The American public has had a long history of not welcoming refugees (Ng et al., 2010) as shown by the data in Figure 3. This consensus amongst American voters created an opposition in reception of responsibility for the well-being of asylum-seekers. This opposition breeds a hostile environment, which in turn contributes to the mental health distress of these individuals. This study was conducted in 2019 when Donald Trump was residing in office. Participants did not feel safe or welcome within their communities. It was extremely difficult to champion mental well-being through health literacy with Syrian refugees at a mosque when so much anti-Muslim and anti-refugee rhetoric was on display constantly.

Health literacy has been identified in the literature as a key determinant and potential barrier to health (Nutbeam, 2008). There are two forms of health literacy described in the literature (Sorensen et al, 2012). Functional health literacy (FHL) is defined as an individual's ability to read information about health that is necessary to function effectively as a patient in that health care system. Comprehensive health literacy (CHL) is defined as an individual's knowledge and competency "to access, understand, appraise, and apply health information in order to make judgments and decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course" (Sorensen et al., 2012, para. 17). Refugees and migrants have been

shown to have relatively poor health literacy due to a combination of factors such as communication/language barriers and different cultural perspectives of health (Wångdahl et al., 2014). One study focusing on the relationship between health literacy of migrant parents and their utilization of pediatric emergency departments reports that one in every three parents misuse emergency services due to low health literacy (Wångdahl et al., 2014). Refugees are not the only demographic effected by low-literacy rates. In 2003 it was reported that 36% of adults in the U.S. have limited health literacy. With lower literacy rates being higher for minority populations as well as individuals living in poverty (American Institutes for Research, 2003). The National Assessment of Adult literacy observed that 58% of African Americans had limited or inadequate health literacy in comparison to 28% of whites (American Institutes for Research, 2003).

METHODS

Implementation of this intervention occurred at the Islamic Center of Greater Cincinnati in the Fall of 2019. The participants were a group of 17 Syrian female adult refugees enrolled in an English Second Language (ESL) course offered through the Islamic Center. The participants' primary language is Arabic. While the curriculum was created in English, it was translated in Arabic as needed for their understanding and facilitation of discussion. The pre- and post-surveys were also translated and anticipated to be administered in Arabic.

The curriculum consisted of six modules which were disseminated weekly over a period of six weeks. Each session was one hour in length. The modules created covered various basic but essential components of health literacy, including how to access health services, various types of health care, and where to find them, health insurance, patient rights, medication and refill attainment, and the importance of preventive care (i.e., primary care) in maintaining overall health. Module descriptions can be found in Table 2.

Participants were expected to complete pre- and post-intervention surveys aimed at assessing their functional and comprehensive health literacy. The Functional Health Literacy Scale (FHLS, Appendix A) is comprised of five questions with five semistructured response categories: never, seldom, sometimes, often, and always. The Comprehensive Health Literacy Scale (CHLS, Appendix B) is comprised of five semistructured response categories: very easy, easy, difficult, very difficult, and don't know. However, due to the COVID pandemic the weekly sessions were halted after week 4 and a post-intervention survey was not administered.

Measurement of functional and comprehensive health literacy was done using two validated scales, which were adopted from a health literacy study in Sweden. Dr. Josefin Wångdahl allowed permission of use of her validated health literacy scales. Both scales were translated in Arabic.

The Swedish Functional Health literacy scale (S-FHL), Appendix A, attributes response categories of "Never" or "Seldom" to having sufficient health literacy, while responses of "Often" or "Always" lead to inadequate health literacy. A participant's response of "Sometimes" to at least one question coupled with no response of "Often" or "Always" is attributed to having problematic health literacy. The Arabic S-FHL is referenced in Appendix C.

The European Health Literacy Questionnaire (HLS-EU-Q16) was used to assess comprehensive health literacy. The 16 questions in this survey, seen in Appendix B, focus on the following four health literacy dimensions: ability to access/obtain health information, understand health information, ability to process/appraise health information and ability to apply/use health information. The HLS-EU-Q16 index scale is as follows: responses of "Fairly Easy" and "Very Easy" result in a score of 1. Responses of "Fairly Difficult" and "Very Difficult" result in a score of 0. Responses of

"Don't Know" result in a score of missing. The Arabic HLS-EU-Q16 is referenced in Appendix D.

These participants also served as part of a focus group informing the development of a remote adolescent refugee health literacy curriculum. Using the Adult Refugee Health Literacy curriculum as a framework a seven-module curriculum aimed at high school refugee students was created. "Lifestyle" and "mental health" modules were added in order to better address common health topics for this demographic. These modules were created to be taught remotely in order to accommodate distance learning due to the COVID pandemic. Module descriptions can be found in Table 3.

Figure 1: Students working with their Refuge-UC mentor to brainstorm ideas to promote COVID-19 vaccinations within their community as part of Refuge Collaborative's health promotion initiative

RESULTS

The pre-intervention survey results concluded that the majority of the Syrian adult refugees surveyed had inadequate levels of FHL and CHL. Table 1 shows that 64.7% of participants had inadequate functional health literacy while 82.4% had inadequate comprehensive health literacy. None of the participants had sufficient functional or comprehensive health literacy. 52.9% of participants were between the age range of 25-44.

The adult Syrian refugee curriculum was comprised of six modules. Table 2 shows the health topics covered and their descriptions. These modules were informed by healthcare professionals and refugee medical students. This curriculum covers the following health topics: introduction to health, health care resources, prescriptions, health insurance, preventative care, and ethics.

Based on the discussions and field notes recorded during the intervention at the Islamic Center it was observed that a majority of female Syrian refugees rely on their children to navigate the healthcare system for them. This informed the development of an adolescent refugee health literacy curriculum. Table 3 lays out the curriculum for this demographic which is comprised of seven modules. These modules cover the following health topics: introduction to health, lifestyle, prescription, mental health, health insurance, preventative care, and ethics.

Proportions of FHL & CHL	
Variables (N=17)	
	Total N (%)
Gender	
Female	17 (100)
Age	
18-24	5 (29.4)
25-44	9 (52.9)
45+	3 (17.6)
FHL	
Inadequate	11 (64.7)
Problematic	6 (35.3)
Sufficient	0
CHL	
Inadequate	14 (82.4)
Problematic	3 (17.6)
Sufficient	0

Table 1: Pre-Survey Functional & Comprehensive Health Literacy Results

Adult Syrian Refugee Health Literacy Curriculum						
Week	1	2	3	4	5	6
Topic	Introduction to Health	Health Care Resources	Prescriptions	Health Insurance	Preventative Care	Ethics
Description	Pre-survey administered. Overview on the topic of health and discussing common health issues and conditions.	Module covers health care resources in the Greater Cincinnati Area. Pharmacies, Clinics, Urgent Care, Hospitals, how/where to find medical information and low-income resources.	Module discusses over the counter medications, common pharmacies in the area and operating times. Practicing how to read a prescription label.	Module covers how insurance works, common free health clinics Cincinnati, how to get health insurance, different types of insurance, where you can use health insurance and how to read insurance card. Covers situations where patient is uninsured.	Module covers primary care physicians, vaccinations, dental hygiene, vision care, annual wellness checkup. Includes information about common diagnostic tests and how to obtain them.	Post-survey administered & curriculum wrap-up. Module covers ethics of healthcare and patient rights. Includes information about patient translators and obtaining translated medical documents.

Table 2: Adult Refugee Health Literacy Curriculum

Adolescent Refugee Health Literacy Curriculum							
Week	1	2	3	4	5	6	7
Topic	Introduction to Health	Lifestyle	Prescriptions	Mental Health	Health Insurance	Preventative Care	Ethics
Description	Pre-survey administered. Overview on the topic of health and disucssing "what is health". Module covers common medical terminology in the form of illustrations as well as common diseases the students should be aware of.	Covers Sexual Education, Drugs and Alcohol and Nutrition & Fitness. Emphasizing the importance of a healthy lifestyle. Sexual Education is split by gender.	Module discusses over the counter medications, common pharmacies in the area, and the role of a pharmacist in obtaining medications. Includes how to read a prescription label activity.	Mdoule covers mental health stigma & ways to combat it, signs of poor mental health, how to practice self-care, and resources to utilize if mental health becomes an issue. Includes activity for students to discuss their emotions as well as practice giving empathetic responses.	Module covers American healthcare system including how insurance works and common free health clinics in the Greater Cincinnati Area. Explains how to read an insurance card and scenarios where health insurance is needed.	Module covers primary care physicians, vaccinations, dental hygiene, vision care, annual wellness checkup. Includes information about common diagnostic tests and how to obtain them.	Post-survey administered & curriculum wrap-up. Module covers ethics of healthcare and patient rights. Includes list of resources including; clinics in the area, contacts of medical professionals, and hospital phone numbers

Table 3. Adolescent Refugee Health Literacy Curriculum

DISCUSSION

Navigating the American healthcare system is a daunting experience for many refugee families. Language barriers, cultural differences and limited understanding of resources and systems are a few of the contributing factors to poor health outcomes. During the four sessions with participants, our discussions were centered around understanding basic health terms and how to access resources without insurance, which alluded to a gap in FHL as seen by the pre-survey results (in Table 1). Concepts which seemed straightforward, such as visiting a primary care physician, proved to be a challenge due to a cultural understanding of health.

It is important to note that the perspective of health care amongst Syrian refugees greatly differs from the countries they are resettling in. This gap in perspective can further exacerbate the health issues this population experiences. Western countries view health and health care from a scientific perspective that takes medical and psychological approaches into account (Wångdahl et al., 2014), while the cultural backgrounds of refugees have conditioned their perspective to come from a blame culture, taking spiritual or political approaches.

For instance, in Western culture many attribute being ill to environmental factors that breed infectious disease. Due to the vast cultures and traditional backgrounds of refugees that same illness would be attributed to a punishment or sign from a higher being. They may also view the illness as a government ploy due to the distrust in leadership.

It is important to note that the perspective of health care amongst Syrian refugees greatly differs from the countries they are resettling in. This gap in perspective can further exacerbate the health issues this population experiences. Western countries view health and health care from a scientific perspective that takes medical and psychological approaches into account (Wångdahl et al., 2014), while the cultural backgrounds of refugees have conditioned their perspective to come from a blame culture, taking spiritual or political approaches.

This intervention was aimed at improving the adult refugee's understanding of the U.S. health care system and the participant's capacity to effectively access services to prevent and treat acute and chronic medical conditions. However, the process identified the need for a robust health literacy curriculum aimed at refugee adolescents.

Through discussions surrounding the varying health topics within the six-week curriculum it was evident that most of the Syrian refugee families relied on their children to navigate the healthcare system on their behalf. Whether it was translating medical documents, ordering medical prescriptions, or accompanying their parents to the physician's office – teenage refugees were at the forefront of navigating the American healthcare system.

Keeping this information in mind, I then created a seven-week health literacy curriculum targeted to high school refugee students. Working with experts including family and adolescent medicine physicians, the pediatric refugee health collaborative, and the Center for Closing the Health Gap, we've created a health literacy curriculum to address this need.

As a Tillery Fellow through the Center for Closing the Health Gap, I've been able to further understand how health literacy influences disparities. My focus throughout this intervention has been to serve a community whose health is disproportionately affected due to their linguistic and cultural barriers. Lower literacy levels greatly impact African American populations in the United States. This disproportionately low health literacy rate can be attributed to a multi-faceted system of barriers of which being historically unjust power structures (Muvuka et al., 2020).

Working with the Center for Closing the Health Gap as a Tillery Fellow has been essential in my understanding of how health literacy influences disparities. My focus throughout this intervention has been to serve a community whose health is disproportionately affected due to their citizenship status, native language, and culture.

While the implementation of this particular intervention was incomplete, it uncovered the dire need for health literacy in underserved populations. Effective use of health care services can, by extension, directly and indirectly lead to improved health outcomes. Knowledge of appropriate use of health care services and improvement in health status also directly and indirectly promote effective assimilation into a new community.

CONCLUSION

The focus of public health is on the social and environmental determinants of health of a specified population. Yet, there has been a significant gap in addressing the well-being of the refugee population. Throughout the development of both curriculums and the implementation of the adult health literacy intervention I've been able to apply the various program and concentration core competencies.

Promoting health equity in populations and communities has been the foundation of this work. The design, implementation, and evaluation of the Adult Refugee Health Literacy curriculum ensures that a group of non-English speakers are able to access health information. Further, analyzing the global issues that impact gender inequities aided me in delivering this health service to a group of female refugee participants. Developing the Adolescent Refugee Health Literacy curriculum will lead to delivery of a sustainable intervention which addresses health conditions of a marginalized group. The approaches and methodology used in implementation of this initiative were founded on the basis of inclusivity to address a diverse population. Working with refugees requires ongoing advocacy in order to effectively address the inequities shaped by social and racial determinants of health.

Figure 2: Students from the first Adolescent Refugee Health Literacy cohort with Refuge Collaborative Director, Mentalla Ismail

Further research is needed in order to properly address refugee barriers to care. However, there does not seem to be one method that would adequately address the various health disparities this population faces. Each case is unique to its own cultural background. Additional data is needed in support of the claim that access to healthcare for refugees in their host countries is restricted despite their urgent need for medical attention.

With short-term transition systems in place, refugees transition into a system that is not designed to sustain them. The systems in place at a national level do not take the cultural traumas these individuals have survived into account, nor do they present an arrangement for prolonged treatment. Implementation of health literacy programs could prove significant in promoting the understanding and practice of preventative care amongst the refugee population.

We offer these people no real source of stabilization. Refugees contribute to the richness in diversity, races, and ethnicities. It is vital to understand the priorities of the countries they migrate from in order to understand how their health behaviors are influenced. Once they have survived a few years in detention centers awaiting resettlement, they are met with more obstacles while they come to terms with rebuilding their lives. Refugees are a resilient people reminding us of the universality of the human experience.

Appendix A

Swedish functional health literacy scale □ English version

Questions about how it is for you to take in information related to health, illness and medical care.

Select the option on each line that best matches your answer.

	Never	Seldom	Sometimes	Often	Always
a. Do you think that it is difficult to read health information because the text is difficult to see (even if you have glasses or contact lenses)?	□	□	□	□	□
b. Do you think that it is difficult to understand word or numbers in health information?	□	□	□	□	□
c. Do you think that it is difficult to understand the message in health information?	□	□	□	□	□
d. Do you think that it takes a long time to read health information?	□	□	□	□	□
e. Do you ever ask someone else to read and explain health information?	□	□	□	□	□

Citation: Wångdahl, J. M., & Mårtensson, L. I. (2015). Measuring health literacy—the Swedish functional health literacy scale. Scandinavian Journal of Caring Sciences, 29(1), 165–172. https://doi.org/10.1111/scs.12125

Appendix B

Questions about health information

Questions about how it is for you to find, understand and use information related to health, illness and medical care.
Select the option on each line that best matches your answer.

	Very easy	Easy	Difficult	Very difficult	Don't know
a. How easy/difficult is it for you to find information on treatments of illnesses that concern you?	□	□	□	□	□
b. How easy/difficult is it for you to find out where to get professional help when you are ill (e.g. doctor, pharmacist or psychologist)?	□	□	□	□	□
c. How easy/difficult is it for you to understand what your doctor says to you?	□	□	□	□	□
d. How easy/difficult is it for you to understand your doctor´s or pharmacist´s instruction on how to take a prescribed medicine?	□	□	□	□	□
e. How easy/difficult is it for you to judge when you need to get a second opinion from another doctor?	□	□	□	□	□
f. How easy/difficult is it for you to use information the doctor gives you to make decisions about your illness?	□	□	□	□	□
g. How easy/difficult is it for you to follow instructions from your doctor or pharmacist?	□	□	□	□	□
h. How easy/difficult is it for you to find information on how to manage mental health problems such as stress and depression?	□	□	□	□	□
i. How easy/difficult is it for you to understand warnings about behaviour (e.g. smoking, low physical activity and drinking too much)?	□	□	□	□	□
j. How easy/difficult is it for you to understand why you need health screenings (such as breast exam, blood sugar- or blood pressure test)?	□	□	□	□	□
k. How easy/difficult is it for you to judge if the information on health risks in the media is reliable (e.g. from TV or internet)?	□	□	□	□	□
l. How easy/difficult is it for you to decide how you can protect yourself from illness based on information in media (e.g. newspapers, leaflets and internet)?	□	□	□	□	□

Select the option on each line that best matches your answer.

	Very easy	Easy	Difficult	Very difficult	Don't know
m. How easy/difficult is it for you to find out about activities that are good for your mental well-being (e.g. meditation, exercise and walking)?	□	□	□	□	□
n. How easy/difficult is it for you to understand advice on health from your family members or friends?	□	□	□	□	□
o. How easy/difficult is it for you to understand information in the media on how to get healthier (e.g. from the internet, daily or weekly magazines)?	□	□	□	□	□
p. How easy/difficult is it for you to judge which everyday behaviour is related to your health (e.g. eating habits, exercise habits and drinking habits)?	□	□	□	□	□

Modified version of the HLS-EU-Q16

Developed by J.Wångdahl and L. Mårtensson based on the original version, HLS-EU Consortium (2012)

Appendix C

. أسئلة حول كيف تتمكن من تحصيل المعلومات المتعلقة بالصحة والمرض والرعاية الطبية .حدد الاختيار الذي يتطابق مع إجابتك بأفضل شكل على كل سطر					
	ابدا	نادرا	بعض الأحيان	في كثير من الأحيان	دائما
1) هل تعتقد أنه من الصعب قراءة المعلومات الصحية بسبب صعوبة رؤية النص (حتى لو كان لديك نظارات أو عدسات لاصقة)؟	□	□	□	□	□
2) هل تعتقد أنه من الصعب فهم كلمة أو أرقام في المعلومات الصحية ؟	□	□	□	□	□
3) هل تعتقد أنه من الصعب فهم الرسالة المقصودة من المعلومات الصحية ؟	□	□	□	□	□
4) هل تعتقد أن قراءة المعلومات الصحية تستغرق وقتا طويلا ؟	□	□	□	□	□
5) هل تطلب من أي شخص آخر قراءة المعلومات الصحية وشرحها لك ؟	□	□	□	□	□

Appendix D

.أسئلة عن كيفية العثور على و فهم و استخدام المعلومات المتعلقة بالصحة والمرض والرعاية الطبية .حدد الاختيار الذي يتطابق مع إجابتك بأفضل شكل على كل سطر						
	سهل جدا	سهل	صعب	صعب جدا	لا اعرف
1) ما مدى سهولة / صعوبة أن تجد معلومات عن علاج الأمراض التي تهمك؟	□	□	□	□	□
2) ما مدى سهولة / صعوبة تحديد مكان للحصول على المساعدة المهنية عندما تكون مريض (على سبيل المثال، طبيب أو صيدلي أو معالج نفسي)؟	□	□	□	□	□
3) ما مدى سهولة / صعوبة فهمك لما يقوله لك طبيبك ؟	□	□	□	□	□
4) ما مدى سهولة / صعوبة فهم كيفية تناول الدواء الموصوف عندما يشرحه طبيبك أو الصيدلي ؟	□	□	□	□	□
5) ما مدى سهولة / صعوبة الحكم اذا كنت في حاجة للحصول على رأي ثان من طبيب آخر؟	□	□	□	□	□
6) ما مدى سهولة / صعوبة استخدام المعلومات التي يعطيها لك الطبيب في اتخاذ قرارات بشأن مرضك ؟	□	□	□	□	□
7) ما مدى سهولة / صعوبة اتباع تعليمات الطبيب أو الصيدلي؟	□	□	□	□	□
8) ما مدى سهولة / صعوبة العثور على معلومات عن كيفية إدارة مشاكل الصحة النفسية مثل التوتر والاكتئاب؟	□	□	□	□	□
9) ما مدى سهولة / صعوبة فهم التحذيرات بشأن السلوك (مثل التدخين، وانخفاض النشاط البدني ، والشرب أكثر من اللازم)؟	□	□	□	□	□
10) ما مدى سهولة / صعوبة استيعاب احتياجك إلى الفحوص الطبية (مثل فحص الثدي، السكر في الدم أو قياس ضغط الدم) ؟	□	□	□	□	□
11) ما مدى سهولة / صعوبة الحكم على ما إذا كانت المعلومات بشأن المخاطر الصحية في وسائل الإعلام موثوق بها (على سبيل المثال من التلفزيون أو الإنترنت)؟	□	□	□	□	□
12) ما مدى سهولة / صعوبة تحديد كيف تحمي نفسك من المرض بناء على المعلومات في وسائل الإعلام (مثل الصحف والمنشورات والإنترنت)؟	□	□	□	□	□
13) ما مدى سهولة / صعوبة معرفة المزيد عن الأنشطة المفيدة لصحتك العقلية (على سبيل المثال، التأمل، الرياضة، والمشي)؟	□	□	□	□	□
14) ما مدى سهولة / صعوبة أن تفهم نصيحة بشأن الصحة من أفراد عائلتك أو أصدقائك؟	□	□	□	□	□
15) ما مدى سهولة / صعوبة فهم المعلومات في وسائل الإعلام حول كيفية الحصول على صحة افضل (على سبيل المثال من الإنترنت أو المجلات اليومية أو الأسبوعية)؟	□	□	□	□	□
16) ما مدى سهولة / صعوبة تحديد السلوك اليومي المرتبط بصحتك (مثل عادات الأكل وعادات ممارسة الرياضة وعادات الشرب) ؟	□	□	□	□	□

References

American Institutes for Research. (2003). National assessment of adult literacy.https://www.air.org/project/national-assessment-adult-literacy

Hong, M.K., Varghese, R.E., Jindal, C., & Efird, J.T. (2017). Refugee policy implications of U.S. immigration medical screenings: A new era of inadmissibility on health-related grounds. International Journal of Environmental Research and Public Health, 14(10), 1107. doi:10.3390/ijerph14101107

Kickbusch, I.S. (2001). Health literacy: addressing the health and education divide. Health Promotion International, 16(3), 289-97. https://doi.org/10.1093/heapro/16.3.289

Muvuka, B., Combs, R.M., Ayangeakaa, S.D., Ali, N.M., Wendel, M.L., & Jackson, T. (2020) Health literacy in African-American communities: Barriers and strategies. Health Literacy Research and Practice, 4(3), e138-e143. doi:10.3928/24748307-20200617-01

Ng, E., Walter, D., Kasugu, O. (2010). Health literacy and immigrants in Canada: Determinants and effects on health outcomes. The Canadian Council of Learning. https://pdfs.semanticscholar.org/7f7d/78e6f2f0e183a02adee41ce1989a3fc2c714.pdf

Nutbeam, D. (2008). The evolving concept of health literacy. Social Science & Medicine, 67(12), 2072-8.

Refugee Processing Center, 2014-2019.

Sorensen, K., Broucke, S.V., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H. & (HLS-EU) Consortium Health Literacy Project European. (2012). Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health, 12(1), 80. https://doi.org/10.1186/1471-2458-12-80

UNHCR Population Statistics Database, 2019.

Wångdahl, J., Lytsy, P., Mårtensson, L., & Westerling, R. (2014). Health literacy among refugees in Sweden—a cross-sectional study. BMC Public Health, 14, 1030. https://doi.org/10.1186/1471-2458-14-1030

Wångdahl, J. M., & Mårtensson, L. I. (2015). Measuring health literacy—the Swedish functional health literacy scale. Scandinavian Journal of Caring Sciences, 29(1), 165–172. https://doi.org/10.1111/scs.12125

Refugee Resettlement Interview

An interview with Mamadou Sy, COO of the Lutheran Social Services of the National Capital Area

COMMUNITY ENGAGEMENT

Community engagement is one of the key things that we do because there is no resettlement without community engagement.

Often people see integration as a one-way street: refugees have to integrate. Well, that's not how it works. I think it has to be a dual path where refugees have to make progress toward integration, [and] all communities have to be open to that integration.

Another initiative that LSSNCA, our organization, is also launching is what we call Refugee Gives Back, and that is: let's go back to refugees that have been here for a few years and see how we can get them involved with the communities that helped them when they needed it the most. And that will be [able to] create a, what could be similar to a refugee corps, where, if there are needs in the community for volunteers, we can have refugees be part of it, so that people can see refugees not just as people that need help, but also people that are involved in the communities that resettled them. That is, I think, one way that we can make them active members of their new communities.

Because what we noticed in the refugee resettlement world is that every time we have [a] new family, we go to the community and say, we need volunteers. And people come out to help. Well, those same refugees have skills that the community can benefit from. Why don't we have them volunteer to teach someone Dari, Pashto, or Lingala? Why can't we have them, for those that are in IT, why can't we have them at the libraries helping people with navigating the internet or helping them with homework?

ACCESS TO OPPORTUNITIES

One of the major hurdles to people being resettled in the United States is not the lack of opportunities, [it] is access to those opportunities. And what we do through all what we provide is really helping remove all of those hurdles, to resettlement, to self-sufficiency, as well as hurdles to long-term refugee integration. Because after all, that's the goal.

MAMADOU'S STORY

I was myself a former refugee. So I was resettled in the United States as a refugee from Mauritania in West Africa. In 1989, my family became refugees. So we went from having all to lacking all, and we landed at Senegal, where I lived in refugee camp for 11 years, and pursued my vocation there than I was resettled in the United States, and was given basically a second chance.

The way I put it is always that I have seen the worst of humanity and the best of humanity: the worst in humanity in being a refugee and being deported from your own country by authorities, and then the best of humanity by being welcomed in a completely foreign land by new communities, and be given the opportunity to rebuild that shattered life. So I felt the need to give back to the communities that welcomed me when I needed it the most.

RESETTLEMENT CENTERS

What that one-stop-shop did is create one roof under which refugees can access all the services that they need. It really helped address some of the hurdles to accessing services, and that is transportation. So now, the resettlement agencies, English as Second Language providers, the medical providers, the Department of Social Services, were under the same roof and providing a gamut of services that refugees needed to access.

EMPLOYMENT

A lot of people have been unemployed for many years when they are in those refugee camps. So it's really restored that hope, but also it's really that self-esteem that many of them have lost through not getting the opportunity to use their skills. Because when you are a refugee in another land, in many of these countries, you cannot work. Unemployment becomes basically your life. Imagine you are you have someone who had held a job, deported or fled their country, crossed international borders, went to another country to be just told, "well, welcome to this country, but guess what: you cannot work, so you have to try to live as you can." And when they arrive in the United States, and we help them find a job, what we've given them is something that many of them have not had for many, many years. So it's really reconnected them with humanity once again.

I see employment as a pipeline. If you clog the beginning of that pipeline, with both highly skilled and low-skilled, then you have less opportunity for the low-skilled, and then you also [are] preventing those that are highly skilled from moving up the ladder. And the ones that suffer ultimately [are] not just the families of those refugees or the refugees themselves, it's really the communities where they live.

TAILORING RESETTLEMENT

Now, with the Afghans, what we have seen is for many of these folks, their world collapsed in a matter of days. Whereas in other refugee populations, it took years for the individual to experience war, to go through it, to flee their country, go to a first country of asylum, and stay there for years before they were settled. With the Afghans, [it] all happened in a matter of days. So many of these folks went to the office, and by midday are basically forced to leave their country. There was no time to plan for taking off all of those degrees that you have hanging on the wall, there was no time to reach out to your college and get your transcript, there was not even time to get your family to join you at the airport. It was a hasty exit. And because of that reason, many of them had some challenges, some trauma that also needs to be addressed.

I think the best approach to resettlement would be to acknowledge that all of them have gone through hardships, but also that the needs and the services have to be tailored to the individual for it to be a successful experience.

CONGREGATIONS

As you know, the history of resettlement in the United States cannot be understood without the contribution of congregations. Congregations have played—all denominations, all faiths—have played a major role.

[T]he Good Neighbor Program … is an initiative that we created a few years ago, and we said, "You know what, we need to get people from the community involved in the resettlement so that refugees are not seen as refugees of the agencies, but refugees of the communities." And for that to happen, let's go through the Good Neighbor Program, and recruit, vet and train congregations to be part of resettlement.

So, it really shows that the resettlement is really a tripod, where you need the federal government involvement through funding, you need resettlement agencies [for] their expertise. But also you need the community involvement. And congregations have always been

the backbone of resettlement, even when there [was] no great involvement from the federal government, congregations have always stood up to be the one to help. And we leverage those.

Our mission is really to bring people from all walks of life and to help work with those refugees as they make progress toward rebuilding their lives. And through that family, what I saw is really the resilience of refugees and their determination to be part of the fabric of this nation for not just now, but for generations to come.

TRANSPORTATION

One of the hindrances to employment is not just the language, but also is the transportation. Because we know that when you are limited in transportation, you are limited in opportunities. By giving them access to a reliable means of transportation, we have just increased the sphere of opportunity for that family. So now they can take their kids to the park, they can use their car to go shopping, and that dictates how much food they can carry and bring home versus if they were riding on public transport.

EDUCATION

[H]ow can we make sure that these thousands of highly qualified folks are able to find a way back to their field of expertise? … If you look at what we traditionally see, we have systems that were built for what I call non-immigrant populations, and now, rather than changing the frame, what we want to do is often force people into prebuilt frames that don't work. Well, if someone is [a] refugee, what it means is that they have fled their country for a reason. … For instance, if you look at the most recent case of Afghans that left a couple-after the fall of Kabul in August of last year, how can we expect that those people can reach out to the Taliban and ask them to express mail or FedEx them their degrees? That does not make sense. So we need to find in the United States ways that we can that evaluate the credentials without requiring that those come from the same countries or the same governments that forced them to flee the first place.

I think [education for refugees] has to be a public/private partnership, one that would require the involvement of academic institutions, the state, with the federal government, so that there [are] some pathways for these folks to get access to education. And this is not just for what I call the most recent wave of refugees, but also even those that have been here for much longer. … [W]hen someone arrives in this country, the first few months, are not focused on education. It's really how can I get a place to call home? I need a first job so I can take care of my family. And then it is really, maybe after that first year, [when] you see now that they have settled, they are looking at expanding that sphere of opportunities.

"FROM HARM TO HOME"

I left home in 1989—so 30-some years ago—and I have not set foot [back in Mauritania] yet, and the likelihood of that happening soon is slim to none. Many of the people that experienced the same plight with me back then are still in the United States or somewhere else in Europe and cannot go back to their country. They have rebuilt their lives, they have moved on, and that's what I call, from harm to home, and home is where you're at.

We are many in terms of our stories, our cultures, and our experiences, but one in being refugees and the desire to be successful in the United States. What I see often through those stories is really not just the desire for the person to share their own experience, but also a desire to help decision makers and the rest of the world see how what they do can impact lives in a very sometimes traumatic way. Many refugees will tell you that their path to getting to the United States was not very easy, so many of them have lived in a refugee camp for ten years, twenty years before they are resettled in the United States. And once they are on this end and have gone from harm to home, and that home happened to be

traumatic way. Many refugees will tell you that their path to getting to the United States was not very easy, so many of them have lived in a refugee camp for ten years, twenty years before they are resettled in the United States. And once they are on this end and have gone from harm to home, and that home happened to be the United States, then they really want to share, want to advocate. We know that advocacy would help, both in terms of educating people that those refugees will be joining, but also in helping, hopefully, people to impact some of the policies that often have also led to people being forced to flee their own countries.

But my hope … is that we will, as a nation, remember that people do not choose to become refugees. It's actions or inactions of other people that force them to flee their country, to uproot themselves from everything they have known, and then go for the unknown with the hope of being able to rebuild their lives. If we get to a point where we know from all faith that we were all refugees, all of us, it's just a matter of when and how we arrived in this country—if we fall to that position, we will see refugee resettlement as a continuation of what we've been doing, and that is to welcome the most vulnerable among us and give them an opportunity to rebuild their lives. Hold their hand, assist them as they struggle. Struggle with them. Support them. And when they are successful it is us, as a nation, that becomes successful.

The U.S. history is really a history of people fleeing harm and seeking to better their lives. It's just a matter of when and how people are arriving in this country, but we are all migrants. If we use that as our common denominator, then the question is, how can we make sure that the folks that are arriving now are welcomed just as the people that arrived before them. How can we make sure that the same opportunities that we have, we're extending those opportunities to the people that are arriving now—people that have not chosen to leave home, but that were forced into exile, forced to become refugees, forced to go to a foreign land and to start anew. **How can we welcome them?**

ROLE OF POLITICS

I have seen a lot of refugees in my life, and I have yet to come across one that went to bed planning to become a refugee the next day. It is often the actions of other people or the lack thereof that force people to not pack anything and leave.

Refugee resettlement in the United States has historically been shielded from the political divide, and it has benefited from support from both ends—Republicans, as well as the Democrats. And that is the way it's supposed to be. I know that not everybody supports refugees [and] refugee resettlement, that's known; but on the Hill, what we have seen is really bipartisan support to the program.

Now, if you look at the folks that are crossing the southern border to the United States, in any other part of the world we would have called them refugees. Why? Because [firstly,] they have well-founded fear of persecution; second, they crossed an international border. That's what the Geneva Convention defined as refugees. We never call them refugees, we call them "migrants," we called them...whatever. I think it's definitely some different labels that being applied to people that are experiencing the same plight and the same sufferings, but applied differently based on who's applying that label.

Related Readings

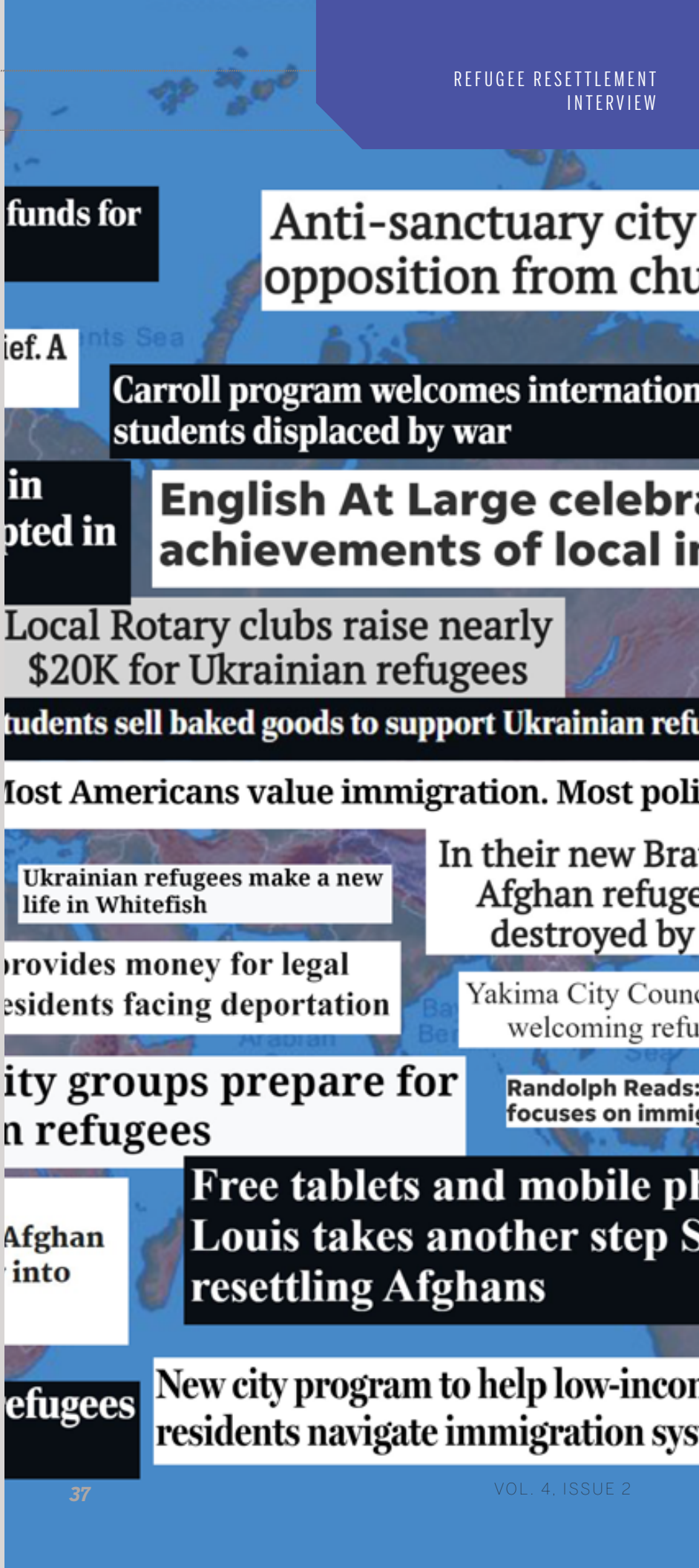
Bloom, M. (2019, February 7). 'Just an outsider': Refugee doctors, nurses face widespread underemployment. KUNC. https://www.kunc.org/news/2019-02-07/just-an-outsider-refugee-doctors-nurses-face-widespread-underemployment

Bridekirk, J., Hynie, M., & SyRIA.lth. (2021). The impact of education and employment on self-rated mental health among Syrian refugees in Canada. Journal of Immigrant and Minority Health 23, 290-297. https://doi.org/10.1007/s10903-020-01108-0

Disney, L. R. (2021, March). 'We know more than that': The underemployment experiences of college-educated Iraqi refugees living in the US. Journal of Refugee Studies 34(1), 1168-1184. https://doi.org/10.1093/jrs/feaa128

Newman, A., Bimrose, J., Nielsen, I., & Zacher, H. (2018, April). Vocational behavior of refugees: How do refugees seek employment, overcome work-related challenges, and navigate their careers. Journal of Vocational Behavior 105, 1-5. https://doi.org/10.1016/j.jvb.2018.01.007

Sy, M. I. (2019) Erlit: A refugee's story.



Understanding the Ulysses Syndrome, Effective Engagement, and Ways to Heal

Authors

LUCY MORSE ROBERTS, Executive Director of Hui International/CalGalsMedia
JOSEBA ACHOTEGUI, Psychiatrist. Tenured Professor of the Barcelona University
RACHEL C. ALLEN, Director of the Peace and Justice Institute at Valencia College
MARTHA LOPEZ, Program Coordinator for Hui International
MUZHGAN FAKHRI, Host of the Unlimited Possibilities podcast, a Hui International/CalGalsMedia project

KEYWORDS:

Ulysses Syndrome, Migratory Mournings, Five Protective Factors, Migrants, Immigrants, Refugees, Healing, Trauma, Cultural Bereavement, Stress

ABSTRACT

As a director of a community-based organization who works predominantly with immigrants and refugees, Lucy Morse Roberts noticed immigrant clients and colleagues were often experiencing ill-defined malaise, headaches, and insomnia. After visiting doctors, the immigrant clients and colleagues were still unwell. She and her team sought to understand and address this suffering and seek ways to heal. Research on migratory mournings by Joseba Achotegui offered her team one lens through which to understand and better respond to the physical and psychological ailments experienced by immigrant and refugee clients. Achotegui's research, including that on the Ulysses Syndrome and cultural and situational responsiveness, directly changed the programming and priorities at Hui International under Lucy Morse Roberts' leadership. This article first defines migratory mournings and the Ulysses Syndrome. Second, the article offers community partners' personal and professional insight as to how and why this research is relevant and transformative. Lastly, the article offers an organizational framework for effective application and intentional community engagement.

I have long loved what one can carry.
I have long left all that can be left
behind in the burning cities and lost

even loss – not cared much
or learned to. I turned and looked
and not even salt did I become.

From Solmaz Sharif's poem, "Without Which"

Sharif's poem continues, "I am-even when inside the kingdom-without" (Sharif, 2022). As an immigrant herself having been born in Turkey and raised in Iran and in California, her poems often speak to the challenges faced by the world's diaspora. Hers is a single voice that speaks to the experiences of many. According to UNHCR, over 100 million people are currently "without" (displaced) worldwide (UNHCR, 2022). Those displaced find themselves labelled by their plight of absentia from their land of origin and often struggle to create new lives in new places. Many of those who find themselves new to our communities feel without, without a sense of place and with a sense of mourning for what was once a part of their lives and is no more.

According to Dr. Joseba Achotegui, from the University of Barcelona, this sense of "without" experienced in the extreme can lead to physical and psychological symptoms and can adversely affect one's health and well-being. These symptoms caused by migratory mournings in difficult situations are often referred to as the Ulysses Syndrome (Achotegui, 2002). Dr. Joseba Achotegui first wrote of the Ulysses Syndrome, named after the Greek mythological hero Ulysses, in 2002 and the migratory mournings in 1995. The Ulysses Syndrome is not a mental disorder but extreme migratory grief. "Today, migration is becoming for millions of people, a process that has such intense stress levels that they can exceed the adaptive capacity of human beings" (Achotegui, 2015).

The most important stressors of Ulysses Syndrome as pointed out by Achotegui (2002) are:

1. Loneliness and the enforced separation, especially in the case when an immigrant leaves behind his or her spouse or young children.

2. The sense of despair and failure that is felt when the immigrant, despite having invested enormously in the emigration (economically, emotionally, etc.), does not even manage to muster together the very minimum conditions to make a go of it.

3. The fight merely to survive: to feed themselves, to find a roof to sleep under.

4. The fear, the afflictions caused by the physical dangers of the migratory journey, the criminalization of the migration, helplessness.

The harmful effects caused by the adversities and dangers that the immigrant must face are greatly increased by a whole series of unfavorable characteristics associated with stressful situations, which, as Achotegui (2002) points out, are the following:

• Multiplicity (the greater the number of adversities and dangers, the greater is the risk to the mental health).

• Chronicity. These situations of extreme hardship can affect immigrants for months on end, even years.

• The feeling that whatever the individual does he will not be able to change his situation (learnt helplessness, Seligman, 1975).

• The enormous intensity of the stressors (quite unlike the stress associated with being stuck in a traffic jam or sitting an examination).

• The marked absence of any network of social support, absence of social capital (Coleman,1984).

• The symptoms themselves (sadness, weariness, insomnia, etc.) become an additional handicap that hinders the immigrant in his attempts to survive.

To all this, we need to add the classic shocks the immigrant must come through (coming to terms with a new language, culture, environment) and, to these shocks, we must now add the severity of the present extreme stressors. What's more, the health system often does not provide adequately for individuals suffering from physical and psychological symptoms associated with the Ulysses Syndrome: either because this problem is dismissed as being trivial (out of ignorance, a lack of sensitivity, prejudice and, even, racism, etc.) or because this condition is not adequately diagnosed and immigrants are treated as being depressive or psychotic, thereby giving the immigrant even more stressors to face. Their psychosomatic symptoms are not seen as connected to psychological issues and they are therefore subjected to a series of tests (such as colonoscopies, biopsies, etc.) and given inadequate, costly treatment. The health system, though intended to be a solution, then can become a new stressor for an immigrant.

Migrations and misunderstandings related to the migrant experience have coexisted for a very long time. Migration is ancient, as old as humankind. Physically, we are designed to move. We have feet and have evolved to move as needed. Migration is one of the three evolutionary pillars along with mutation and natural selection. Culturally, we evolved to recognize migration as part of our human experience. All three of the Abrahamic religions include welcoming the stranger as inherent to being an adherent. Our literature also reflects the strengths and sorrows of the immigrant. The Odyssey by Homer is a classic example of the "displaced" from which Dr. Achotegui drew his reference for the Ulysses Syndrome.

Because migration is part of human history, many now and in the past have experienced the Ulysses Syndrome. Unfortunately, however, few have heard of it. For those focused on engaging the newcomer in their land and those who are the newcomer, understanding the Ulysses Syndrome and ways to heal is essential. This understanding is foundational to empathy and empathy is foundational to effective engagement. Because information on the Ulysses Syndrome is key to effective immigrant and refugee outreach, the challenge facing agencies and individuals was/is how to translate Dr. Achotegui's research and present it in a way that is accessible to all.

Community partners, Martha Lopez, Arezoo Pamiry, and Muzhgan Fakhri helped create the solution. Together with Hui International, they developed info sheets and videos as tools to share information on the Ulysses Syndrome and ways to heal. The goal of the info sheets and videos is to help disseminate Dr. Achotegui's research in a way that is accessible to agencies and individuals. Lopez, Pamiry, and Muzhgan are from Mexico and Afghanistan, respectively. Their experiences and input helped Hui International not only see the relevance of Achotegui's research but also the need to share it more widely.

Martha: I heard about the Ulysses Syndrome during a seminar I attended for work. The moment I heard about it, I wanted more people to be aware of Ulysses Syndrome and the physical and psychological symptoms associated with the stress of migrating from one place to another. Hearing about the Ulysses Syndrome also made me reflect on my own personal experiences when I came to the United States at age 10 from Mexico. My dad had been working here and acquired the green cards for the rest of our family and me. I still remember feeling sad, rejected, and unsupported when I started school and hurt by other students who made fun of me for not speaking English.

After attending the seminar, I began to wonder what others experiencing the Ulysses Syndrome would need to do/have to become more resilient and thrive in new places. I work with other immigrants and know some people who have gone to the doctor to get medicated for different reasons like those associated with the syndrome. Often the medication eased their symptoms but did not address the cause of these symptoms. That's when I realized that the work that I do can help heal the root cause of the suffering many new to our country experience. I love working with families to help, support, and empower them by providing educational information, resources, and new techniques that teach them about the importance of adapting the Five Protective Factors into their lives and communities.

Immigrants and refugees need to know they are not alone in their suffering, and it is okay to seek help, support, or advice. Having just one person they trust to guide them, support, and uplift them when they might feel like giving up can make a positive difference in a life and each of us can be that person. For me when I was new to this country, that one person was my teacher.

Muzhgan: As an immigrant myself during these six years of my life, I had all the mixed feelings and sad emotions that were mentioned in Dr. Achotegui's research. I was a human rights attorney in Kabul and was forced to leave when my life was at risk. When

I first arrived in the United States, I felt useless and hopeless. Life where everything was different from my home country, where none of my beloved ones were with me seemed unmanageable. I feared becoming homeless. At that time, I needed someone to calm me and say everything would be alright one day. That is why I feel this topic is important to me and other immigrants. We and others are with them, and our work, videos, and info sheets offer tips and ideas on how immigrants and refugees can heal, accept change, and feel accepted in their new environment. We hope the information will reassure those who struggle, and they find a new life here filled not just with problems but also positive possibilities.

The United States is one of the top countries that welcomes thousands of immigrants yearly. Therefore, we must talk about the Ulysses Syndrome and share the information among immigrant communities, so they don't feel alone. Every immigrant should know that feelings of sadness and emptiness are normal for many and, knowing this, immigrants should not feel embarrassed for seeking help. By creating the Ulysses Syndrome info sheets and videos, we are raising our voices and engaging others so that those who are struggling with their adjustment to a new land do not feel alone. Arezoo, Martha, and I helped design info sheets and videos in a way we believe acknowledges shared suffering and helps fortify individuals and families.

The info sheets and videos mentioned by Muzhgan aim to validate migrant experiences and prevent dismissal of suffering and marginalization. The videos and info sheets can be found at https://www.calgalsmedia.io/ava/the-ulysses-syndrome-project. The following graphics on the seven migratory mournings, physical and psychological symptoms associated with the Ulysses Syndrome, and the graphic on ways to heal are based on the info sheets and videos.

7 Migratory Mournings that can trigger physical and psychological symptoms are…

7 Migratory Mournings

Missing loved ones

The uncertainty of not knowing when or if one will see loved ones again may cause migrants to experience a sense of loss and anxiety.

Homeland and geographic change

The landscape and the climate can be different and, in some cases, requires new knowledge to navigate and adaptation and resources to survive.

Challenges with a new language

Struggles with learning a new language affect daily life; the ability to find a job, navigate public spaces, shop, receive medical care, and adapt to a new community.

Change in social status

Highly trained professionals may lose their qualifications and need to work in jobs far different from their experience and credentials. Access to opportunities such as housing and healthcare may be limited, too.

Adapting to a new culture

Values, habits, ways of relating may differ in the new community and be difficult to adapt to and/or understand all the while a person may be missing the music, food, scenery, sounds and smells of a left behind place.

Lost sense of belonging

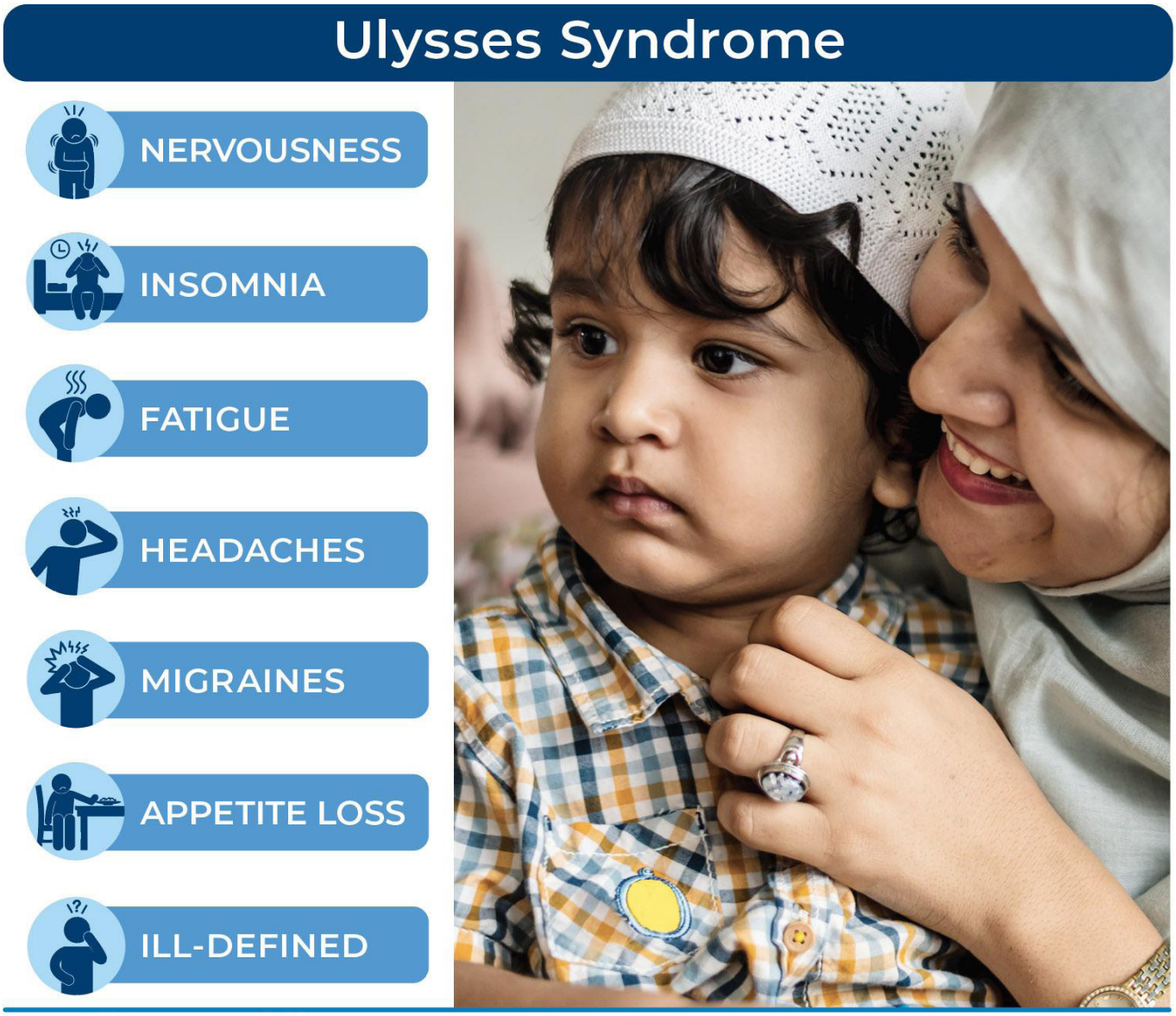
Sometimes migrants face rejection because they are different while at the same time feeling the loss of belonging to the community and the culture he/she/they left behind.

Exposure to physical and psychological risk

Migrants may have been subject to physical and psychological harm during their journey to their new homeland. Though migrating to a new place isn't easy and is often a choice forced upon people due to circumstances beyond their control such as war and famine, there is hope ...

Source: Hui International, 2022

The Ulysses Syndrome, the physical and psychological symptoms associated with migratory mournings, can adversely impact our health and well-being and our relationships with others including our families.



Source: Hui International, 2022

The good news is there are many ways to heal, build resilience, and strengthen ourselves and our families. The Strengthening Families'™ Five Protective Factors offer a framework for and strategies to address stress in healthy ways.

5 Ways to Heal

Build resilience

See strength and resilience in your own migration story. Relieve stress by connecting with others, spending time in nature, seeking mental health care, eating and sleeping well, exercising, breathing deeply, meditating, and having a spiritual practice/community.

Develop knowledge of parenting and child development

Parenting can be stressful anywhere and especially in a new place and a different culture. Seek out parenting classes and resources. Parenting support groups and resources can be found in-person and online. Check out Hui International parenting programs.

Create social connections

Build relationships with those nearby through activities and maintain relationships with those far away with social media, phone calls, and letters.

Develop social and emotional competence

Model healthy actions and reactions. "What parents do ... children will do." As parents-caregivers, we must not only teach our children social and emotional skills. We must model them, too. Be warm and responsive to a child's needs. Listen and respond. Set clear expectations and limits. Seek and find the good.

Connect with support in times of need

Seek community support and resources through resource centers and community programs.

Source: Hui International, 2022

We can help increase protective factors in our communities by offering programs and resources that support and fortify immigrants and refugees, that support and fortify anyone. We can help build the five protective factors through relationships, too. Social connections are one of the five protective factors and transformative relationships (as opposed to transactional relationships) are essential to effective engagement and building resilience. Transformative relationships offer practitioners and community partners an opportunity to come together and identify and cocreate essential resources. The Ulysses Syndrome videos and info sheets are an outcome of an effective collaboration with community partners. This kind of collaboration was only possible through meaningful engagement and the creation of safe, stable, nurturing relationships and environments. For this reason, how we engage is as essential as the programming we offer. How we engage and receive those new to our communities can be either a risk factor or a protective factor (Achotegui, 2015). Receiving someone with a welcoming heart into a welcoming community helps lay a foundation for healing, thriving, and effective community partnerships

Transformative relationships offer practitioners and community partners an opportunity to come together and identify and cocreate essential resources.

The following steps and tools can help organizations and individuals effectively welcome/engage immigrants and refugees and build relationships of trust and transformation.

Step 1: Identify Intention

"What" we do is secondary to "how" we do it. Therefore, it is important to reflect on where we are as organizations and individuals in relation to trauma-informed principles. Do these principles inform your work? Your program design? Mission? Values? The simple matrix below is designed to assist organizations and individuals with assessing their current approach to work and plan for where they want to be.

SAMSHA's Trauma Informed Principles	What are we doing well and how are we doing it?	What can we do better and how can we do it?	What should we stop doing and why?
Safety, trustworthiness, and transparency			
Peer support			
Collaboration and mutuality			
Empowerment, voice, and choice			
Cultural, historic, and gender issues			

Source: Family Hui 2020

The same type of matrix can be used to reflect on where we are individually and organizationally in relation to being healing-centered. The healing-centered categories in the following matrix are based on work by Dr. Ken Epstein.

Healing Informed Practices	What are we doing well and how are we doing it?	What can we do better and how can we do it?	What should we stop doing and why?
Reflection			
Collaboration			
A Culture of Learning/Curiosity			
Understanding historical context			
Growth Mindset			
Relational Leadership			

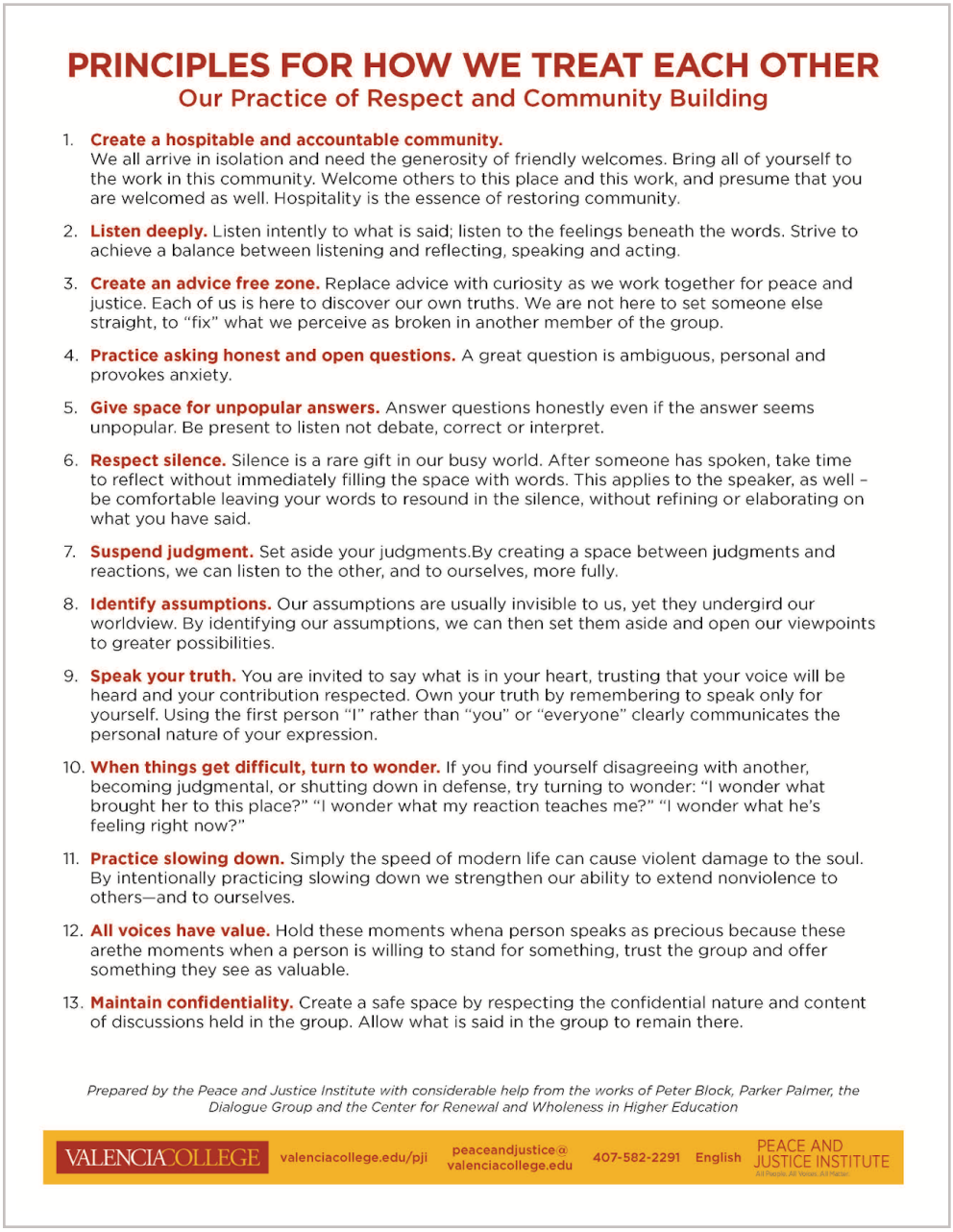
Source: Family Hui 2020:

It is essential to incorporate trauma-informed principles and healing-informed practices internally before a group/organization can effectively apply the principles externally and effectively engage others. Deep sincere reflection often requires wrestling with difficult truths about ourselves and our institutions. Please remember, as you explore the following ideas, give and receive grace and avoid blame and shame. Everyone (colleagues and clients) needs to feel welcome and valued.

The following practices developed by Parker Palmer and further refined by the Peace and Justice Institute at Valencia College in Orlando, Florida, can help create an organizational culture conducive to respectful dialogue and community building. *The Principles for How We*

Treat Each Other are practices that develop a trauma-sensitive environment by inviting participants to slow down, suspend judgment, check assumptions, and speak one's truth among other practices. When used consistently, the Principles support honest and open spaces for authentic dialogue, as well as a foundation for skillful conflict navigation. The Principles move individuals and organizations toward a trauma-informed, healing-centered culture where all individuals are welcome. Organizations can create their own set of principles and read them at the start of each meeting, post them in common spaces, and return to them when conflicts arise and tensions seep into discourse and relations. The following principles are from Valencia College's Peace and Justice Institute.

With intentions set and a framework for engagement



PRINCIPLES FOR HOW WE TREAT EACH OTHER

Our Practice of Respect and Community Building

1. **Create a hospitable and accountable community.** We all arrive in isolation and need the generosity of friendly welcomes. Bring all of yourself to the work in this community. Welcome others to this place and this work, and presume that you are welcomed as well. Hospitality is the essence of restoring community.
2. **Listen deeply.** Listen intently to what is said; listen to the feelings beneath the words. Strive to achieve a balance between listening and reflecting, speaking and acting.
3. **Create an advice free zone.** Replace advice with curiosity as we work together for peace and justice. Each of us is here to discover our own truths. We are not here to set someone else straight, to "fix" what we perceive as broken in another member of the group.
4. **Practice asking honest and open questions.** A great question is ambiguous, personal and provokes anxiety.
5. **Give space for unpopular answers.** Answer questions honestly even if the answer seems unpopular. Be present to listen not debate, correct or interpret.
6. **Respect silence.** Silence is a rare gift in our busy world. After someone has spoken, take time to reflect without immediately filling the space with words. This applies to the speaker, as well – be comfortable leaving your words to resound in the silence, without refining or elaborating on what you have said.
7. **Suspend judgment.** Set aside your judgments.By creating a space between judgments and reactions, we can listen to the other, and to ourselves, more fully.
8. **Identify assumptions.** Our assumptions are usually invisible to us, yet they undergird our worldview. By identifying our assumptions, we can then set them aside and open our viewpoints to greater possibilities.
9. **Speak your truth.** You are invited to say what is in your heart, trusting that your voice will be heard and your contribution respected. Own your truth by remembering to speak only for yourself. Using the first person "I" rather than "you" or "everyone" clearly communicates the personal nature of your expression.
10. **When things get difficult, turn to wonder.** If you find yourself disagreeing with another, becoming judgmental, or shutting down in defense, try turning to wonder: "I wonder what brought her to this place?" "I wonder what my reaction teaches me?" "I wonder what he's feeling right now?"
11. **Practice slowing down.** Simply the speed of modern life can cause violent damage to the soul. By intentionally practicing slowing down we strengthen our ability to extend nonviolence to others—and to ourselves.
12. **All voices have value.** Hold these moments whena person speaks as precious because these arethe moments when a person is willing to stand for something, trust the group and offer something they see as valuable.
13. **Maintain confidentiality.** Create a safe space by respecting the confidential nature and content of discussions held in the group. Allow what is said in the group to remain there.

Prepared by the Peace and Justice Institute with considerable help from the works of Peter Block, Parker Palmer, the Dialogue Group and the Center for Renewal and Wholeness in Higher Education

VALENCIACOLLEGE valenciacollege.edu/pji peaceandjustice@valenciacollege.edu 407-582-2291 English PEACE AND JUSTICE INSTITUTE

agreed upon, it is easier to delve deeper into our ideas, attitudes, and work and address possible barriers to effective engagement with immigrants and refugees in our communities.

STEP 2: REFLECT ON...

The Principles for How We Treat Each Other are practices that develop a trauma-sensitive environment by inviting participants to slow down, suspend judgment, check assumptions, and speak one's truth among other practices. When used consistently, the Principles support honest and open spaces for authentic dialogue, as well as a foundation for skillful conflict navigation.

BIASES

"The word welcome confronts us; it asks us to temporarily suspend our usual rush to judgment and to simply be open to what is happening. Our task is to give our careful attention to what is showing up at our front door. To receive it in the spirit of hospitality."

— Frank Ostaseski, The Five Invitations.

Everyone has biases. To have a bias is part of human nature. Though natural, biases can be harmful and can perpetuate individual, systemic, historic, and institutional trauma and create barriers to helpful, healing engagement. To effectively engage others in a trauma/healing informed way, we need to better understand the lens/biases through which we see the world and others and examine the impact of our lens/biases on our relationships and interactions.

Implicit Bias: Attitudes, stereotypes, assumptions that affect decisions in an unconsciously.

Confirmation Bias: Ideas that confirm our existing beliefs and impair our ability to see another side of a story.

Fundamental Attribution Bias: Creating contextual excuses for our failures and seeing failures in others as inherent to their race, gender, culture, etc.

How might these biases impact your work? How can you address biases and increase a sense of welcome?

INTERSECTIONALITY

Intersectionality is a phrase coined by Professor of Law, Kimberle Crenshaw to explain the interplay of "isms" that create and perpetuate systemic, historic, institutional, and individual trauma. Understanding the interplay of "isms" will help organizations more deeply engage parents/caregivers, address and dismantle systems of oppression, and build systems of well-being

Is your organization aware of and responsive to the intersection of "isms"? If so, how is this awareness reflected in your community engagement work? If not, how can you and your organization be more mindful of and responsive to the complexity of trauma experienced by individuals and communities?.

Social Identity Categories	Privileged Social Groups	Border Social Groups	Targeted Social Groups	Ism
Race	White People	Biracial People (White/ Latinx, Black, Asian)	Asian, Black, Latinx, Native Americans	Racism
Sex	Bio Men	Transexual, Intersex People	Bio Women	Sexism
Gender	Gender Conforming Bio Men and Women	Gender Ambiguous Bio Men and Women	Transgender, Genderqueer, Intersex People	Transgender Oppression
Sexual Orientation	Heterosexual People	Bisexual People	Lesbians, Gay Men	Heterosexism
Class	Rich, Upper-Class People	Middle-Class People	Working-Class, Poor People	Classism
Ability/Disability	Temporarily/Abled-Bodied People	People with Temporary Disabilities	People with Disabilities	Ableism
Religion	Protestants	Roman Catholic (Historically)	Jews, Muslims, Hindus	Religious Oppression
Age	Adults	Young Adults	Elders, Young People	Ageism/Adultism

ATTITUDES

Transformative or Transactional?
Is your organization transactional (compliance driven) or transformative (relationship driven)? Transactional organizations engage bureaucratically, policies, not people, are the priority. In transformative organizations, people/relationships are the priority. A transformative/ relational driven aim can be both policy and people focused but it is difficult for a purely transaction driven motive to be transformative.

Invitational or Institutional?

This question is very much related to the aforementioned question of transformation vs. transaction. The former invites people into programming and opportunities and the latter is based on a more impersonal, institutional process. "I have learnt that when people feel supported by strong human relationships, change happens. And when we design new systems that make this sort of collaboration and connection feel simple and easy, people want to join in" (Cottam, 2018).

Collection or Inclusion?

Is your organization's goal a collection of diverse people/voices or the inclusion of diverse people/voices? The former simply brings people to the table. The latter brings people to the table and creates an environment where diverse ideas and opinions are valued and sought. To demonstrate a voice is valued, listen and acknowledge and, if needed, act. To demonstrate a voice is sought, ask.

STEP 3: ENGAGE

Effective engagement is responsive to changing circumstances and needs. As opportunities emerge to respond to needs of refugee and immigrants in meaningful ways, utilizing the aforementioned tools and framework can provide a foundation for culturally and situationally responsive, trauma/healing informed engagement and transformative work. Research indicates being provided with positive social connections and resources can mitigate the harmful effects of violence and improve the mental health of immigrant and refugee adults and children (Fazel et al., 2011). For Hui International, effective engagement has led to creative collaborations like the Hui International's Ulysses Syndrome Project.

FINAL THOUGHT

As we search for solutions to help those who hurt heal, to assist those who feel lost find and fuel themselves, and to work toward untangling the systems of oppression in this world, we can start simple. Engage with intention and reflection, smile and listen. Kindness reminds everyone they matter, they are somebody, they are valued within our communities and are not, as Sharif described, "without." Intentional engagement can mitigate stress experienced by refugees and immigrants, address migratory mournings, and the Ulysses Syndrome, offer ways to heal and, as Muzhgan, Martha, and Arezoo's ideas and efforts demonstrate, our best ideas for engagement and solutions for healing often come from partnering with those in the communities we serve.

References

Achotegui, J. (1995). Migrar: Duelo y dolor. El Viejo Topo, (90), 31-38.

Achotegui, J. (2002). La depresión en los inmigrantes: Una perspectiva transcultural. Ediciones Mayo. Barcelona.

Achotegui, J. (2015). The Ulysses Syndrome: The immigrant syndrome of chronic and multiple stress. Ediciones elm undo de la mente.

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall.

Coleman, J.S. (1994). Foundations of social theory. Harvard University Press.

Cottam, H. (2018). Radical help: How we can remake the relationships between us and revolutionize the welfare state. Virago.

Fazel, M., Reed, R.V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high income countries: Risk and protective factors. The Lancet, 379(9812), 266-282.

Johnson, H., Perez, C.A., & Mejia, M.C. (2021, March). Immigrants in California [Fact sheet]. Public Policy Institute of California. https://www.ppic.org/publication/immigrants-in-california/

Ostaseski, F. (2019). The five invitations. Flatiron Books.

Roberts, L. & Bourne, G. (2020). The path to effective trauma-/ healing-informed parent and caregiver engagement. Family Hui. https://www.familyhui.org/wp-content/uploads/2021/01/path-to-effective-parent-caregiver-engagement-20210105.pdf

Said, E. (2002). Reflections on exile and other essays (3rd ed.). Harvard University Press.

Seligman, M.E.P. (1975). Helplessness: On depression, development, and death. Freeman & Co.

Sharif, S. (2022). Customs: Poems. Graywolf Press.

UNHCR. (2022). Global trends. https://www.unhcr.org/global-trends/

Youth Voices & Community Schools

"In converted buses and tin-roof sheds, migrant students get a lesson in hope"

By Patrick Wood, A Martínez, Lilly Quiroz, & Milton Guevara
First appeared August 24, 2022, NPR Morning Edition

In a time of political debate and increasing hostility toward immigrants and refugees, it can be difficult to remember there are people at the heart of the "immigration issue." Nonprofit groups like "Yes We Can" work to center immigrants in their own story. With mobile school programs in Mexico, educators serve migrant children living with their families in shelters in the border city of Tijuana. The organizers aim to provide stability and hope for children who find themselves in a difficult situation. Among the lessons are skills for coping with trauma and creating emotional resilience. What started as a temporary program to serve the surge in migrants near the U.S.-Mexico border has now become a necessary permanent fixture.

Read the article | Learn more about Yes We Can Mobile Schools

"Leaders of Tomorrow: Immigrant and Refugee Youth – A Guidebook on Leadership Development"

By Sabrina Sheikh & S. Kwesi Rollins
Published September 2021 by the Institute for Educational Leadership

The Washington, D.C.-based Institute for Educational Leadership (IEL) develops programs to engage and support community leaders. Their "Leaders of Tomorrow" program provides curriculum to mobilize immigrant and refugee populations while emphasizing intersectionality across communities, including racial equity, health, employment, and disability inclusion. By providing development and leadership training to marginalized communities, IEL works to empower immigrant and refugee youth to be prepared for future challenges. In learning to advocate for themselves, participants in the "Leaders of Tomorrow" program will be prepared to advocate for their communities and other marginalized groups, as well. The guidebook provides details of the program and key learning objectives.

Read the guidebook | Learn more about IEL's Leaders of Tomorrow program

The Visage of a Mother's Success

Author

ALISSA TU, Department of Literature, University of California San Diego

KEYWORDS:

Vietnamese Americans, Vietnamese women, beauty pageants, Vietnamese diaspora, cultural identity

ABSTRACT

This inquiry is a personal essay about Vietnamese American youth participating in a beauty pageant and how notions of Western and Eastern beauty collide between Vietnamese American youth and their mothers. What does the beauty pageant represent for those who have been exiled from their homeland? How do ideal versions of success influence the participant's identity or sense of self? Who is the ideal Vietnamese American beauty queen? By hypothesizing and understanding entry points that affect a mother's perspective, Vietnamese American youth, specifically daughters, must navigate different ideals to find a sense of belonging. While being excluded from parts of American society, Vietnamese American youth are faced with trauma, values and ethics, racism and sexism while also being the personification of a mother's success. Daughters who participate in a beauty pageant enforce a sense of community and are a symbol of hope to assimilate in America for those who have been exiled, and a participant's success is a product of this navigation and a mother's vicarious desires. In other words, the ideal beauty pageant queen must not only be able to uphold cultural values embedded in the beauty pageant but also their values entangled through familial relationships as well. As such, the ideal beauty pageant queen can balance both the daughter's (Western) and the mother's (Eastern) definition of success.

INTRODUCTION

Question of the day: What does my mother believe is the ideal Vietnamese beauty queen?

Nhi T. Lieu (2011) discusses in "Pageantry and Nostalgia: Beauty Contests and the Gendered Homeland," that "Vietnamese Americans have organized their own beauty pageants to provide alternative spaces which 'ethnic Vietnamese' women have the opportunity to participate and reign as beauty queens for their ethnic community" (p. 59). Beauty pageants within the Vietnamese community is the subject of much small talk. For most Vietnamese American youth, they learn about culture through their parents so if an ethnic beauty pageant is a way for young women to connect with their culture to participate, and they learn about culture through their parents, what is the relationship between parents and a beauty queen identity?

Possible answer: This pageant is for my mother, and she's reclaiming a homeland that doesn't exist anymore through my participation. By entering the pageant, I am tangible evidence that she is safe in America. The beauty pageant also affirms my mother has assimilated as Lieu (2011) notes, "Vietnamese ao dai beauty pageants are one of the most visible examples of Vietnamese immigrants trying to negotiate the process of assimilating into bourgeois American culture while remaining ethnically Vietnamese" (p. 61). By valuing my mother's definition of success and checking off each criterion, participating in the beauty pageant means her values are validated, and that she, vicariously, can also participate in the bourgeois American culture.

I call home. Some days, my mother talks a lot. Some days, my father hangs up after a few seconds because he's playing Uno with my brother. Other days, my mother says little. No matter what, I must be on-guard because my mother might ramble that she is miserable, scared for my father, or suffering. There is only so much I can listen to until my body becomes too weary. I like to think I won't carry my mother's sadness, but I realize I often do.

Thao Thanh Mai's dissertation, Dilemmas or Choice: Family, Love, and Status in the Lives of Young Vietnamese-American Women (2006), discusses the female Vietnamese American identity, and how family affects their idea of success and identity by interviewing five different Vietnamese American women.

Because their mothers sacrificed everything to move to the States, daughters feel familial obligations to succeed in ways their mothers want them to, and that success can be measured often through wealth and material status. In other words, there's a debt to pay to parents, and it becomes a major factor in how daughters proceed in life. Mai (2006) explores this guilt when she interviews with Kim who became a pharmacist because of her parents. "The 'intense guilt' [Kim] felt signified her obligation and responsibility to fix what she felt was an unjust situation for her parents" (p. 143). Kim justified that this decision was because her parents wouldn't have the chance to succeed in attaining wealth or material status. There's a weight to each action. Each decision affects how a Vietnamese daughter must fix, become, and do what their parents desire because their parents never had the opportunity.

Not explicitly discussed is how daughters are held to higher expectations than sons because the expectations of domesticity and physical appearance aren't discussed. Sons don't have to know how to take care of the house or make sure they look presentable at any given moment. This definition of success leaves out beauty even though it's a necessary tool to succeed in life.

There's an unspoken rule that beauty is also included in a parent's definition of a successful daughter.

When my mother is lucid or delirious, she whispers her confessions about the Vietnam War. Her voice titters like a hummingbird. It always feels like she knocks the wind out of me. Some days, she speaks about Indonesian beaches. Other days, she confesses what they did to her. Most of the time, she repeats the same phrase.

During a Zoom pageant practice, a contestant and I are in a breakout room. She tells me how her mother doesn't approve of her participating in a pageant because she isn't feminine enough. I don't have an answer most of the time because the reality is there's no fix-it answer. This is a common theme. A mother pushing her ideals onto her daughter. The amount of love a daughter receives is equal to how close she is to her mother's idea of success.

In Life Kit's "How to squash negative self-talk," (Kutes, 2021) Dr. Joy Harden Bradford discusses how the negative self-talk stems from early childhood as well as many of the -isms that exist in the world—racism, sexism, heterosexism, etc. So not only do I have a traumatic childhood, but I also have a lot of -isms attacking me. Dismantling those

-isms will take constant challenging, which feels a lot like suffering.

How does one accept the trauma that is mother inflicted? This trauma is guided in the ideals of success, perfection, and beauty. Not only does that trauma have to be felt, but how does one categorize thoughts as valid or unrealistic?

That's not the only abstract concept running through my brain. How do I challenge the Asian American woman stereotype? How do I show I'm not submissive,

obedient, and partaking in respectability politics? Am I a bad Asian woman if I acknowledge these perceptions but also use them to my own advantage? Every challenge comes with consequences, and every consequence includes suffering. The suffering is either incongruent with Eastern or Western ideals. If I succeed in one challenge, I am failing to uphold at least one set of ideals by doing so. There is no ending where I go unharmed. It is an absolute. The degree of suffering varies.

Transferring suffering, the idea that burdens from parents are passed onto daughters, is prominent in Mai's interviews (2006). Some women fully accept choosing a financially stable and high social standing career to lessen their parents' burdens. If they can give back sacrificing a self-interested yet unstable career because their parents sacrificed everything, they would. Others have negotiated with these ideas, but how much can be given away?

My mother used to say she was happy if her children had a good job and did well in life. Whenever she did, goosebumps crawled onto my skin. It was sickeningly full of guilt because the kindness and care in her words never translated into her actions. I was always missing something, and she reminded me constantly. I was a bad daughter so whenever she told me she just wanted me to be comfortable in life, I felt chills. Her actions said she wanted to pulverize me with her kind of perfection. The altruistic desire was never there.

When my mother learns I have a significant other, she is excited because that means I can rely on a family to support me. It's odd because I have no intentions of starting a family, and I don't know why a significant other signifies I am getting married. In her eyes, I am fulfilling her desires. To have a husband means I'll be financially supported and live comfortably.

Will I succumb to my mother's desires?

My aunt is the one who sees the pageant flyer first. She's the first to notify me about the mistaken accents on my last name. My last name is written as Tú and not as Từ. It feels like motherly figures like to take control for their "daughters" in hopes to live vicariously through them. The daughters don't necessarily want to pursue whatever their mothers have advised. However, the mothers push their perspectives onto them. The daughters feel the guilt or pressure to follow through with these ideas.

Throughout these interviews, Mai (2006) asked the Vietnamese mothers how they'd define success. More often, it would be about financial stability, a good steady career, and a significant other who is just as or more educated than their daughter. Those desires are pushed onto daughters, and they try to negotiate between their mothers' hopes and their own identity. Every interview complicates these two extremes. No one seems completely satisfied with who they are.

Throughout these interviews, Mai (2006) asked the Vietnamese mothers how they'd define success. More often, it would be about financial stability, a good steady career, and a significant other who is just as or more educated than their daughter. Those desires are pushed onto daughters, and they try to negotiate between their mothers' hopes and their own identity. Every interview complicates these two extremes. No one seems completely satisfied with who they are.

My mother texts saying my father hopes all my siblings and I have partners and get married. She tells me it'll make him happy. Another chill down my spine. I don't believe he'd bring up this idea on his own. It isn't like him. In my experience, he never had such a definitive opinion about my life. When I casually revealed I was

interested in girls, he didn't blink an eye. When I was in the hospital, he didn't say a word. It is unlike him to have such a strong opinion and voice them.

My mother texts saying my father hopes all my siblings and I have partners and get married. She tells me it'll make him happy. Another chill down my spine. I don't believe he'd bring up this idea on his own. It isn't like him. In my experience, he never had such a definitive opinion about my life. When I casually revealed I was interested in girls, he didn't blink an eye. When I was in the hospital, he didn't say a word. It is unlike him to have such a strong opinion and voice them.

It's like my mother spoon-fed him the answers. She asked pointed questions so his answers aligned with her ideas.

On my car rides with Contestant #12, she tells me about her winter break, and immediately concludes with she can't wait until this pageant is over. Her mother has reinforced her ideals and standards of beauty onto her. When she tells me that her mother says she needs to diet, that the áo dài's she tried on didn't fit well, or that it needed to be prettier, I swallow my sadness for her. Her mother is forcing her to win, which isn't the point. She is doing something for herself and is doing something outside of her comfort zone.

There's no set standard to beauty. Prettiness isn't defined by a body shape. It isn't defined by the perfect curls that the Vietnamese girls I've grown up with seem to have. It isn't shaped by makeup. It isn't an ideal personality. There's no such thing as an ideal beauty. It's all subjective so why is it that beauty is some marker of success?

I share Contestant #12's introduction post on Instagram because she doesn't have social media, and my only campaign is to encourage her especially after what was discussed in the car before practice.

Growing up, my mother told me that I needed to get my hair permed. Waves weren't that pretty. And growing up in traditional Vietnamese dancing, an environment where girls were constantly being compared and praised when they performed to the choreographer's liking, it was easy to feel alienated even more when all the girls had the same straight and thin hair. When they heat-ironed their hair into curls, the results were always beautiful. On me, it added more volume to my thick hair. On me, I felt out of place and in another world. On those days, I used to think that my mother was right, that I needed to do something about this hair to be beautiful.

After several years of straightening my hair in high school, burning strands so they were as straight as my mother's and hoping to burn away the thickness, I gave up on straightening. It was too much work, and I got more compliments with my wavy hair, much to my mother's dismay.

I felt like an outsider because of the waves. My hair didn't curl like the other girls. I was constantly getting told I looked bù xù from my mother. This hair I was born with wasn't close to what my mother wanted, and because of my natural, thick, coarse, hair, I didn't appeal to my mother's idea of success.

I buy lashes and eyeliners for the pageant. Mostly because I want to practice having stage makeup for the pageant. I realize that a month isn't enough time to perfect a skill. Instead, I get Invisalign two days before our second photoshoot and am self-conscious because the attachments are on my front teeth. The attachments look like tooth tumors. My speech sputters because of an artificial lisp.

I tell Contestant #6 about my Invisalign, and she understands the torture. We bond for the first time, and I am suddenly much more comfortable with pieces of plastic on my teeth. For the rest of the photoshoot, I'm joking and laughing with the female photographer, who

enjoys the company. Making fun of choreography and laughing like a scream.

When I visit for a school break, my mother tells me I'm prettier with makeup. I think she wants me to look closer to her success.

Contestant #12 initially joins the pageant because it's outside of her comfort zone, but she also tells me it's because her friend pushed her to join the pageant. At some point, she tells everyone that she hopes to practice her Vietnamese for the pageant since she doesn't use Vietnamese often in her immediate family. Because the pageant doesn't equip the contestants with any kind of Vietnamese help though, it is impossible for her to practice her Vietnamese. In other words, her goal is unattainable because there are no resources or support for Vietnamese.

As a personal anecdote, Mai (2006) discusses how her socialization is partially due to her entangled relationship with her parents. She defines, "By entangled family relationship, I mean that my family is an interconnected part of my identity and consciousness" (p. 89). Her identity, values, and morals are affected by her parents. This entanglement plays a strong part in how Vietnamese women in her interviews negotiate not only the notions of "success," but how these aspects are negotiated and expressed in their individualism.

Discussed explicitly in the conclusion, Mai (2006) relates her work to theorists of narrative and identity who discuss how reflecting on the past is an identity construction. To reflect, understand, and find coherence from the past mistakes, wrongs, and experiences can inform how a person can create the future self.

My mother teaches me how to fold eggroll wrappers with shrimp. At twenty-five, I start to learn how to cook from my mother. It's almost 11, I can feel my mind start to lose focus as I keep making the same mistakes. Unlike the times before, I'm not reminded of my mother's complaints or moments that I can't do it right which leads to you never being able to get a grasp at it. I place the filling in the middle of the paper, I break the shrimp tails, and I roll diagonally until I have to fold in the edges, and seal with egg. I screw up on the folding most of the time, but my mother continues to undo my wrapping, and shows me where I went wrong.

I keep trying until my eyelids get too heavy. She tells me that she'll show me how to make it next time I visit, and that it was a good try. Her tenderness is rare. Oftentimes, that tenderness is under a mask of guilt or shame, and for her to be tender means there is a mistake on the horizon. It's like waiting for a critique because I "should" know how to do this. Instead, her kindness is authentic and nourishing. She notices the effort in the exhaustion, and patiently shows me how to fold. These moments are rare, and I cherish it even if she'll critique me tomorrow.

"You have more of an aggressive posing."

"What does that mean?"

"Never mind. I won't say it."

"Tell me!"

"I'm going to stop talking. It's a good thing."

The other photographer that day is a man, and I end up just flirting with the camera afterwards, teeth tumors and all.

My mother used to tell me that I should do things to my body to look prettier. She laughed about my tiny boobs and joked about getting plastic surgery to have them enhanced. She wasn't joking most of the time.

When I finally tell my mother that I am in a pageant, she asks if the other contestants are pretty.

According to Lieu (2011), "Ao dai beauty pageants are significant not only because they bridge symbols of

the past with bodies that represent the future, but also because they work ideologically to evoke an "imagined community" that authenticates the persistence of Vietnamese ethnicity…" (p. 61). I wonder what the imagined community my mother wants if I am her symbol of success. Does she live vicariously through me to be a part of a community that she can't fully access?

Jennifer, a high school interviewee for Mai's (2006) dissertation, discusses how she didn't fit in with other Asian girls, and pointed out that Asians should assimilate and be "normal." According to her, her mother is "unassimilated" to America, and Jennifer dichotomizes her life into Asian or American.

She attacks Vietnamese beauty pageants by saying "I think it's a play on being exotic. And then you invite all the white people and the council members, people like that, and you try to make up publicity and fund raise. I think it's selling our exoticism…you know, this is why we're always seeming different and foreign" (p. 125).

Not a lot of white people show up to my pageant. The pageant is selling something, but it is not for white folks. It's a dream for Vietnamese people. Mothers live vicariously through their daughters. The Vietnamese community dream of pageant girls because they symbolize the American bourgeoise, and that representation shows that they can also, one day, acculturate into that class.

Not a lot of white people show up to my pageant. The pageant is selling something, but it is not for white folks. It's a dream for Vietnamese people. Mothers live vicariously through their daughters. The Vietnamese community dream of pageant girls because they symbolize the American bourgeoise, and that representation shows that they can also, one day, acculturate into that class.

Though, I have to give it to Jennifer. Selling exoticism is just another way to say fetishization, and it's a game I play into until I win all I need. The consequences are always worse than the winnings.

A contestant's mother calls on the last day of practice and demands to speak to the "boss" to ensure her daughter is at practice and not somewhere else. I've seen this scene play out in different situations: church, community college, and during classes. There's always an inkling of paranoia. I see the mother's concern as crossing boundaries. An overbearing and overprotective Vietnamese mother is like a modern-day villain, given too much of a backstory and complicated. Rooting for the villain is a kind of harm that I wish people would stop projecting. Pain is still pain even if the trauma is the origin.

Before I knew my flight out of Seattle was canceled and I was staying in Olympia longer, my family and I played bingo. My mother laughed and called numbers like she was a child who was enjoying games. It was a small spark of joy. She put cash in red envelopes. She told me about her unlucky nickname. Snow blanketed the outside world. Our Christmas tree was still up. My mother's laughter. Her joy.

I treasure the moment. I treasure this happiness in her.

I choose to fulfill my duties as First Princess, the runner up to the queen because if I am not completely and utterly the dripping image of success according to my mother which is a beautiful Catholic Vietnamese woman who is financially stable, my mother can still brag that her daughter is a princess. Because even if I fail at being beautiful, even if I fail at being Catholic, even if I fail at being the daughter she wanted, she can still be proud of me.

Mai (2006) finds and concludes in her dissertation that "the discourse of success as it is in articulated in my socialization and within the Vietnamese community involves one's whole way of being and that involves

how one carries oneself, who one associates with, the decisions one makes and the moral implications attached to them, how one represents oneself and one's family, and much more" (p. 170). Success is defined in Vietnamese women as their whole being and life. How others see these women in all aspects of her life is synonymous to her success.

My mother wants to live vicariously through her idealized version of me. Her daughter who has straight thin hair, who follows every Catholic rule to the period, who has bigger boobs and prettier makeup. She wants to live through her subjective successful daughter.

All I want is for my mother to love me. I want to be able to have conversations with her. One of my goals includes perfecting Vietnamese so I could write a love letter to her. I want to be able to make her feel loved because maybe then she would stop telling me I am useless. That I'm, good enough. That I'm someone she is proud of because I am me. Instead, the only times I make her happy are when I'm doing the chores that relieve her of time, when I go to church without her reminders, and when I pretend that I believe in the same things as her. I realized a long time ago, that it isn't possible to be what she wants, and her approval will never come.

But it's complicated. As much as I know I won't ever receive that approval, I still crave my mother's happiness. Whenever she praises me for washing the dishes without her asking, whenever she calls me a "good girl" for attending a holy day of obligation, whenever she finds harmony in teaching me to roll eggrolls, and whenever I can see the joy on her face as she tells me stories during bingo, it feels like intimacy is being fulfilled. If I can continue to hide the parts she doesn't enjoy, will I continue to receive that joy? Can acceptance be partial? Do I need her to love all of me? And do I need to love all of her?

The voice in my head that constantly suffocates me is my mother's. Her voice haunts me in Vietnamese, but her implications consume in English. Though, I'm unsure what to make of it because things have changed. I don't live in the same house. I can convey ideas in Vietnamese to her on a basic level. I have given up on my mother's ideas of beauty. I have given up on her desires of who I should be. I have given up on being a proper Catholic Vietnamese daughter. Yet her voice still tramples my thoughts. They still hum in the background like a lullaby.

References

Dutes, K. (Host). (2021, December 16). How to squash negative self-talk [Audio podcast episode]. In LIFE Kit. NPR. https://www.npr.org/2021/12/09/1062746913/how-to-stop-being-self-critical-and-silence-negative-self-talk

Lieu, N.T. (2011). "Pageantry and nostalgia: Beauty contests and the gendered homeland." The American Dream in Vietnamese (pp. 59-77). University of Minnesota Press.

Mai, T. T. (2006). Dilemmas or choices: Family, love, and status in the lives of young Vietnamese-American women. [Unpublished doctoral dissertation]. University of California, Davis.

Speaking Up and Speaking Out

Author

DUAA H. ALWAN, Department of American Studies, IUPUI

AUTHOR'S DISCLAIMER:

I omit the names of countries and cities in this piece to focus on the familiarity of shared experiences, and therefore, understand them in the context of community.

MY BORDERS ARE NOT STRAIGHT LINES

In alignment with the Peace Learning Center's Growing up in exile is a badge I wear with pride, launching me into uncharted pathways that shaped my personal and professional life. While I continue to not have access to my parents' hometown, one of the largest and oldest cities in the Mediterranean region, my community-in-exile became expansive. I was five years old when I woke up one day in a different country, then crossed continents and moved through two more countries that same year. With a brutal regime installed by a western power to dispose of a people, safety became a rare commodity that was more urgent than food or water. One of the earliest skills I had to master was learning to discriminate, and to be swift to judge. After all, discerning which strangers are the "good guys" and which are the "bad guys" can mean the difference between life and death. What I admired about my parents the most is that despite moving through five countries in three years, losing many family members and friends, and being financially ruined, they were adamant about our confidence knowing that we belong to millions of people around the world and throughout history who resisted tyranny and oppression. We were not alone and we were not special. We are as strong as the community we belong to.

For the exiled, community took the place of a hometown, grandparents, a neighborhood park, a school cafeteria, and a classroom. My early reading practice was using literature of resistance, our games were real-life scenarios of injustices set in different countries, and our bedtime stories were about dignity, agency, and accountability. The accumulated knowledge that I carried into my first official classroom got me into a lot of trouble. I was a nine-year-old who was placed arbitrarily into fifth grade in a small but intensely diverse town. Children in my class were from ten or more different countries stretching from Thailand to Mauritania. This only confirmed my parents' claim that we belonged to a global and historic community of those who were displaced and those who resisted. Consequently, I never felt like a minority even when I was minoritized and bluntly marginalized. From my vantage point, being in-community transcended labels and check-boxes; I could do in-community what was not feasible to achieve alone.

Fast forward to my senior year of high school, it had been the longest I lived in any one city.

However, due to our legal, yet illegitimate status, we were not allowed to attend college nor obtain a work permit. One by one I would witness people I knew leave, not anywhere familiar, but to any country that would allow them to work and/or study. For many, every move meant rebuilding life again, and for that reason, learning to find community made the journey meaningful. I moved to the U.S. at the age of seventeen and started my own journey learning English at an East-Coast state

university. It was the first time in my life that I heard my experience described as "complicated." I was only "complicated" to those who wanted my borders straight and my boxes neatly checked. Community-in-exile did not teach me to dissect myself into ethnicity, race, culture, religion, place of birth, and place of residence in order to be understood. I was whole. However, only those who dared to engage with me knew that, especially considering that it is impossible to grasp such knowledge from a textbook or an observation. There is so much lost by relying on someone to tell you about people they do not know.

As we moved countries, we moved systems. The political climate in each country dictated what students must learn in order to uphold what is of value to the state. Hence, much of social studies under dictatorships was propaganda, asserting power and maintaining the status quo. I recall my parents and older siblings regularly going through my social studies content, sifting through disinformation. While many locals are socialized to not question schools and curriculum, my community-in-exile did not accept propaganda for knowledge. Keep in mind that dictatorships make no claim for freedom, liberty, dignity, or individual rights. Therefore, when I started my own family in the U.S., worrying about unreliable and biased education was the last thing on my mind. If the Constitution and the Bill of Rights are what distinguished America around the world, it can be reasonable to expect that every child graduating after twelve years of schooling will know precisely

what it means to be an American and belong to a democratic society.

Engaging with the public school system started with one request from a world history teacher asking my husband and I to present "ourselves" to tenth graders who were studying the chapter on Islam. At the time, I was working in media post-production preparing to continue my graduate studies in film. As more requests began to flow in, it became apparent that there was high demand with limited supply. I started inviting teachers to meet with me one-on-one so that I could learn from them how to be better equipped to meet their needs. Based on students' questions in the classroom, I also inquired about the content of textbooks being used and the teachers' previous knowledge about my faith-based community. Meanwhile, I connected with a few other professionals who had also been taking requests from various school districts. We compared notes and agreed that we needed to share resources for a more effective engagement with teachers, given that their requests exceeded our free-time capacity. While it was not our goal to be the representatives of our entire faith group locally or worldwide, we wanted to create a community-based network with one goal in mind: to never turn away a teacher.

It serves education well to connect teachers who are seeking information and support to the plurality of stories within our community. Their requests were diverse as well, some wanted their students to meet a young Muslim student their age, others wanted their students to hear a refugee tell their own story, some asked for video or book recommendations, and some requested help with creating class activities and worksheets. Teachers often cited that their primary reason for engaging with our community was to enrich their students' learning by providing them the opportunity to interact with those who differ in their beliefs, worldview, and life journey. We developed a model to train community members to meet teachers' demands, keeping in mind the risk teachers take by bringing outsiders into their classrooms. Accordingly, we developed a 7-step certification that honored the teachers' trust in our team and allowed for a more meaningful, yet systemic community engagement. Over the course of two years, our team expanded to twenty-two certified individuals and four advisors/scholars who would review content and evaluate applicants. After I joined the human relations and equity commission

of one of the largest school districts in the nation as a community liaison, the lead officer noted to the rest of the team that the district should use such a certification process for all guest speakers visiting schools in the district. While this testimony was flattering, it was a confirmation that we can do in-community what we cannot do alone.

My experience through this community-based nonprofit created new uncharted pathways to consult for a couple of textbook publishers, conduct teachers' training for several districts, and work with a few local teacher education departments. Listening to social studies teachers was critical for the success of our engagement since teachers did not only explain what they were looking for but also generously evaluated what we offered and provided thoughtful feedback. Today, as a doctoral student, I build on such engagement. I seek to ground my work in evidence-based scholarship to create a more comprehensive approach to support social studies teachers. My research aims to fill a gap between what social studies teachers are expected to impart to their students and what they gained in their own education and training. Communities, as co-producers of knowledge, offer teachers an authentic curriculum that centers dialogue and values differences to provide their students with education fit for the twenty-first century.

Annotated Bibliography – Immigrant and Refugee Experiences

Collected by Jad Rea

INTRODUCTION

The collection of books below shares a variety of perspectives on the immigrant and refugee experience. Some titles in the first section, **For Adults**, are written by refugees themselves, including Abdulrazak Gurnah's Afterlife. This year, Gurnah became the first Black African author to win the Nobel Peace Prize in Literature in 35 years. Other titles provide an academic look at immigrant success and resilience, like Library Journal's Best Social Science Book of the Year, After the Last Border by Jessica Goudeau. In the second section, **For Young Adults & Kids**, books are accessible to a younger audience: like multi-award-winning Dreamers, a picture book by Yuyi Morales. Taking an intersectional look at immigration, we see the collision of identity and family; of gender, sexuality, and social expectation; of community and isolation.

FOR ADULTS

Abramitzky, R., & Boustan, L. (2022). Streets of gold: America's untold story of immigrant success. PublicAffairs.

In their study of immigration, Abramitzky and Boustan provide a new take on the role of immigration in American society and political policy. They argue that Americans base present social opinion and policy largely on myths and misunderstandings. Abramitzky and Boustan claim this study serves as a truthful, fact-based look at the often-divisive topic of immigration. With data gathered through ten years of research, the scholars support their assertion of the positive and vital role played by immigrants in America's social and economic wellbeing.

Agustin, R. (2022). Illegally yours: A memoir. Grand Central Publishing.

Agustin uses equal parts humor and candor to share his story of coming to terms with his status as an immigrant. The memoir explores themes of identity, family, and the social repercussions that come from being the child of immigrants. His narrative comes as an answer to the ongoing and often combative discourse over immigration in America. In an issue characterized by generalizations and political policies, Agustin reminds the reader of the individual people stuck in the middle of the debate.

Banerjee, P. (2022). The opportunity trap: High-skilled workers, Indian families, and the failures of the dependent visa program. NYU Press.

Banerjee investigates the H-4 dependent visa programs and their effect on Indian immigrant families. She finds, despite the official language of the programs, immigrants face social and economic struggles. Banerjee argues the restrictive policies cause these families to rely on a single income, which is often not enough to sustain them. To support her assertions, Banerjee shares the findings of interviews with Indian immigrant couples. Her groundbreaking look at visa policy reveals the inadequacy of the present system.

Cohen, S. J., & Taylor, S. T. (2021). Journeys from there to here: Stories of immigrant trials, triumphs, and contributions. River Grove Books.

The immigration debate often focuses on narratives of despair and struggle; Cohen's work adds dimensions of success and resilience. Drawing from her work as an immigration lawyer, Cohen shares stories of her clients in their own words. Firsthand accounts of courtroom proceedings allow a rare look inside the immigration process in America. Cohen and her clients encourage readers to reflect on themes identity, community, and belonging.

Creef, E. T. (2022). Shadow traces: Seeing Japanese/American and Ainu women in photographic archives. University of Illinois Press.

Creef explores the history of immigration through photographs. In her study of identity and visibility, she uses images as an intimate look into the Japanese and Japanese American women who immigrated to America. Creef applies a feminist lens to the study of immigration; she poses that we should take a more intersectional look at archival collections and investigate their potential for providing insights into race, class, and gender. She also provides suggestions on the integration of photographs and similar visual mediums into curriculum and research to offer a broader look at often overlooked communities.

Drake, S. J. (2022). Academic apartheid: Race and the criminalization of failure in an American suburb. University of California Press.

Drake looks at racial segregation in education in a present context, examining the complex political and social factors that perpetuate the policy despite the Supreme Court's Brown v. Board (1954) ruling making school segregation illegal. He compares ethnographic studies of two California high schools to lay out what systems of discrimination endure. Bringing together studies of immigration, race, ethnicity, and class, Drake also examines the role of criminalization and over-policing of Black, Latinx, and low-income youths. To counter the systemic discrimination, Drake shares examples of community resilience and cooperation to fight for equality and success.

Eng, A. (2022). Our laundry, our town: My Chinese American life from Flushing to the downtown stage and beyond. Fordham University Press.

Eng uses his experience as a playwright and performer to reflect on his childhood as a Chinese American kid in a changing New York City neighborhood. He mixes literary analysis and anecdote to compare media portrayal—often few and far between—of Chinese and Chinese American characters and culture on stage and screen with the reality of his own childhood. His journey to discover himself begins in the Manhattan theater scene and takes Eng across the world to Hong Kong and Guangzhou, China. His memoir sits at the intersection of race and ethnicity, immigration, and identity.

Goudeau, J. (2021). After the last border: Two families and the story of refuge in America. Penguin Random House.

Goudeau examines the intersection of gender and immigration in her study of two refugee families and their journey to find a new home in America. The stories of Mu Naw of Myanmar and Hasna of Syria allow an intimate look into the cruelty and impossible circumstances faced by families across the world. Goudeau's narrative offers a holistic look at America's refugee policies, charting the history from the Second World War to present day and explaining the changing social values that shape Americans' view on immigrants and refugees.

Gowayed, H. (2022). Refuge: How the state shapes human potential. Princeton University Press.

Gowayed puts a human face to the United States, Canada, and Germany's policy response to Syrian refugees. She argues these policies dehumanize refugees despite performative emphasis on individuality.

Gowayed puts special scrutiny on the United States resettlement policies, which seem to set immigrants and refugees up for failure as they are often put directly into impoverished and difficult circumstances. Setting her study against a backdrop of shared human experience of identity and belonging, Gowayed emphasizes the human cost of these policies on families and individuals.

Gurnah, A. (2020). Afterlives. Bloomsbury Publishing.

Gurnah became the first Black African author to win the Nobel Peace Prize in Literature in 35 years after he was nominated for his career-long, unflinching depiction of immigration and culture in East Africa. Afterlives is his most recent novel, a story set in the German colonization of the region. The individual stories of his characters weave into the greater narrative of brutality and injustice faced by residents beneath the oppressive regime of colonialism. Gurnah mixes history and fiction to tell the story of imperialism and resilience in East Africa.

Hartman, S. (2022). City of refugees: The story of three newcomers who breathed life into a dying American town. Beacon Press.

In America's Rust Belt, with towns left desolate as manufacturers closed factories and hundreds of livelihoods were lost overnight, the thought of immigrants can conjure fears of outsiders taking jobs. In her study, Hartman explores the stark difference between this perception and reality. She shows how the arrival of immigrant families to an upstate New York town did not destroy the community; instead, the newcomers helped the struggling city find a second wind to start to recover from economic devastation.

Johnson, M. T. (2022). The middle kingdom under the big sky: A history of the Chinese experience in Montana. University of Nebraska Press.

The popular image of "the Wild West" often neglect the vital role of immigrants in building and shaping the region; Johnson explores this phenomenon through the large Chinese population in early Montana. He examines the role of myth and sensationalism in our present view of history. A key element of his book is the emphasis of documents and family papers, allowing Chinese pioneers to tell their own stories. Johnson's important study stands at the intersection of race and ethnicity, immigration, and agency in the American "Wild West."

Molina, N. (2022). A place at the Nayarit: How a Mexican restaurant nourished a community. University of California Press.

Molina examines the role of the restaurant as an important social gathering place in Los Angeles' Mexican and Mexican American communities. The Nayarit, created by Molina's grandmother in 1951, served as a place for connection: connection with community, food, and Mexico. With her intimate connection to the subject matter, Molina weaves a story of family and cooperation across both the good and bad. She relates the narrative to a wider exploration of the factors and relationships that shape our identity, from both inside and outside our own communities.

Ocampo, A. C. (2022). Brown and gay in LA: The lives of immigrant sons. NYU Press.

In this intimate look at the intersection of race and ethnicity, gender, and sexuality, Ocampo investigates the complicated definition of identity in Los Angeles. Ocampo himself grew up a queer Filipino American in a community largely defined by rigid structures of masculinity and gender roles. He speaks of the delicate balance walked by gay children of immigrants like himself as they traverse their own communities and white spaces. Life is further complicated by social stigma and the weight of expectations as a member of multiple "othered" groups.

Reang, P. (2022). Ma and me: A memoir. MCD.

In this poetic memoir, Reang weaves a story of love, identity, and family. Her trials range from her family's escape from Cambodia to her childhood struggles to live up to her mother's expectations. Ma's dismissal

of Reang's sexuality further strains their relationship. In heartfelt and bittersweet prose, Reang reflects on generational trauma and the intersection of individuality and duty to family.

Su, P. H. (2022). The border within: Vietnamese migrants transforming ethnic nationalism in Berlin. Stanford University Press.

Su investigates a community often overlooked in the study of the Cold War: communities of Vietnamese immigrants who settled on both sides of the Berlin Wall. She describes the political turmoil immigrants left behind in Vietnam, and the physical border between East and West Berlin that met them in Germany. Though seen as a single homogenous group by contemporary sources, Su argues the newcomers created social divisions within their own communities. She examines the social role of borders and unity, and the malleable concepts of ethnicity and identity.

Touloui-Semnani, N. (2022). They said they wanted revolution: A memoir of my parents. Little a.

Touloui-Semnani weaves personal life and politics as she tells the story of her family's action in Iran. When her parents took part in the Iranian Revolution of 1979, she was just a child; fleeing with her mother to America, Touloui-Semnani grew up grappling with the fallout of revolution. Consulting primary sources and family memory, she comes to terms with her identity as a child of refugees and revolutionaries, and the personal cost of political change.

FOR YOUNG ADULTS & KIDS

Adewumi, T. (2020). Tani's new home: A refugee finds hope & kindness in America. Thomas Nelson.

Tani Adewumi's family had a life, a home, and a successful printing press in Nigeria—until, suddenly, they didn't. When Boko Haram took power in Nigeria, Tani and his family were forced to flee the country. They arrived in New York City, homeless and seeking asylum. Young Tani found hope in an unlikely place: chess. In just a few months, he went from practicing chess in a homeless shelter to winning the New York State Chess Championship. In this touching memoir, Tani reminds us we can find hope and community even in the most difficult circumstances.

Bui, T. (2017). The best we could do: An illustrated memoir. Abrams ComicArts.

Bui's memoir of love and sacrifice spans generations. She tells the story of her family's struggle to escape from South Vietnam in the 1970s, illustrating their difficult journey in this heart-wrenching graphic novel. Bui explores the way that times of struggle and uncertainty can blur identity and familial roles in ways that can go unnoticed and misunderstood for years. In a time of travel bans and an increasingly hostile environment toward immigrants, Bui's experience is timelier than ever.

Morales, Y. (2018). Dreamers. Neal Porter Books.

In this heartfelt picture book, Morales writes and illustrates her own story of coming to America with her infant son. She tells a powerful story of hope and strength in the face of uncertainty. Readers of all ages can connect to the story of mother and son dreaming of a better life, remaining resilient in the face of soaring boundaries, and finding strength in each other.

Takei, G. (2019). They called us enemy. Top Shelf Productions.

In a frenzy of xenophobia and paranoia in the midst of World War II, Americans targeted Japanese Americans. By order of President Roosevelt, authorities rounded up Japanese Americans along the west coast—whether children of immigrants or immigrants themselves—and interned them in so-called "relocation centers." Takei shares his family's experience in these internment camps through the eyes of a child; he was just five years old at the time of his family's forced relocation. In this chilling

and timely graphic novel, Takei urges us to remember and reckon with this shameful chapter of America's history.

Vega, S. R. (2023). Drawing deportation: Art and resistance among immigrant children. NYU Press.

In this unique insight into the circumstances of immigrants at the U.S.-Mexico border, Vega gathers interviews with families and the artwork of immigrant children. The unfiltered reality offered by the images puts a personal face to a policy issue, reminding readers of the human cost of the immigration debate. Narratives often dehumanize immigrants and remove their agency; Vega argues this treatment applies doubly so to children. By elevating their stories and listening to their hopes for the future, Vega offers a study of our current circumstances through the eyes of the children living it, and suggestions for how we might move forward.

Yang, K. K. (2020). The most beautiful thing. Carolrhoda Books.

In this picture book, suitable for K-3rd grade readers, Yang uses her childhood experience as a Hmong refugee to tell a story of beauty and identity. Young Kalia's family is full of love but faces financial difficulties as they adjust to their new Minnesota home. Kalia struggles with wanting more and turns to her grandmother for help. Speaking across generations and across the world, from Laos to Minnesota, her grandmother tells Kalia the most beautiful thing is found within ourselves and within those we love.

IUPUI
Office of Community Engagement
301 University Blvd., Suite 4008
Indianapolis, IN 46202