

# Building Healthier Communities in the Dominican Republic: Promoting Students' Critical Thinking Skills by Engaging Low-Resource Communities in Research and Action

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2021 CT2 Critical Thinking Seminar  
*Vickery Hall, Room 203*

*Day 2: Critical Thinking Strategies for  
the Classroom and Course  
Development*

- Began in Fall 2015
- 75 U.S. and 25 D.R. student experiences, 46 unique students



# Contents

- Principles
- Building Healthier communities in the Dominican Republic
- Lessons learned/Challenges
- Summary of Project Accomplishments
- Academic-community relationships: Final reflections





# Principles

Service Learning

Community engagement

Community-academic partnerships

- Reciprocal partnerships

- Essential components

Global learning

- GL potential negative impact

- GL done locally



# Service Learning



Seeks to engage individuals in activities that combine both community service and academic learning through reflective exercises (Furco, 2002).

An educational approach where a student learns theories in the classroom and at the same time (<https://www.elmhurst.edu/blog/what-is-service-learning/>)

- volunteers with an agency (usually a non-profit or social service group)
- engages in reflection activities to deepen their understanding of what is being taught

# Community Engagement

- Encompasses more than just a classroom teaching approach, but all the ways that university faculty, students, and research institutes engage with communities.
- Collaboration between higher education institutions and their larger communities for the mutually beneficial exchange of knowledge and resources in a context of **partnership and reciprocity**" (Driscoll, p. 6).

# Community-academic partnerships



Community-academic partnerships offer unique opportunities to draw from the respective strengths and expertise of academic institutions and community partners.

CAP Help to achieve health equity in at-risk communities.



Benefits include the ability to:

Develop, merge and share knowledge and expertise that promotes high quality research and capacity building

Create systems to enable the translation of research findings into action to improve health equity

Generate new knowledge to inform policy and decision-making, and

Use innovative interventions, critical analysis of existing systems, and pooling of resources to better address health inequity

# Reciprocal partnership

Designed to be non-exploitative; respects the knowledge and experience of all participants.

the act of sharing and striving together that creates the space and offers the support for each of us to become the best we can be.

Partnerships are collaborative and dynamic relationships between parties working toward and achieving shared goals while respecting individual differences  
(Partnership Forum, 2008)





# Three essential components for authentic community-academic partnerships:

## 1. Quality processes:

- ✓ relationship-focused
- ✓ characterized by integrity
- ✓ trust-building
- ✓ acknowledgement of history
- ✓ commitment to learning and sharing credit



## 2. Meaningful outcomes (specific and significant to all partners)

## 3. Transformation (at individual, institutional and organizational, and societal levels)

# CAP Essential Components: Processes

- Assets driven
- Dialogue
- Creation of common language
- Relationship-building strategies
- Describing and understanding each other's culture
- Learning together (Co-learning)
- Collaborative problem posing and solving
- Collaborative agenda setting
- Identification and recognition of each partner's needs, issues and challenges
- Constant negotiation and modification

# Global learning

- The process of diverse people collaboratively analyzing and addressing complex problems that transcend borders (*Landorf & Doscher, 2015*)
- Some of the helpful professional skills built throughout a global travel experience might include (<https://ibstours.com/blog/benefits-global-education/>) :
  - The development of a broader world view that promotes diverse thinking
  - Better communication across languages and cultures
  - Building important international connections



## Community engagement abroad is great, but:

- **Can have negative secondary effects on target communities**
- **May be excluding financially limited students**
- **Can reinforce (negative) stereotypes students bring with them**
- **May create or reinforce a “savior complex” in students, at times with racial overtones**



“Is this still cute if I’m black too?”



## GCE *can* be done locally

### Possible topics include

- Human trafficking
- Refugee resettlement and homelessness
- Immigrants' rights
- Health, educational, and economic equity
- Sustainability
- Labor exploitation and human rights violations in global supply chain





## Building Healthier communities in the Dominican Republic



# Why?



**Holistic perspective:** To understand the social determinants that perpetuate poor health conditions in low-resource settings

**Inter-disciplinary:** To combine public health, social sciences, and community-engaged research to identify innovative ways to improve communities' health and well-being in a more sustainable way

**Action oriented:** To promote systems and environmental changes

**Community-academic partnership:** To build on long-term (9 years) collaboration with Iberoamerican University (UNIBE)

# Objectives



To use CBPR to study the **health situation** of a low-resource community by adapting an evidence-based protocol from the CDC (CHAnGE)

To use findings to identify **actions for improvement** with community leaders and their partners, by capitalizing on community strengths and

The project fosters **multi-level partnerships** with local gov. and non-gov. organizations, and two universities (CU/UNIBE)

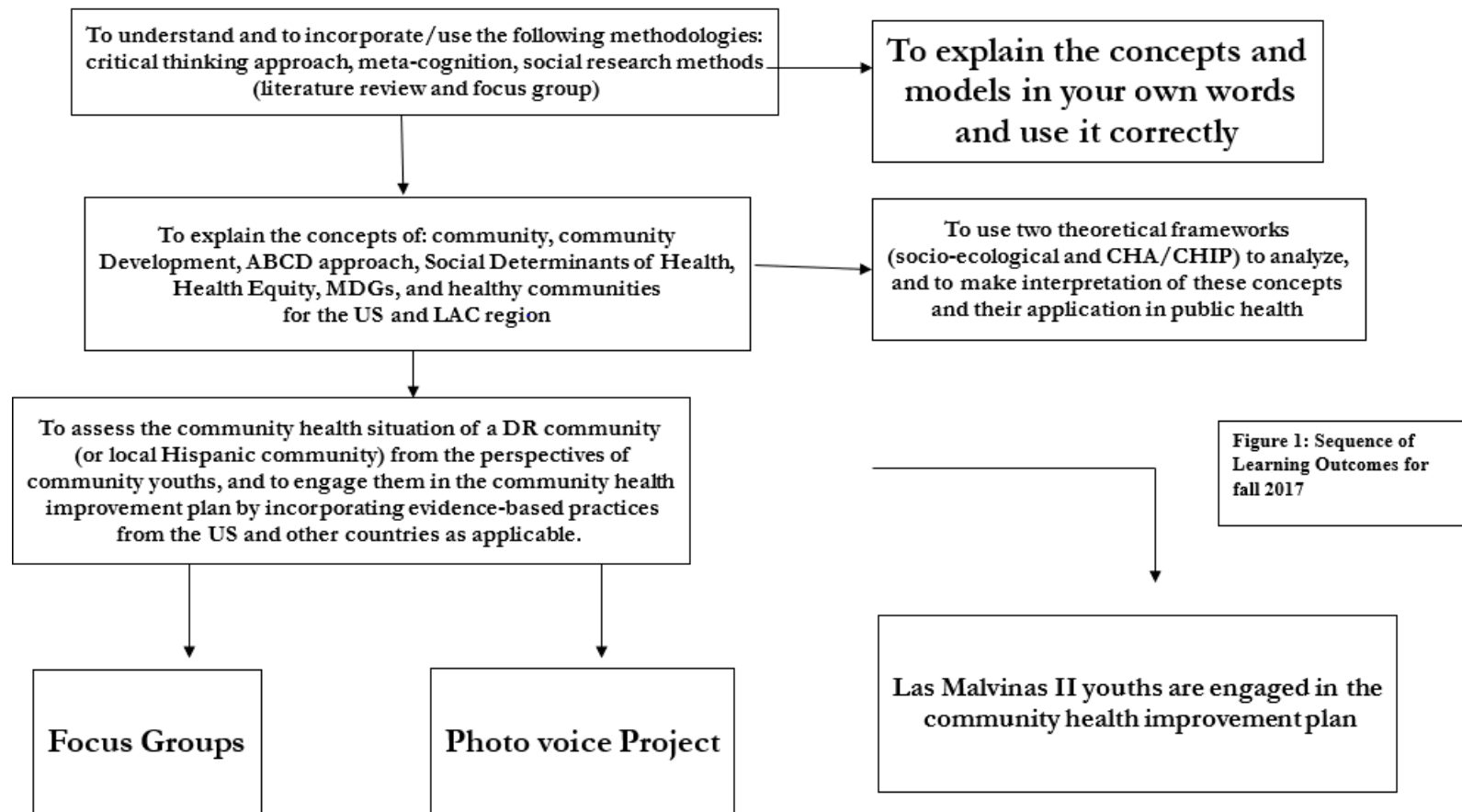
To provide collaborative, multi-disciplinary and cross-cultural **learning experiences** for Clemson and UNIBE (Research Track) students

**Youth engagement** initiatives seek to incorporate youth in ongoing efforts to improve community's health



# Students' Learning Outcomes:

- To **increase students' understanding of public health issues** affecting developing countries from a cross-cultural and global perspective,
- To **increase students' skills in the application of social research methods** (i.e., semi-structured interviews with key informants, focus groups, and GIS survey and data analysis) to characterize the health situation of an under-resourced community.
- To **increase students' utilization of translational research** to adapt conceptual frameworks (Bronfenbrenner's socio-ecological model, 1979 and the Community Health Assessment and Improvement Model by CDC) in conducting a Community Health Assessment (CHA) in a developing country,
- To **strengthening students' critical thinking skills** by proposing alternative solutions (CTs pre and post-test/meta-cognition report)
- To **nurture students' multi-disciplinary teamwork skills** by collaborating with their CU classmates from different majors and masters, as well as binational, with students from DR partner university (UNIBE)



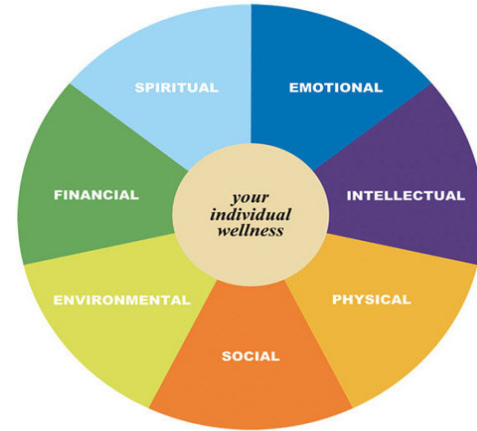
Dr. Arelis Moore, PhD  
FCS SPAN 3970: Building Healthy  
Communities: Study abroad in the DR.



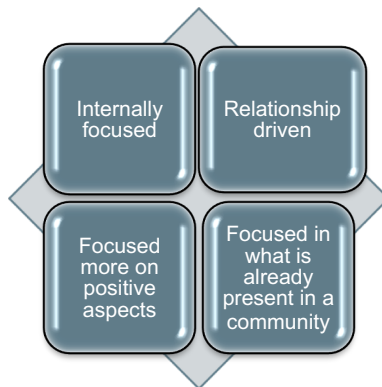
## Socioecological Model of Health



## Healthy Communities: Community Reinvestment



## Assets-based Community Development



## Maslow's Hierarchy of Needs

Self-Actualization  
Reaching one's potential



# Bi-national Research Teams



- Research teams
- Team leaders
- Bi-weekly meetings (Class sessions for CI)
- Teams' reports at meetings
- Student led organization: Tigers Building Healthier Communities Abroad



## Service-Learning Activities





Las Malvinas II  
Santo Domingo Norte  
Santo Domingo  
República Dominicana





BOLETIN SOBRE DESARROLLO AMBIENTAL COMUNITARIO  
UNIVERSIDAD IBEROAMERICANA EN EL

## PARQUE ECOLOGICO LAS MALVINAS

AREA PROTEGIDA LAS MALVINAS, MUNICIPIO SANTO DOMINGO  
NORTE, PROVINCIA SANTO DOMINGO, REPUBLICA DOMINICANA.

República Dominicana. Febrero 2013



2012

-CLUB ROTARIO SANTO DOMINGO INNOVADOR  
-UNIVERSIDAD IBEROAMERICANA  
-UN TECHO PARA MI PAÍS REPÚBLICA DOMINICANA

### [CENSO POBLACIONAL: LAS MALVINAS II - BRISAS DE LAS MALVINAS 2011]

SANTO DOMINGO, REPÚBLICA DOMINICANA





2016: **Community Health Assessment** in Las Malvinas  
Cultural and linguistic adaptation of CDC CHAnGE  
Community assets and health needs identified



2017: **Community Health Improvement Plan:** Worked with  
community leaders and partners to improve sanitation, access to  
clean water and access to health care.

2017: Tigers Building Healthier Communities abroad: **Student  
Org.**

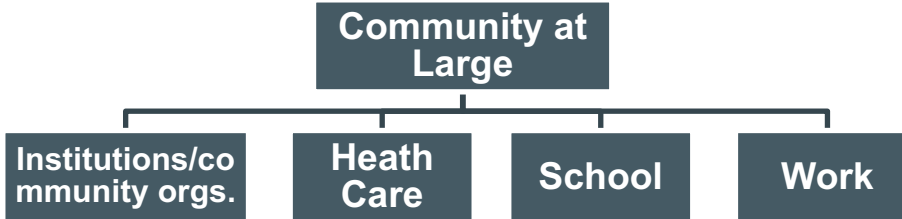
2018: **Participatory Youth Action Research.**

2019: Project evaluation protocol developed



# Community Health Assessment

## SECTORS



## MODULES



## METHODS



**Focus Groups (2)**  
• Community at Large



**Interviews**  
1-Neighborhood Association  
2. Las Malvinas School  
3. Health Area Directorate  
4. Industrial Park  
5. Environmental Authority



**Household Survey (GIS)**  
1. Assets  
2. Risks Factors  
3. Disease History

## Focus Groups: Community at Large



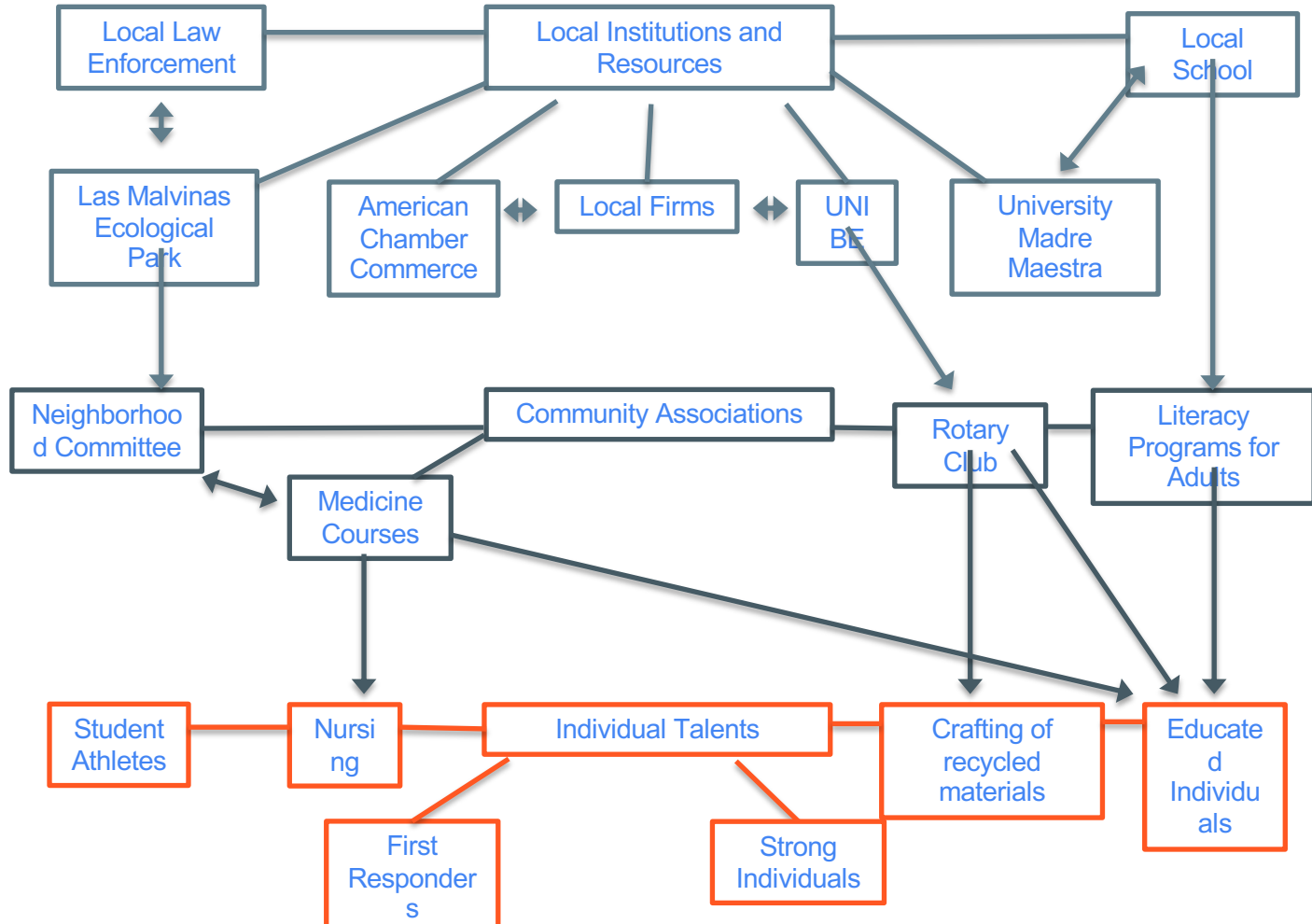
## Interviews with Key Informants



## GIS Household Survey



## Community Assets Map: Las Malvinas, Dominican Republic







# CHANGE Tools

## Community Health Assessment and Group Evaluation

### COMMUNITY-AT-LARGE

Additional information about the community can be included in the comment box denoted by the red tab.

COMMUNITY'S NAME: Las Malvinas II, Santo Domingo, Dominican Republic

Module Score Summaries		
Policy	Environment	Module
0.00%	0.00%	Sanitation
0.00%	0.00%	Education
0.00%	0.00%	Unwanted Pregnancies
0.00%	0.00%	Vaccine-preventable Diseases
0.00%	0.00%	Chronic Disease Management

### GENERAL INSTRUCTIONS

Please indicate your answer by typing an 'X' or the correct information in the appropriate box for your response.

Additional information can be included in each comment box denoted by the red corner tab.

### DEMOGRAPHIC INFORMATION

#### Community density:

Approximate number of people who reside in the community (population):	3500
Approximate size of the area (square miles):	1.1 square miles

#### Best description of the community setting

(choose ONE only):

Rural	
Suburban	
Urban	X

#### The approximate percentage of people in the community with no high school diploma

(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	
15 – 19%	
≥ 20%	X

#### The median household income of the community

(choose the best estimated category):

< \$25,000	X
\$25,000 – \$34,999	
\$35,000 – \$49,999	
\$50,000 – \$74,999	
> \$75,000	

#### The approximate percentage of people in the community who are living in poverty

(choose the best estimated category):

< 5%	
5 – 9%	
10 – 14%	
15 – 19%	
≥ 20%	

## Five Sectors Average

Modules	%	
	Policy	Systems/ Environ.
Sanitation	16	14
Education	21	22
Unwanted Pregnancies	14	12
Vaccine-preventable Diseases	24	21
Chronic Disease Management	21	19

Demographic Information

Sanitation

Education

Unwanted Pregnancies

Vaccine-preventable Diseases

Chronic Disease Management

+

Normal View

Ready

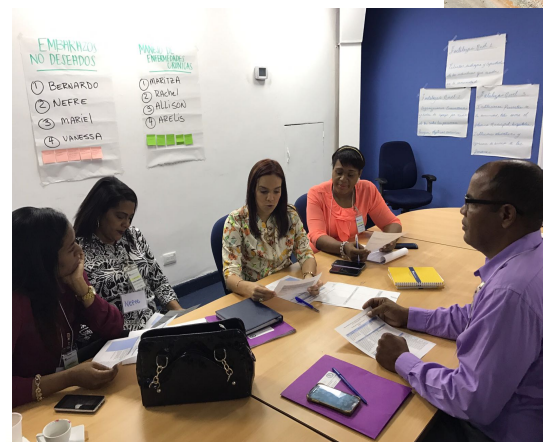
Sum=0



## Plan de Mejora de la Salud Las Malvinas II

### Enfermedades Crónicas

<b>Meta II:</b> Construir una comunidad saludable donde sus residentes tengan toda la información y el apoyo necesarios para acceder a una atención de salud de calidad que les permita participar en comportamientos saludables y cuidados preventivos		
<b>Estrategia:</b> Fomentar una mejor nutrición mediante una iniciativa de alimentación saludable		
<b>Objetivo:</b> Establecer un huerto comunitario		
<b>Recursos necesarios:</b> Frutas y hortalizas frescas, suelo fértil, acceso al agua, espacio, barriles de agua		
Fortalezas de Nivel 1	Fortalezas de Nivel 2	Fortalezas de Nivel 3
Espacio para el jardín	Club cultural y Deportivo Las Malvinas	Club Rotario de Santo Domingo
Mano de obra	Iglesias locales	Ministerio de Agricultura
	Junta de Vecinos	Fundación para la paz
		<u>UNIBE</u>
<b>Estrategias basadas en recursos</b>		
Programa	Información	Referencias
Iniciativa del Programa Eco-Huertos	Iniciativa del Programa Eco-Huertos en Santo Domingo para iniciar jardines de verduras escolares para fomentar sistemas de jardinería, mejorar los programas de ciencias naturales en la escuela y ofrecer espacio educativo.	<a href="http://www.globalfoundationdd.org/project_huertos.asp">Http://www.globalfoundationdd.org/project_huertos.asp</a>



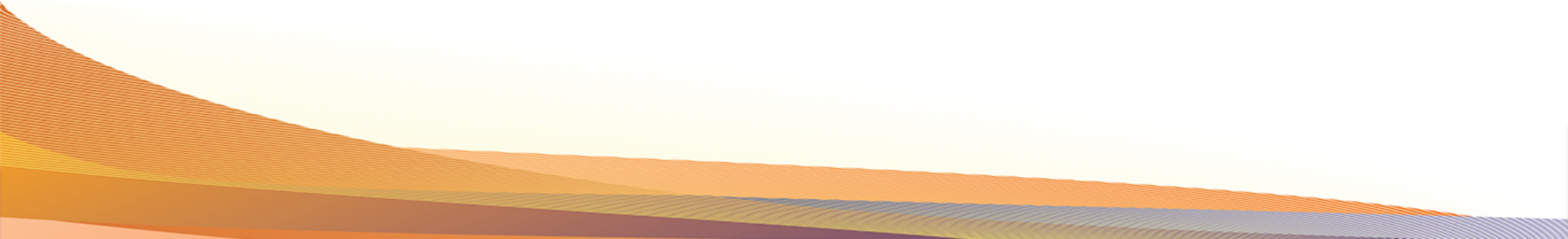


# 2018: Participatory Youth Action Research



GIS Story Map

<https://clemson.maps.arcgis.com/apps/Cascade/index.html?appid=ec990b9f0c8e41458070f113953610de>



## Lessons learned/Opportunities



Engagement of respected community members who have credibility and visibility



Incorporating assets in the CHIP previously identified in the CHA



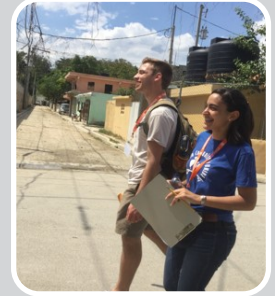
Proxy Trust (Lucero, 2013): Las Malvinas II towards UNIBE



Proactive attitude of Las Malvinas II Neighborhood Association: Participatory budget



Addition of governmental and non-governmental organizations (Bridging Social Capital)



Student engagement Clemson and UNIBE

## Lessons learned/Challenges

Addressing power  
differentials among  
researchers and  
community members

(Israel, Schulz, Parker & Becker,  
1998)

Historical mistrust

(Cook & Jackson, 2012)

Availability of funds  
and continuous  
government  
involvement

Partners' time  
availability  
(CHIP)

Changes in the  
amount and  
diversity of  
resident families

## Summary of Project Accomplishments

### Community Systems and Environmental Changes

- Primary Health clinic almost finished
- Water supply in all households
- New land for school
- Regular and more frequent trash pickup

### Coalitions and Organizations

- Las Malvinas II Coalition (2016)
- Student Organization “TBHCA” (2017)
- Multi-disciplinary/bi-national student research teams

### Research and Programmatic Reports/Plans

- Community Health Assessment (2016)
- Community Health Improvement Plan (2017)
- Youth Engagement Research (2018)

### Project Dissemination

Local and national presentations (20)

Three papers published

Articles published in newspaper/magazines in DR and SC

# Planning work for las Malvinas II Community Health Assessment, fall 2014, spring 2015





Academic-community relationships  
***must*** be animated by principals of  
mutual benefit, reciprocity and respect

**College/university has ethical  
responsibility to ensure...**

- Project is conceived and developed with integral collaboration of community partner(s) and community members
  - Communities are not exploited (Hammersley 2013; Eby, 1998)
  - No false advertising about what the partners would gain from the relationship
  - Benefits are desired and reciprocal
  - Partners must develop trust & recognize project may need to adjust
-



Academic-community relationships **must** be animated by principals of mutual benefit, reciprocity and respect

**If ill-conceived or a drain on community partner resources...**

- Partner may feel “used” by faculty member (re: workload, prestige, or pay)
- Clients may resent students earning credit, but their situations not improving or worsened
- Stereotypes may be perpetuated
- Project/program relationship may cease, without chance to improve

**If the students gets little (learning) from the service**

- Students may resent time and effort with little return to themselves
- Administration may pull plug and “reallocate resources”

Questions???

