Community Organizing as a Vehicle to Promote Public Health in Clarkston, GA: A Literature Review & Case Study of Georgia Refugee Health and Mental Health

Maylott Mulugeta

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ABSTRACT

Community Organizing as a Vehicle to Promote Public Health in Clarkston, GA: A Literature Review & Case Study of Georgia Refugee Health and Mental Health

By

Maylott Mulugeta

April 16, 2018

Abstract: Community organizing has long been utilized as an effective and necessary vehicle to promote public health, and more broadly engage communities living at the intersections of racial, gender, housing, education, and immigration injustices. Although meaningful and effective health promotion, and more specifically health equity, requires multiple top-down and bottom-up systems changes, communities organizing around their own health and well-being is fundamentally the crux of many public health strategies and interventions. The aim of this project was to conduct a literature review of community organizing through the lens of: (1) health equity promotion (2) the transformative organizing model (3) impact and power of youth organizing (4) immigrant & refugee-led community organizing and (5) the current funding landscape for community organizing. The summative results of this review suggest that community organizing can serve as a critical and irreplaceable tool for promoting health equity and that in particular; organizing is seen as increasingly impactful among communities that are most marginalized.
Community Organizing as a Vehicle to Promote Public Health in Clarkston, GA: A Literature Review & Case Study of Georgia Refugee Health and Mental Health

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A Capstone Submitted to the Graduate Faculty of Georgia State University in Partial Fulfillment of the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
30303
Community Organizing as a Vehicle to Promote Public Health in Clarkston, GA: A Literature Review & Case Study of Georgia Refugee Health and Mental Health

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Introduction

The city of Clarkston, Georgia is centrally located in DeKalb County approximately 10 miles northeast of Atlanta (City of Clarkston History, 2019). This city with a rich and diverse history owes much of its humble beginnings to the Georgia Railroad. In the late 1800’s, Clarkston became known as one of Atlanta’s first suburban communities and commuters became a growing majority in this conveniently located city (City of Clarkston History, 2019). Clarkston is home to over 12,000 residents of which only about 62% are US citizens (Clarkston, GA, 2016). More than 5,000 residents identify as non-English speakers and according to census data Clarkston has a relatively high number of residents who are native African Language speakers (Clarkston, GA, 2016). In addition to the unique demographics of this largely immigrant and refugee community, Clarkston’s poverty rate stands at about 40% with a median household income of $33,486 (Clarkston, GA, 2016). The residents of this diverse community welcome over 1,500 refugees each year and have created a culture of resettlement and co-existence that has been recognized nationally.

With the election of a new, young, and progressive-leaning mayor in 2013, Clarkston has led the state of Georgia in efforts to counter the dangerous, regressive national narrative around the United States stance on immigrant and refugee communities. Furthermore, this ‘Ellis Island of the South’ continues to challenge oppressive policies and dangerous rhetoric in order to create culturally-conscience systems and structures that support the immense number of immigrants and refugees that call this city home. Ted Terry, the current mayor of Clarkston
explained that:

“My goal with Clarkston is to showcase it...I didn’t make this place a compassionate community – yes, we enshrined it in an official way, but it was a compassionate and welcoming community long before I got here (Katy Long in Clarkston, 2017).”

*What is Community Organizing?*

Social justice and resistance movement theory are a critical foundation of community organizing (Staples, 2012). Historically, community organizing has been utilized as both a tool for resisting inequitable policies and practices as well as a vehicle to fight for change from ongoing oppressive environments. Staples (2012) defined community organizing as:

“Collective action by community members drawing on the strength of numbers, participatory processes, and indigenous leadership to decrease power disparities and achieve shared goals for social change” (pp. 1–2). The organizing modality is fundamentally linked to distributive justice, equal rights, self-advocacy, and collective empowerment. Furthermore, the vast majority of community organizing work is conducted through task-oriented groups, including organizing committees, recruitment teams, house meetings, issue committees, leadership training cohorts, governance boards, task forces, lobbying committees, negotiating teams, fundraising committees, media teams, special events committees, and a host of other configurations that provide structural access points for community members to participate in research,
consciousness raising, strategic analysis, planning, decision making, collective action, and evaluation/assessment (Staples, 2012).”

Community organizing in the US South has a particularly dynamic, radical, and complex legacy. The US South and the people who have called this region home for generations have long been a dominant political force—driving urgent national policy matters and standing up against top down, restrictive politics that have never served their best interest (Social Justice Organizing In the U.S. South, 2009). Moreover, as a result of the rapidly growing population, Southern organizing, now more than ever, has the capacity to hold tremendous political and social influence (Social Justice Organizing In the U.S. South, 2009). With this potential, it has become more urgent for Southern organizing to incorporate a critical intersectional lens, recognizing that individual and community rights must include strategies that address multiple, overlapping social identities.

One of the most pressing grassroots organizing agendas taking place in the US South is centered on immigration issues. The Southern Scan Research Project released a report in 2009 that highlights key findings stating:

“Not only is the fast pace of demographic change one of the most important issues facing the South, but that the ability of groups to effectively engage issues of immigration is a useful barometer for gauging the overall effectiveness of their organizing. Immigration and demographic change is a national story; what is unique about the South is how fast the change is happening (Social Justice Organizing In the U.S. South, 2009).”
Furthermore, since the 2016 Presidential elections, dangerous and xenophobic discourse and policy pertaining to refugee resettlement and integration here in the United States has had detrimental consequences—specifically in the South where conservative politics have a history of challenging human rights and social justice. Consequently, community organizing in Atlanta, one of the South’s fastest growing cities, has required both urgency and reflective strategy.

Public Health & Community Organizing

Public Health often refers to the social determinants of health as essential for deeply understanding health service delivery, program planning and implementation, and health policy. Healthy People 2020 note that, “the conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be (Social Determinants of Health, n.d.).” In addition to simply living conditions, the American Public Health Association (APHA) emphasizes that issues pertaining to equity must be addressed in order to ensure individuals have the opportunity to attain their highest levels of health (Social Justice and Health, n.d.). Institutionalized systems of oppression such as but not limited to: racism, sexism, classism, and xenophobia all play a significant role in a communities ability to address health challenges and thus require nuanced and innovative approaches to tackle.

Community organizing is a longstanding, dynamic vehicle for public health promotion, and community engagement overall. This project will analyze the literature pertaining to the value, models, subgroups, and implementation of community organizing. Additionally, a case
study conducted with a small, growing group of organizers in Clarkston, GA, Georgia Refugee Health and Mental Health, will highlight public health organizing strategies and ultimately recommendations for how to strengthen their community organizing efforts will be offered.

**Literature Review**

*Community Organizing and Health Equity*

The public health field has increasingly recognized and highlighted community organizing as a tool to overcome the complex systemic inequities seen at the root of health disparities (Pastor, Terriquez, & Lin, 2018). As a result, a shift from simply identifying the existence of health disparities to centering health equity in language and in practice has become common amongst public health professionals. Pastor et al. (2018), explore the strategies in which grassroots community organizing efforts have utilized a health equity framework to support and guide efforts to advance the health and overall well being of individuals and communities (Pastor et al., 2018).

“According to social movement theory, organizers and activists use framing to develop a narrative that helps them gain legitimacy, construct a common identity, and advance their agenda (Pastor et al., 2018).”

In the context of local grassroots community organizing, a health equity frame offers space to address and tackle a wide range of social injustices that are both immediately and more broadly connect to health (Pastor et al., 2018). Issues such as housing, education, gender, and immigration all can leverage a health equity agenda to move towards progress and perhaps
provide innovative solutions. Lastly, utilizing community coalitions as an organizing strategy and moreover strategy to address complex community systems has become promising for the promotion of health equity (Kegler et al., 2010). Coalition building has become so common in the health promotion space that theories such as, the Community Coalition Action Theory (CCAT), have emerged. CCAT provides, “a series of ‘practice-proven’ propositions that summarize what is known empirically and what is commonly believed about how community coalitions can lead to improved health and social outcomes (Butterfoss & Kegler, 2009).” The literature clearly identifies both grassroots community organizing and community coalitions as critically essential in the fight towards health equity.

**Transformative Organizing Model**

Although still in the exploratory development phase, one model of community organizing that has emerged in the past decade is transformative organizing (Williams, 2015). The Social Justice Leadership organization released a report in 2010 that defines transformative organizing as, “an approach to social justice organizing that engages both levels – social transformation and personal transformation – simultaneously (Transformative Organizing Toward the Liberation, 2010).” Furthermore, this approach to grassroots organizing draws from rich and dynamic historical legacies of social movement and power building both in the United States and around the world (Williams, 2015). This newly emerging model is rooted in four basic principles (Transformative Organizing Toward the Liberation, 2010):

1. Transformation begins with self-awareness
2. Intentional practice leads to transformation

3. Transformation requires vision

4. Transforming society requires ideological, strategic, mass-based organizing

While there is a long journey ahead for community organizers in institutionalizing the transformative organizing model, it has and will continue to serve as an important influence to the ongoing creation and development of meaningful and modern movement building strategies—ultimately for more liberatory and equitable communities (Williams, 2015).

Power of Youth Organizing

One of the most promising strategies becoming increasingly popular for changing the future culture of community and civic engagement is youth organizing. Although a wide range of community organizing efforts support in the development of community leadership, youth organizing, particularly, promotes a wider range of positive community development outcomes (Ginwright, 2010). In particular for low-income communities of color, youth organizing can provide opportunities and pathways to develop on-going sociopolitical consciousness and can serve as a vehicle the address the complex and nuanced system failures in their communities (Ginwright, Noguera, & Cammarota, 2006). The Funders’ Collaborative on Youth Organizing released a report in 2010 stating:

“Research shows that when youth take action to solve neighborhood problems, the process fosters hope, develops optimism and builds a sense of self-efficacy. These factors contribute to increased academic performance, high levels of civic engagement
and overall well-being among young people from low-income communities (Wilson, Dasho et al., 2007).”

For young people, community organizing has immense potential to foster sustained capacity, commitment, and resilience to engage in civic and social justice—all of which are essential in promoting health equity at the community-level (Ginwright, 2010).

Immigrant & Refugee-Led Organizers

As of July 2017, the number of immigrants living in the United States reached an all time high at 44.5 million individuals (Camarota & Zeigler, 2018). Between the years 2010 and 2017, 9.5 million new immigrants settled in the United States (Camarota & Zeigler, 2018). The Census Bureau projects that by the year 2027, the percentage of immigrants residing in the U.S. will exceed 14% and continue to increase incrementally for the next several years (Camarota & Zeigler, 2018). In addition to the increase in the population of immigrants, there has been recent national political discourse that has resulted in growing xenophobic agendas both at the policy and community level. This has resulted in tension among newly integrated immigrants throughout the US—forcing immigrant and refugee communities to organize within their communities for basic human rights and policies that support their needs and livelihood (Gjecovi, James, & Chenoweth, 2006).

Immigrant and Refugee-led community organizing efforts are growing tremendously in our current political climate. According to the Urban Institute, immigrants in the last decade have settled primarily in nontraditional states, such as those in the Southeast, Midwest, and the
Rocky Mountain region (Gjecovi et al., 2006). In the Southeast, for example, immigrant and
refugee-led and centered community organizing efforts are working in collaboration with
Southern organizers who have a legacy of fighting the often right-wing racial, socio-economic,
and environmental injustices that have disproportionately disenfranchised this region for
decades. Very few scholarly, peer-reviewed articles examine immigrant-led organizing (Gjecovi
et al., 2006). Much of the literature emphasizes the personal experience of organizing and the
individual benefits as opposed to the community experience and the impact on society and
larger policy issues (Gjecovi et al., 2006).

A report by the Catholic Legal Immigration Network, Inc. (CLINIC) analyzed the unique
contributions of immigrants to community organizing in the United States (2006). The report
highlights that:

“Home-country social relationships, cultural norms, and political concerns play a
significant role in how immigrants view community life, and how they perceive
community organizing in the US. Immigrant organizing groups need to confront the dual
concerns immigrants have for their native countries and the new communities in which
they live. Immigrants engaged in local organizing efforts are often compelled to build
new and larger social networks between immigrant groups, and establish principles for
how people work together on shared concerns (Gjecovi et al., 2006).”

Funding Landscape for Community Organizing

Although funding and responsive grantmaking that prioritizes community organizing is
growing throughout the United States, the overall foundation and institutional grantmaker investment in community organizing remains relatively very small (O’Donnell, Beckett, & Rudd, 2005). As philanthropy continues to critically assess the impact of their funding streams through an equity and social justice lens, it has become increasingly urgent for local and national foundations and non-profit funders to mobilize resources in grassroots organizing efforts—particularly rooted in intersectional and place-based strategies.

Neighborhood Funders Group (NFG) NFG membership is a network of funders who believe in the power of people and communities to ignite change. The network is composed of over 100 grantmaking institutions supporting work to advance social justice and community change. Their members include private foundations, community foundations, family foundations, corporate foundations and giving programs, religious giving programs, public foundations, and other grantmaking institutions (NFG, n.d.). Foundations and individuals that are a part of this growing network understand and are harnessing their collective power to support and direct philanthropic dollars directly back to grassroots efforts—many of which are rooted in community organizing. Housed within NFG is the Funders for Justice (FFJ) initiative, a national funder organizing platform focused on grassroots organizing led by and for people of color at the intersections of racial justice, gender justice, criminalization, and models for community safety and justice. FFJ launched in late 2014 to mobilize funding resources in solidarity with the uprisings in Ferguson, Missouri, and communities of color resisting state violence and criminalization around the country (NFG, n.d.). Lastly, the National Committee for Responsive Philanthropy (NCRP) released a report in 2005 titled, Leveraging Limited Dollars,
which discusses the return on investment for community organizing and civic engagement (Ranghelli, 2012). The report highlights research that documented $26.6 billion in benefits for taxpayers and communities in 13 states, and found that every dollar grantmakers and other donors invested in policy, civic engagement, and community organizing initiatives provided a return of $115 in community benefit (Ranghelli, 2012). Furthermore, NCRP recently released launched a *Movement Investment Project* that found philanthropic support for immigrants and refugees prior to the 2016 elections represented less than 1% of total foundation funding and 50% of that funding came from just 11 foundations (Moore, 2019). Research by NCRP and other philanthropic entities such as Proteus Fund and Solidaire how, foundations have played important roles in social movements of the past, partnering with them to support major social, cultural and political shifts (Moore, 2019). Foundations are often key players to movement sustainability. They provide crucial capital to build organizational capacity and their dollars can be a stable, reliable resource amidst the ups and downs of long-term movement-building and community organizing (National Committee For Responsive Philanthropy 2019).

Despite the immense progress many philanthropic institutions are undergoing to further their listening and understanding of community organizing’s impact, there is still an overarching hesitancy among many extremely powerful and traditional funders. Barriers to funding community organizing can include but is not limited to: grantmakers’ discomfort with the grassroots and change-making nature of organizing, grantmakers’ preferences for funding clear-cut solutions to immediately-solvable problems, and loyalty to a philanthropic status quo (O’Donnell et al., 2005). Typically, when grantmakers decide to invest in community organizing,
they go about it in one of three ways (O'Donnell et al., 2005):

1) Core operational support

2) Targeted support for special projects & work on specific issues or campaigns (includes expansion of specific projects and initiatives)

3) Capacity building

Discussion and Conclusion

The overarching goal of community organizing for health promotion is to support and equip communities by building power through increased social, political, economic, and decision-making capacities, and ultimately influence change (Douglas et al., 2016). Emerging and evolving models of community organizing that are in the early stage of development, such as transformative organizing, simply give frameworks and structures to a collective practice that communities have long utilized to resist volatile policies and create space for alternative narratives. Organizing efforts that center, not only grassroots community agendas, but also those most impacted by multi-layered systems of oppression such as young people and immigrants and refugees are paramount. The literature is growing as documentation and approach building among the organizing community is becoming more popular and increasingly shared.

As the political climate grows increasingly more restrictive and unsafe for poor individuals and communities of color, funding for community organizing has become prioritized. Funders in the philanthropic space are beginning to collectively unpack what it means to
reimagine traditional funding and move towards redistributing resources back to grassroots efforts and communities at the frontlines of the fight for justice (NFG, n.d.). These bottom-up community level approaches grounded in social justice and community voice can greatly support in tackling systemic inequities, that often, even community-based public health interventions and direct service programs may not face head on.

**Limitations**

Although the public health field has long recognized community engagement and community-based participatory programs and research, the utilization of community organizing, in and of itself, as tool to promote health and all of its determinants is a fairly newer studied process. There are still several gaps in the peer reviewed public health literature and much of the research that is emerging fails to incorporate an intersectional, multi-issue lens when analyzing the impact of community organizing and its significance in the overall health and well-being of communities.

Furthermore, this lack of comprehensive research also exists when discussing particular groups of individuals such as immigrant, refugees, and young people. Unfortunately, there are few resources that comprehensively document the transformative organizing model (Williams, 2015). Youth organizing, on the other hand, is gaining attention in the philanthropic sector and has steadily grown as a strong pathway to on-going civic engagement, increased educational success, and a lifelong commitment to social justice.

While the efficacy and visibility of community organizing continues to grow, funding barriers persist as progressive foundations and funders face immense challenges to shift
traditional board of directors and antiquated leadership ideology that may not share similar
politic and position around the necessarily to address systemic social injustices from multiple
vantage points. Additionally, public health is still often viewed as an institutionalized field and
thus is part of the system that has harmed and continues to preserve unjust programs,
interventions, and strategies. For public health systems and professionals to begin authentically
supporting community organizing, they must first confront, unpack, and critically assess the
harm that has and continues to be projected onto community organizers and their tireless
efforts to fight for liberatory, systemic change.
References


Kegler et al. BMC Public Health 2010, 10:90 http://www.biomedcentral.com/1471-2458/10/90


History, Mission & Growth

Dr. Kathleen Connors states that she has always been interested in working from and by and the idea of “imagination”. She believes that work is a form of self-expression. She constantly has asked herself: what can you do that makes you feel more alive?

Psychotherapist by training, Dr. Connors spent 14 years consulting and practicing as a behavioral health professional. She spent several years managing a private practice and seeing patients while consulting simultaneously. Personally, she spent a lot of time and research exploring art, particularly those who taught themselves artistry without formal training. Dr. Connors spent much of her time, while she was not working, sharing spaces with self-taught artists throughout the US South. She wrote and published concepts around self-taught artists process and journey.

In addition to working at a private practice and consulting, Dr. Connors began teaching doctoral level students. While juggling these multiple commitments and passions, Dr. Connors stumbled up a community fundraising event in metro-Atlanta where a refugee women spoke about her lived experiences and was deeply moved. She sought out opportunities to support the immigrant and refugee serving organization that hosted the fundraiser and soon began doing some mental health consulting for them. Dr. Connors successfully redesigned their trauma-based mental health program that led to a 95% success and retention rate. This opportunity allowed her to better understand, on a behavioral health level, the complex and nuanced challenges many refugees were facing throughout metro-Atlanta. She stated that soon after she became involved with this work, she recognized that it was the most worthwhile effort she could dedicate her life to.
personally and professionally. Dr. Connors slowly reduced her other numerous work responsibilities and started working on GA Refugee Health and Mental Health.

In 2008, Dr. Connors began building working with Emory University graduate students with absolutely no funding. She began her efforts to impact access to services for immigrants and refugees by conducting a needs assessment. This revealed that there was a gap in not only healthcare services but also mental health services as well—which Dr. Connors was critically aware of as a result of her educational and professional background. She developed a holistic approach to service delivery for the WellRefugee Center.

With no funding, Dr. Connors and a small group of volunteer Emory graduate students started this venture by connecting refugee and immigrant clients to Grady Hospital System resources and services. They quickly discovered that there were a tremendous amount of institutional barriers within that healthcare system. Luckily, a lot changed with the passing of the Affordable Aare Act (ACA) was passed in 2009 and the implementation in early 2010.

The ACA was a systems level answered prayer for Dr. Connors. Connecting individuals to Grady was a system of last resort. It was better than nothing but had several limitations. Nevertheless, prior to the policies and regulations set forth by the ACA, Dr. Connors and her small team of graduate students served over 1000 clients from the Bhutanese community within Clarkston, GA.

Dr. Connors continued to build out her approach to service delivery and community engagement. She focused on incorporating three lenses to the work:

1. The lens of each ethnic community that would be engaged
2. The lens of the medical systems Dr. Connors and her team would be navigating
3. The lens of the individual being served

As a result of the ACA, 14 organizations in the state of GA were funded for healthcare navigation during the first year of implementation. GA Refugee Health & Mental Health received $14,000 for navigation services during that first year—it was the smallest grant received among all navigators in the state. So Dr. Connors along with one half-time navigator and volunteer Emory Students set-up shop in Clarkston City Library. Dr. Connors and her team went directly to the Bhutanese
community in Clarkston, GA and asked who from their community they should hire as the half-time healthcare navigator.

Simultaneously, the team convened a community council of members from the Bhutanese community they were serving. This was the beginning of Dr. Connors ongoing attempt to utilize community organizing as a method of engaging Clarkston refugees and immigrants.

At the end of the first year of their health navigation work, GA Refugee Health & Mental Health had the highest enrollment numbers in the state. By the third year of federal health navigation funding, Dr. Connors and her team received over $350,000 because of the massive success in enrollments the first 2 years.

The first physical space of the WellRefugee Center opened in 2014. The center was committed to providing access to healthcare, through whatever means necessary. Dr. Connors and her small team supported refugee and immigrant residents of Clarkston enroll in Medicare, Medicaid, the ACA, or for a Grady card. Furthermore, the continued their commitment to meeting the communities needs, not a funder’s definition of a ‘program’.

Dr. Connor’s underlying premise of the WellRefugee model was rooted in the understanding that they needed to extend to other dimensions of service delivery. She states that she and her team was going to: “Leave no stone unturned for what each client needs”

During the 3rd year of federal funding, Dr. Connors strategy changed significantly due to past experiences and lessons learned about healthcare enrollment for immigrant and refugee communities. Although GA Refugee Health & Mental Health performed very strongly in enrollment numbers 3rd year funding went down significantly $150,000. It was unequivocally clear this federal funding cut was due to the population being served—immigrants and refugees. In 2016, it was clear the new federal administration was not only cutting funding supporting immigrants and refugees they were sabotaging these efforts.

GA Refugee Health & Mental Health had a track record of success after the first 3-year cycle of funding. In year 4 and at the beginning of the next funding cycle, GA Refugee Health & Mental Health was the only agency funded in state of GA for health navigators—they received $500,000. Since funding was announced, Dr. Connors and her growing team created a Latinx serving initiative to support in getting this
demographic of individuals insured. Since funding was limited and announced relatively late, GA Refugee Health & Mental Health only had 6-weeks to develop an outreach and enrollment strategy. Board members (who are all refugees and immigrants themselves), volunteers, and the small staff at GA Refugee Health & Mental Health supported in outreach and recruitment of potential individuals who needed healthcare coverage. Additionally, the team worked alongside faith-based communities throughout Clarkston as well as targeted outreach at popular apartment complexes every Saturday morning. Dr. Connors and her team designed flyers about enrollment in 15 different languages. By the end of open enrollment in 2018, GA Refugee Health and Mental Health had exceeded their open enrollment goals by over 200 individuals. Today, five months into the federal grant, the team’s annual goal is already exceeded. Their current enrollment number exceeds combined former statewide annual numbers—less than halfway through the year. Dr. Connors notes that her priority has and always will be staying strong with their home base in Clarkston. Now with additional funding, the WellRefugee Center provides mental health direct services in addition to their focus on healthcare access. Dr. Connors and her small staff are specialized in cross-cultural mental health evaluations, mindfulness based therapy models, and trauma-informed care. The WellRefugee Center has had to move locations over 3 times since their inception due to the growing demand. They remain centrally located in the city of Clarkston, GA.
What has been the most challenging aspect of working alongside Clarkston community residents?

“The outside world and money has been the most challenging. Not having any money and not having reliable money. I had to take my salary down to $20,000 the 2nd year when our funding reduced to 150,000. Also, ethnic conflict amongst some Clarkston residents. Attempting to remain neutral while still valuing the uniqueness of the individuals of this community is very important. Also, lack of appropriate buildings has been tough. We do not want our physical space to look commercial or medical so it has been challenging to find property for our center. Now, a Christian-led organization has a 15 millions dollar development plan for Clarkston that is very concerning as it has great potential to change the legacy and culture of this city.”

What has been the impact of community organizing as a tool for advancing public health efforts in Clarkston?

“People’s lives have changed. Community organizing was the tool for getting Clarkston residents healthcare. It roots our work in a systems perspective. Keeps all the moving parts integrated.”
What is the current funding landscape, from your experience, for GA immigrants and refugees?

“We tend to look for categorical funding, not necessarily immigrant and refugee specific. So we focus on population level funding so that we are able to stand out as the only ones focused, at the grassroots level, on immigrant and refugee issues. We have not done much with foundation funding, but that is on our radar now.”

How could funding for community organizing impact and compliment your work?

“How new initiatives have to come from and by the community. For example, large networks of former and current leaders within Clarkston bring clients for citizenship evaluation. Unofficially, we have and continue supporting Clarkston residents going through the citizenship process. Many of the community-based organizations in Clarkston are familiar with our presence and all of our grassroots efforts—folks from Clarkston lead all of our community coalitions and campaigns Programs and organizing has to come intrinsically from community-members. We can support to develop and strategize but the leadership is within the community. For example, we are seeking funding through an Autism grant to support families from East Africa who, research is revealing, are giving birth to a high rate of autistic children. Recommendations on how to organize and build coalitions will be led by East African residents within Clarkston, particularly those who have children diagnosed with autism. Funding will only further allow us to do the work we are already doing.”
“Because of perceived and potential threat from strong missionary build-up, it is important for funders to understand that there is felt external pressure to change the make-up of this diverse community. Communities need autonomy and should be supported in maintaining their own unique identity. Faith-based communities traditionally and historically have a commitment to fostering relationships amongst high refugee resettlement areas. Clarkston has a certain kind of notoriety now, it has become somewhat of a Mecca so folks are moving in and attempting to shift the community tremendously—in harmful and negative ways.”

“Taking many years to listen to community needs—through a variety of modes. Meetings, conversations, surveys, focus groups all are necessary. Also, constant presence at community-based events is critical. Being out and among people in their home, in their community. The board members of the WellRefugee Center are 95% refugees and immigrants. Working with community leaders within their own organizations and co-creating development efforts and initiatives has also been really important for us. Building linkages to mainstream organizations that are delivering service and also sharing some of our best practices. This is not only important for community organizing around health and mental health but also important for transforming US perceptions and institutions for refugee and immigrants.”
What could be effective strategies, from your experience, for ongoing and sustainable community-led organizing efforts?

“Supporting community integrity and identity. Linkages to stable funding streams, for both direct services and organizing.”
RECOMMENDATIONS: COMMUNITY ORGANIZING STRATEGIES & PRIORITIES
Georgia Refugee Health & Mental Health

Electoral Power Building
Bold and Unapologetic Progressive Agenda for Faith-Based Partnerships
Grassroots Fundraising as Movement Building
Youth Advisory Council Integration
Advanced Digital and Communications Methods

Partnerships to Explore
Black Alliance for Just Immigration
Refugee Women's Network
Research across the country revealed that many communities get an added boost in effectiveness when they add electoral activities to their advocacy toolkit (Ranghelli, 2012).

- Develop organizational strategies for year-round advocacy and organizing efforts of non-partisan voter engagement and education.
- Build electoral base reflective of community legacy, assets, and needs.
- Develop and/or deepen explicit understanding of racial and gender justice lens among staff, board, and community stakeholders.

Identify key stakeholders in faith-based community throughout Clarkston, GA.

- Develop faith-based partnership priorities that center community-led power building and religious honoring of residents.
- Orient faith-based partners on systems of power (see Table 1.1).
- Proactive and visible stance on allyship for and alongside immigrant and refugee residents of Clarkston and their respective faith-based practices and cultures.
Fundraising, programs, and organizing are interconnected and interdependent. Fundraising should be considered a shared responsibility between all staff, board, members, and volunteers (Grassroots Institute for Fundraising).

Commitment to invest in fundraising training for new staff members and volunteers. Training does not have to be expensive. Investigate low-cost training opportunities and get as many of your team members to them as possible. Pull together other nonprofits and share the cost of bringing in a trainer. Additionally, seek out foundation support to underwrite training workshops.

Understand organization readiness to engage in community organizing agenda in addition to direct services. Develop internal and external capacity and incorporate analysis into seeking additional funding (see Table 1.2).

Engage in developing crowdfunding strategy. Approach taps into the collective efforts of a large pool of individuals—primarily online via social media and crowdfunding platforms—and leverages their networks for greater reach and exposure.
Conduct environmental scan of current youth-leadership and youth development efforts and organizations throughout Clarkston, GA

Provide staff and board with free webinars, training, and other tools to increase capacity to engage in youth organizing initiatives

Utilize and orient staff around comprehensive toolkit *Regenerations: Leadership Pipeline Toolkit* by Funders Collaborative on Youth Organizing [https://fcyo.org/uploads/resources/regenerations-leadership-pipeline-toolkit_resource_56c0cf0db1b568422b0664a8.pdf](https://fcyo.org/uploads/resources/regenerations-leadership-pipeline-toolkit_resource_56c0cf0db1b568422b0664a8.pdf)

Incorporate digital strategies to engage youth and adult resident power via common platforms such as Facebook, Instagram, emails, newsletters, and text campaigns

Build strategic communications plan for on-going, year-round individual and foundation donor engagement

Engage and task Youth Advisory Council and other community-based youth leadership to develop digital platform action plan. Facilitate peer-to-peer accountability and leadership strategies that support Clarkston youth to create and own the WellRefugee Center digital presence
Table 1.1

Learning and changing: A cyclical process

This entire effort—from learning and awareness to vision and strategy, right on through to action and evaluation—is a cyclical process. Evaluation and reflection tell you what else you need to learn, what strategies to keep or change, how to fine-tune your analysis, and how to continually take actions that are relevant to your constituents’ evolving needs. With your vision firmly in mind, you can make your way toward incorporating a vibrant social change agenda within the context of all the other work you do. The continuous process of learning and changing that takes place within your organization and between your organization and its allies will provide the energy and direction required to make this process one of joy, strength, challenge, and hope.

Table 1.2

Sources of Power

1. Positional power comes from organizational authority or position (people providing capacity building technical support have this power). It is often forgotten by people with the power, rarely forgotten by those without it.

2. Referred power comes from connections to others (e.g., a staff member without formal positional power but has known the ED for years).

3. Expert power comes from wisdom, knowledge, experience and/or skills (e.g., someone is widely respected because of her skills as an organizer).

4. Ideological power comes from an idea, vision or analysis. As Victor Hugo said, “Nothing can withstand the power of an idea whose time has come.” It can be an individual’s original idea, an ideal such as “democracy” or “liberation,” or a developed ideology.

5. Obstructive power stems from the ability to coerce or block. Whether implicit, threatened or demonstrated, those without other sources of power may depend on it. Many activists are experts in its use.

6. Personal power includes energy, vision, ability to communicate, capacity to influence, emotional intelligence, psychological savvy, etc.

7. Co-powering is an idea that comes from the Latino community. It speaks to the responsibility for individual leaders to mindfully work towards supporting the personal power of others through modeling, validating and giving feedback.

8. Collaborative power comes from our ability to join our energies in partnership with others in pairs, teams, organizations, communities, coalitions and movements.

9. Institutional power means economic, legal and political power directly wielded by institutions, whether it’s a corporation, police department or one of your organizations. This institution exists apart from the individuals who work there at any one time and enjoys name recognition, membership, etc.

10. Cultural power, from the perspective of the dominant culture, means cultural norms, conditioning and privilege regarding race/class/gender/age. (As with positional power, this power is often invisible to the dominant group. To those with less power, it is a real and everyday experience.) From the perspective of oppressed peoples, cultural power means a consciousness of community, class or culture that serves to empower.

11. Structural power is power that's covertly or implicitly exercised through the dominant institutions of society (e.g., the resistance to alternative medicine from the AMA and insurance providers, racism expressed and maintained through structures such as red-lining by lending institutions).

12. Transcendent power comes from our connection to a higher power such as spiritual, natural and/or historical imperative.

https://www.buildingmovement.org/pdf/NICE.pdf
Table 1.3

<table>
<thead>
<tr>
<th>Constituent Voice</th>
<th>External Action</th>
<th>Internal Capacity</th>
<th>Strategic Partnerships</th>
<th>Organizational Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides training and support to help community members better identify and speak to issues that affect them. Helps constituents better understand their rights within broader systems (e.g., health care, education, etc.). Offers educational forums on issues facing constituents. Offers constituents opportunities to develop leadership skills. Offers constituents opportunities to participate in organizational decision-making, goal-setting, program planning processes. Provides voter/census education and registration. Provides training to community members to enable engagement in local politics or to testify before legislative or decision-making bodies. Utilizes Promotores or community/peer educators’ model.</td>
<td>Participates with other collective bodies that seek to address systemic issues impacting clients. Takes public positions on policies, legislation that directly affect its clients. Engages in grassroots, community, and/or youth organizing. Meets with policymakers/legislators about specific issues, policies, legislation. Participates in rallies, boycotts, etc. Uses research to inform advocacy work.</td>
<td>Solicits client input/feedback about programs and priorities. Provides staff and BOD opportunities to learn about root cause issues and policies/legislation impacting clients. Creates organizational culture where connection between service delivery and social change is consistently and frequently reinforced. Vision/mission statement, strategic plan, job descriptions reflect commitment to social change. SOI (h) election is taken. Meets with clients to discuss their views on key issues. Staff and board members reflect diversity of clients and community served. Outcomes and evaluations are related to social change activities.</td>
<td>Organization seeks out strategic partnerships and alliances that enable it to participate in larger change efforts even with limited resources. Participates in alliances that work to address policy changes or take collective action on issues that directly impact constituents and their communities. Partners with other groups to use resources strategically to ensure that resources are available for activities beyond direct service delivery.</td>
<td>Organization experiences strong, focused, value-driven leadership. Organization experiences strong, focused, value-driven leadership.</td>
</tr>
</tbody>
</table>

(Summarized from Catalysts for Change: How California Nonprofits Can Deliver Direct Services and Transform Communities —The California Endowment and Building Movement Project, 2010)

https://www.buildingmovement.org/pdf/NICE.pdf
Table 1.4

Figure 2: The Transformation Process

1. Learning
   - Identify the issues
   - Form learning group(s)
   - Designate time
   - Decide on curriculum
   - Communicate results

2. Awareness
   - Identify structures of power
   - Learn how structures operate
     - Include role for constituents

3. Vision
   - Identify the world we want to create
   - Set long-term goals
   - Identify the role of constituents
     - Identify values and beliefs

4. Strategy
   - Identify the best way to enact our mission and vision:
     - Determine our analysis
     - Develop our goals
     - Identify our partners
     - Identify what results we expect to achieve

5. Action
   - Put strategy into place
   - Measure the outcomes
   - Work with constituents
   - Institute principles

6. Reflection/Evaluation
   - Identify results: What worked? What didn’t?
   - Ask, “Should we change our strategies?”
   - Ask, “Should we change our analysis?”

Table 1.5—Letter of Consent from GA Refugee Health & Mental Health

Hello:

My name is Maylott Mulugeta and I am a public health graduate student at Georgia State University. I am currently in my last semester of my program and completing a capstone project. In addition to being a full-time student, I also have been working full-time at United Way of Greater Atlanta as a Health Manager for the past 3 years. My project is focused on examining community organizing as a tool to promote Public Health in Clarkston, GA.

I am interested in working with Georgia Refugee Health and Mental Health housed at the WellRefugee Center on:

1) Better understanding how they are increasing health access to Clarkston residents
2) Discuss if they are currently engaging in any community organizing efforts
3) Strategize around and provide recommendations on how a small, grassroots non-profit could integrate a strategic community organizing strategy to promote and complement their programs and direct services

I look forward to discussing these themes and more with the director, Dr. Kathleen Connors, and as many board members of the WellRefugee Center are willing and able to talk with me about community organizing.

This letter is to both outline the purpose of the capstone project I am working on as well as to provide a written consent to include the WellRefugee Center as a case study in the project. The final project will be edited so that GA Refugee Health and Mental Health will be unidentifiable. Furthermore, the final project will only be used for academic purposes.

Many thanks for this learning opportunity and your open willingness to receive recommendations based on research and best practices.

_____________________________________________________

3/15/2019

Maylott Mulugeta, Georgia State University MPH Candidate 2019

_____________________________________________________

3/20/2019

Dr. Kathleen Connors, Executive Director
GA Refugee Health & Mental Health