

---

# MODULE 4: ADVOCACY





## OUTLINE FOR THIS MODULE

- Advocacy
- Promoting the Health of Formerly Incarcerated People
- Review and Assessment
- Service Learning

# REVIEW



- What did we learn last week?
- What stands out from the first three modules?
- What has been reinforced through your Service Learning experiences?



# ADVOCACY AND COMMUNITY ORGANIZING



# LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Define and discuss community organizing.
- Explain the difference between advocacy and community organizing.
- Discuss at least two ways that contemporary models of community organizing are different from models used in the past.
- Explain the five steps of the Community Action Model.
- Discuss the CHW's roles and responsibilities in the community organizing process and put them into practice.
- Apply the Community Action Model to issues facing the communities you work with.
- Explain the importance of integrating news media and social media into organizing efforts.



## WORDS TO KNOW

- Community organizing
- Media advocacy
- Power analysis
- Social media

# DEFINING COMMUNITY

- A community shares a commonality such as:
  - Neighborhood.
  - Race / ethnicity.
  - Gender / gender identity / sexual orientation.
- Can be in person or virtual.

**A community defines itself.**



# COMMUNITY ORGANIZING

- Actions taken by a group of people who have been denied participation in a decision-making process.
- By working together, they create social change, which results in new resources, rights, improved health and living conditions.

## WHY ORGANIZE?

- People without power and control, can get together to assert their needs and create a better life.
- CHWs develop relationships with the communities and can facilitate community organizing.

# EXAMPLES OF ORGANIZING

## **Labor movements**

- Safe working conditions.
- Right to organize.
- Limits to working hours.
- Living wage.
- American Disabilities Act (ADA).
- United Farm Workers.
- Civil Rights Movement.
- Act Up.

## **Health issues**

- High rate of infant mortality.
- Pollution.
- Access to medical, dental and mental health services.
- HIV/AIDS.
- Drug use / needle exchange.
- Incarceration.
- Homelessness.

# DIFFERENCES BETWEEN ADVOCACY AND ORGANIZING

## **Advocacy**

- Working on behalf of people.
- Supporting process / cause.
- Working on passing or implementing policy.
- Grass roots or professional.
- Uses voices of the people.
- May/may not involve community organizing.

## **Community Organizing**

- Mobilizes community to act on their behalf.
- Grassroots led.
- Shifts power to the people.
- Develops community's skills.
- Often is collaborative.



# MODELS OF COMMUNITY ORGANIZING

- Community capacity building.
- Collaborative partnerships.
- Consensus organizing.
- Mass mobilization.

# STRATEGIES AND TACTICS

- Popular education.
- Policy 101.
- Develop model policy recommendations.
- Media advocacy.
- Social media.

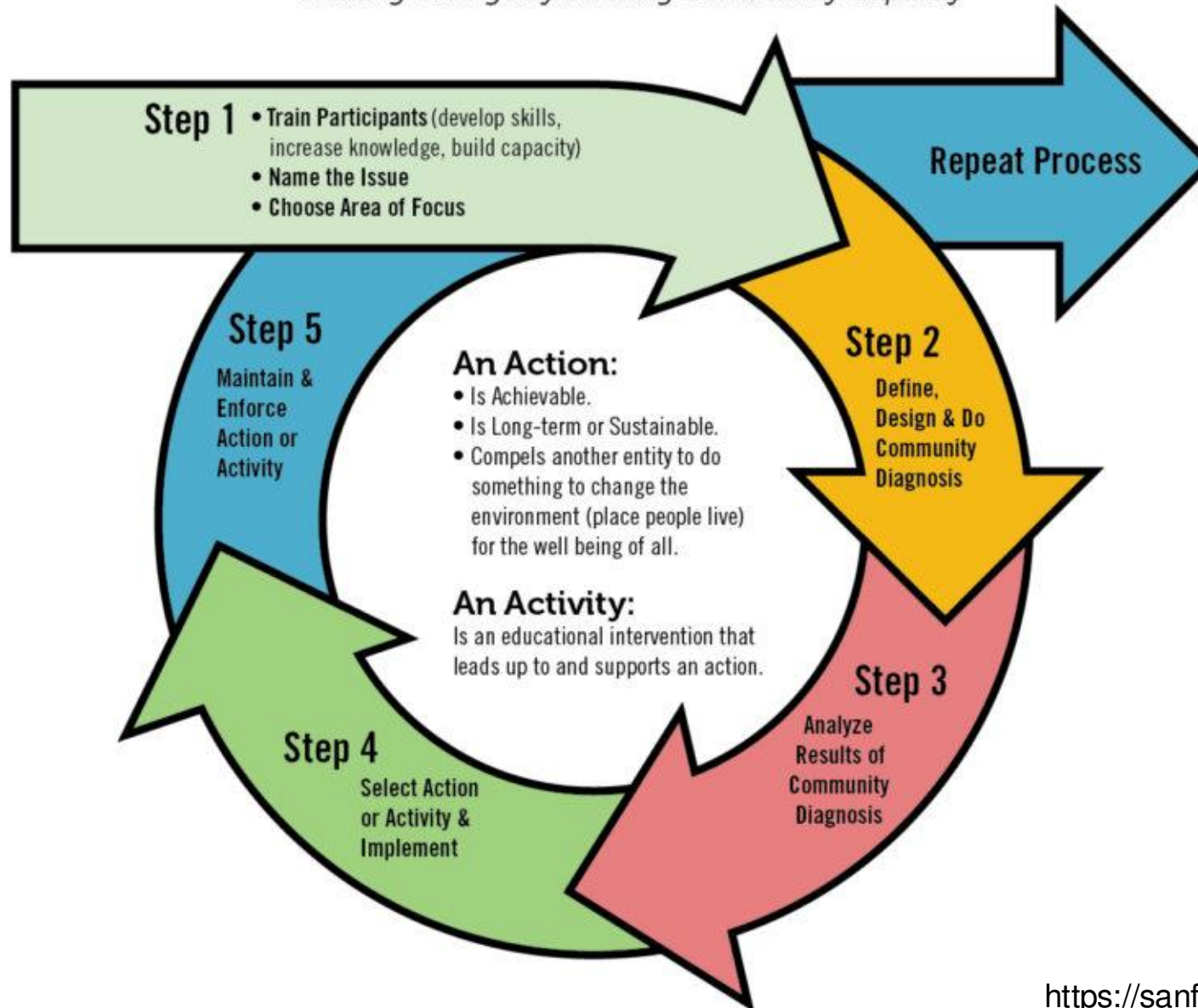
# MEDIA ADVOCACY

Media can be used to:

- **Inform** — the public about the consequences.
- **Recast** — the problem affects everyone.
- **Encourage** — community members to get involved.
- **Promote** — agencies that address the problem.

# Community Action Model

*Creating Change by Building Community Capacity*



# COMMUNITY ACTION MODEL (CAM)

## **Goals**

- Environmental or social change.
- Empowerment and community leadership.

## **Fundamentals**

- Achievable.
- Sustainable.
- Compelling.

# COMMUNITY ACTION MODEL (CAM)

1. Identify the problem.
2. Assess the problem / community diagnosis.
3. Analyze findings.
4. Identify and implement an advocacy action.
5. Maintain actions and results.

# CHW ROLES IN ORGANIZING AND ADVOCACY

## SHOULD

- Commit to social justice.
- Cultural humility.
- Develop and maintain trust with community.
- Active listening.
- Provide resource information.
- Group facilitation.
- Flexibility.
- Client-centered approach.

## SHOULD NOT

- Assume anything.
- Be the leader.
- Decide who participates.
- Prioritize tasks and activities.
- Make key decisions.
- Ignore community.
- Ignore historical issues.

# ROLES AND RESPONSIBILITIES IN ORGANIZING

- Plan *with* people, not *for* them.
- Have goals and strategies.
- Identify leaders.
- Work with diversity.
- Bridge the language barriers.
- Safety comes first.
- Assist with the research.
- Plan the process.
- Stay grounded in the community.
- Build relationships.
- Cultivate the media.
- Be committed.
- Take care of yourself.



# GROUP ACTIVITIES





# PROMOTING THE HEALTH OF FORMERLY INCARCERATED PEOPLE



# LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Analyze the ways that incarceration influences the health of individuals, families and communities.
- Identify common health issues faced by formerly incarcerated people.
- Explain the stigma and the systemic barriers to reintegration faced by newly released prisoners.
- Discuss the role of CHWs in promoting the health and well-being of formerly incarcerated clients.
- Examine best practices and emerging models for promoting the health of formerly incarcerated people.
- Identify areas of potential policy change and the role of CHWs as advocates for change.
- Learn about resources for successful re-entry.



## WORDS TO KNOW

- Recidivism
- Re-entry



# GROUP ACTIVITY 15.1

## MYTH AND REALITY ICE BREAKER



# BASIC TERMS AND LANGUAGE

## ■ **Jail vs. Prison**

- Jail — run by county, holds people waiting for trial or with short sentences.
- Prison — state or federal, holds people who have been convicted.

## ■ **Detention Centers** hold people:

- Suspected of crime.
- Awaiting trial or sentencing.
- Undocumented immigrants.

## ■ **Probation and Parole**

- Probation — alternative to prison; serving a sentence in the community under strict requirements.
- Parole — early release from prison.

## WHY IS LANGUAGE SIGNIFICANT?

Words like “offender,” “convict” or “felon” carry stigma.

Instead, we will use “incarcerated person” or “formerly incarcerated person.”

# INCARCERATION IN THE UNITED STATES

- War on drugs: mandatory minimums, aimed at men of color.
- Three strikes: mandated life sentences for some three-time offenders; huge increase in number of incarcerated people and new prisons.

# HEALTH CONDITIONS BEHIND BARS

- **One in three** have a chronic illness, including hypertension, asthma, cervical cancer and arthritis.
- **HIV and HCV (hepatitis C)**
  - HIV rates five times higher.
  - HCV rates 9-10 times higher.
  - Sex, tattoo's, IV drug use.
- **TB and MRSA:** overcrowding and unsanitary conditions.
- **Poor medical care:** access, delays, inadequate, incompetent, lack of preventative care.
- **Immigration detention:** 400,000 each year.

# MENTAL HEALTH

- One in six people in U.S. prisons has a mental illness.
- Three out of four have a history of substance abuse.
- Many are victims of trauma and violence.
- They often leave jail sicker than when they went in.

# ORAL HEALTH

- Oral health status of inmates largely unknown.
- People with mental health and substance abuse issues are at much higher risk for dental disease.
- Scarcity of dental services available in prisons.
- Poor oral health can limit future employment opportunities.



“Meth Mouth”

# SOCIAL CONDITIONS

- Denied privacy and control.
- Encouraged to hide feelings and fear.
- Prolonged periods of social and physical isolation.
- Sexualization of women by male guards.
- Anti-LGBTQ harassment and violence.

# IMPACT ON FAMILIES AND COMMUNITIES

- Family health and wellbeing.
- Human cost.
- Financial and emotional impacts.
- Loss, abandonment, extreme anxiety.
- Maintain family ties.
- Severing parental rights.
- Re-entry challenges:
  - Housing.
  - Employment.
  - Ban on education assistance.
  - Public benefits.
  - Disenfranchisement.
  - Family reunification.
  - Stigma and discrimination.

# CHALLENGES OF RE-ENTRY

- Housing.
- Employment.
- Ban on financial aid for education.
- Public benefits.
- Disenfranchisement.
- Family reunification.
- Stigma and discrimination.

# BEST PRACTICES AND EMERGING MODELS

- Post-Release Wellness Project (PRWP).
- Transitions Clinic Network (TCN).
- Project Bridge.
- Hampden County.
- Prison Activists Resource Center.

# BANNING THE BOX

- Restoration of civil and human rights.
  - Elimination of questions about past convictions on initial public applications.
    - Housing applications.
    - Employment.
    - Social services.
- Structural discrimination.
- Stability to families and communities.

## CHW ROLE

- Client-centered approach.
- Health assessment including medical, dental, and mental health status.
- Understanding values, beliefs and goals.
- Ethical dilemmas.
- Promoting partnerships, advocating for change.



GROUP ACTIVITY 15.4  
RE-ENTRY OBSTACLE COURSE





**REVIEW** – WHAT HAVE WE LEARNED TODAY?





# SERVICE LEARNING

