

University–Community Collaboration to Promote Healthy Mothers and Infants: The Relationships and Parenting Support (RAPS) Program

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Abstract

Research highlights the vulnerability of Black mothers and their infants, who experience higher rates of stress, preterm birth, low birth weight, and infant mortality than other racial groups. This article describes the development and implementation of the Relationships and Parenting Support (RAPS) Program, a community-based, family-focused stress reduction program for expectant and new mothers and their support partners. Program participants lived in an urban, isolated, African-American community in the mid-Atlantic region of the United States. University faculty and community members worked together to examine the problem of teen pregnancy, neighborhood risks to the well-being of mothers and infants, and programmatic strategies to support families. Qualitative and quantitative data for the RAPS Program suggested benefits to program participants but also challenges in effectively carrying out community-engaged scholarship efforts. Lessons learned in developing and implementing this project are discussed.

Introduction

The scholarship of engagement entails building collaborative, interdisciplinary efforts between academics and communities to work together, learn from one another, and address real-world social problems in mutually beneficial ways (*Boyer, 1996; Maton, 2008; Norris-Tirrell, Lambert-Pennington, & Hyland, 2010*). The goal of this article is to describe the development and implementation of a community-engaged scholarship project designed to address the challenges faced by Black mothers and their infants in an isolated, impoverished inner-city area.

The Relationships and Parenting Support (RAPS) Program is a community-based, family-focused stress reduction program for expectant and new mothers and their support partners. The program grew out of a university–community collaboration designed to strengthen schools and academic outcomes for children and families residing in a geographically isolated, urban,

African-American neighborhood in a large mid-Atlantic city in the United States. The effort became part of a continuum of services to optimize infant health and support early parenting in the community. In this article, we discuss the collaborative process by which university faculty and community members examined the problem of teen pregnancy and neighborhood risks to the well-being of mothers and infants, then developed and implemented programming. Successes and challenges experienced throughout the project will be considered.

A Brief History of the Community–University Partnership

In 2005, a large comprehensive, metropolitan university in the mid-Atlantic region entered into a partnership with a primarily low-income, African-American urban neighborhood. The goal was to assist the community in reaching its full potential despite challenges in the areas of public safety, health, economic development, and education. A particular focus of the collaboration from 2005 to 2009 was on education, assisting schools classified by the state as needing corrective action and facilitating teacher training. In 2009, the scope of the collaboration was expanded, with a call to university academic departments seeking faculty interested in working with the community. A federal grant made limited funds available for developing community-based projects. Faculty interested in developing collaborations were matched with community groups aligned with their expertise by a liaison who resided in the community.

One community group assigned to university faculty was the newly developed Teen Parent Think Tank. Three faculty members from different colleges at the university (education, health professions, and liberal arts) and the deans of two of the colleges (education, health professions) began to work with this group. The Teen Parent Think Tank's collective mission was to develop and coordinate pregnancy-related services to support young pregnant women and their partners and provide postdelivery support to parents and children from birth to age 4. Community members formed the group in response to concerns about high rates of teen pregnancy, the parenting skills of young parents, and increasing rates of domestic violence among young couples. Besides the university representatives, Think Tank membership included several community members, representatives from the hospital, the community health center, the schools, faith-based organizations, a gang diversion program, a local foundation, and a financial

institution. One of the community members worked as part of the university–community collaboration since it originated as part of a community trust that helps to coordinate a variety of different groups to improve life in the community.

This group had a challenging mission, as the community faced multiple risks to the health and well-being of infants, mothers, and new families. This primarily African-American (96%) neighborhood had higher rates of single parenthood (84.5%), families in poverty (38.8%), and teen pregnancy (21.5%) than other areas of the city (*Mid-Atlantic City Data Collaborative, 2006*). Research highlights the vulnerability of Black mothers and their infants, who experience higher rates of perceived stress, discrimination-related stress, depression, preterm birth, and low birth weight deliveries than other racial groups (*Dominguez, Dunkel-Schetter, Glynn, Hobel, & Sandman, 2008; Giscombé & Lobel, 2005; Hamilton, Martin, & Ventura, 2010*). Outreach efforts to combat these problems had been marginally effective in the community, with 36.4% of mothers not receiving prenatal care during the first trimester and 8.1% receiving late or no prenatal care (*Mid-Atlantic City Data Collaborative, 2006*).

Engagement with the Teen Parent Think Tank

During Spring 2009, university representatives attended bimonthly Teen Parent Think Tank meetings. It became evident that although many health and social programs that served pregnant and parenting young women were available to community members, utilization was an issue. These programs could point to successes in assisting young mothers to deliver healthy babies yet acknowledged service gaps, with few programs to support expectant couples, facilitate relationship development, or reduce stress and promote adaptive coping across the transition to parenthood.

The importance of addressing the identified gaps is supported by research suggesting that stress during pregnancy increases the incidence of preterm birth (*Beydoun & Saftlas, 2008*) and unplanned caesarean delivery (*Saunders, Lobel, Veloso, & Meyer, 2006*). When prenatal stress is combined with a difficult early child-rearing environment, brain development and self-regulatory capacities during childhood may be altered (*Blair, 2010*). Further, studies have found that unplanned pregnancies, particularly to unmarried parents, may be more vulnerable to stress, increasing their risk of inadequate early prenatal care and premature delivery (*Hohmann-Marriott, 2009*). Maternal stress in the context of intimate relationships has been shown to adversely affect physical and mental health

(Whisman, 1999), parenting (Erel & Burman, 1995), and child adjustment (Harden et al., 2000).

Since the community had never conducted a comprehensive needs assessment to learn what services would be beneficial or what approaches might be effective, faculty collaborated with the community in undertaking this task. University faculty worked in collaboration with the Teen Parent Think Tank to develop and implement an assessment of the needs of parents and families in the community. Using the funds available, three researchers representing different disciplines (education, community health, and family studies and community development) worked with the Teen Parent Think Tank to develop and lead four focus groups during Summer 2009. Institutional review board (IRB) approval was granted for faculty to conduct the groups. Community members helped to recruit individuals to participate in the focus groups and offered space at their sites for sessions. Focus groups explored the perspectives of adult community members, teen/young mothers and fathers, and adolescent females who had not yet become pregnant. Groups included six adult community members (five female and one male), five adolescent mothers, six adolescent fathers (most with criminal backgrounds or gang ties), and eight childless adolescent females. Participants in all of the groups were African American. Researchers facilitated the focus groups, taking notes and, when possible, directly transcribing participant responses.

Data collected from 25 focus group participants indicated the need for individual and family supports to decrease stress and strengthen supportive relationships. Findings highlighted the challenges faced by those in the community, including a lack of family support, fear and distrust of neighbors, challenges to personal safety, and few programs to develop internal resources to promote resilient functioning. Teens and young parents needed assistance in developing responsibility, restraint, social competence, decision making, and planning skills, areas in line with research on assets that contribute to positive youth development (PYD) in communities (Benson et al., 2006).

Young fathers specifically indicated that they did not have the skills to deal with love, relationships, and unplanned pregnancies. One noted, “Girls always got the ‘he says she says’ thing around here.... It starts out from puppy love, attraction. Next thing you know she’s pregnant.” All of the focus group members reported their pregnancies to be unplanned. Research suggests that young, unplanned parenthood presents risks for both the mother and her

child, disrupting the educational and social processes of young women often not ready or mature enough to understand the needs of a young child or their partner, or to manage these challenges (see *Wakschlag & Hans, 2000* for a review). In the focus groups, both young mothers and fathers agreed that they needed help with their relationships in order to make good choices for themselves and their children. The multiple needs of this population suggested that a thoughtful, creative, active, and family-oriented approach to programming was needed.

Focus group findings were presented to the Teen Parent Think Tank and a larger community group for review, comment, and reflection during Fall 2009. The additional feedback they provided added to our understanding of focus group findings. Participants acknowledged community strengths that could be built upon, including a focus on families, the tight-knit nature of the community, and the social support available from mothers and grandmothers. Challenges included few youth programs; high rates of violence and teen pregnancy; and limited or erroneous information transferred within families regarding family planning, healthy relationships, and parenting practices. High rates of violence and teen pregnancy also seemed interrelated. Violence in the community seemed to undermine teens' feelings of safety and security, leading them to look to sexual relationships and parenting as a means to obtain love, support, and safety from loved ones and community members. This is supported by recent research that found teenagers with greater violence exposure, whether as victims or witnesses, may have a desire for early pregnancy or be at risk for repeat pregnancy (*Cornell, Schuetz, & Yoost, 2015*).

The Development of the Relationships and Parenting Support (RAPS) Program

In response to identified community needs, the Relationships and Parenting Support (RAPS) Program was developed. A faculty member involved in conducting the focus groups led the effort to engage interested faculty members within the Department of Family Studies and Community Development. Among those involved in the program's development and implementation were faculty experts on the transition to parenthood, infant development, intimate relationships, domestic violence, community health, art therapy, and research methods. With support from the Teen Parent Think Tank, faculty answered a call for proposals from the local chapter of the March of Dimes for grant funds to (1) reduce the risk of premature birth and (2) implement community programs

that aim to decrease ethnic and racial disparities in birth outcomes. The focus of the grant was on serving teen and young parents in the community. The grant and IRB applications were submitted during late Fall 2009, and both were awarded and approved during early 2010, with the intent that services would commence in Spring 2010.

The program was designed to decrease pregnancy- and relationship-related distress and increase positive health behaviors, including the use of active coping skills. Although programs for couples across the transition to parenthood exist, current limitations necessitated the development of a community-specific strategy for intervention. Dion and Hershey's (2010) review of relationship education curriculum used as part of Building Strong Families (BSF) programs (a program that targets new, unmarried parents) highlights several limitations. They stated that most curricula have been designed for middle- and upper-class White, educated couples. Curricula focus almost exclusively on the development of couple skills in the areas of communication, conflict resolution skills, and empathy. Additionally, controlled experimental design research has found that these models do not produce short- or long-term improvements in the quality of couples' relationships, ability to resolve conflicts, or coparenting skills (Wood, McConnell, Moore, Clarkwest, & Hsueh, 2010; Wood, Moore, Clarkwest, Killewald, & Monahan, 2012).

With this in mind, RAPS was designed as a group-based program to support unmarried parents by helping them develop parenting, wellness, and relationship skills, individually and dyadically. Since many of the curriculum models used in BSF were developed using research on White, middle- to upper-middle-class families, it is important when working with African-American families to use culturally responsive adaptations, taking an Afrocentric approach (Thompson, Neighbors, Munday, & Jackson, 1996; Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000). Such an approach endorses the importance of work and responsibility, respect for elders and authority figures, obligation to kin, and a focus on spirituality/religiosity (Harrison, Wilson, Pine, Chan, & Buriel, 1990). Because RAPS acted as a family program, participants were encouraged to bring a support partner such as the baby's father, their current partner, or a friend/relative. This is crucial given the importance of familial support, particularly the role of mothers and grandmothers, in the African-American community (Mims, 1998; Williams, Auslander, Houston, Krebill, & Haire-Joshu, 2000).

RAPS was designed to be different from other programs by emphasizing both couple and individual skills to promote stress reduction and facilitate positive coping. It utilized insights from stress reduction interventions for pregnant African-American women that decrease stress by incorporating relaxation skills and meditation into mothers' daily routines (*Vieten & Astin, 2008; Wesley, 2006*). A weakness of traditional stress reduction programs is that they do not take a broader family perspective, neglecting to include partners, fathers, or other family members. In order to bridge these two approaches and meet the community's needs, RAPS needed to include individual coping techniques while emphasizing social support.

Using a strengths-based perspective, the program was developed to provide families with tools to manage stress (daily, life, relationship, and parenting), improve communication, and plan for parenting challenges to encourage mothers and support partners to develop a sense of personal power in the face of individual and community obstacles. Mutual help groups can be empowering in communities, promoting individual well-being and serving as a source of emotional healing and support (*Maton, 2008*). Sessions were developed focusing on (a) understanding stress and stress management techniques; (b) infant development, needs, and parenting strategies; (c) developing healthy relationships and communication strategies; and (d) coping with and understanding feelings and needs. RAPS took a holistic approach to serving parents and their developing family unit.

In developing sessions, free curriculum resources were consulted and adapted based on community feedback, including Cooperative Extension resources such as the University of Tennessee's KidSmart Program and Department of Health and Human Services Achieving Healthy Relationships Program. Free materials would potentially allow community members to adapt or replicate the model after grant funding ended. Each session was designed to begin with a family meal and time for socializing to provide a focus on families and developing helpful connections with peers and community members. Families would assemble support kits to take home at the end of each session to reinforce skills learned in class.

Also key in planning efforts were meetings held with the Teen Parent Think Tank to discuss the best strategy to implement the program. Upon their recommendation, an additional focus group was conducted with former and present teen mothers in the community. This allowed faculty to obtain additional information from

potential program participants regarding the type of help, support, and incentives they believed new mothers need. Practical questions regarding the best ways to reach out to new moms in the community were also addressed.

Implementation of the RAPS Program

The implementation of the RAPS model began during Summer 2010. Using an engaged-scholarship approach offered many benefits but also presented challenges in building partnerships.

Developing referral channels. It was initially difficult to get the RAPS name and mission out to the community. Agencies are often overwhelmed trying to meet the needs of the families they serve. Faculty worked diligently to make connections with the community and agencies serving families by attending a variety of different events, including a community garden event, a baby shower sponsored by the health center, and public school meetings. Contact was made with over 50 neighborhood and city organizations spanning government, religious, educational, mental health, and social services. The program was also chosen for inclusion in the community's newly created Human Development Zone framework as part of the Babies Born Healthy continuum of services. Additionally, the director of RAPS joined the Human Development Zone Providers Roundtable and engaged in door-to-door outreach regarding the program to residents in the community.

The local community family health center emerged as an important partner, allowing RAPS staff to recruit participants at their OB/GYN clinic and providing space for sessions at their site. Ultimately, 73.1% ($n = 38$) of the 52 mothers served were recruited for the program through this channel. Additionally, two local service providers from WIC (Special Supplemental Nutrition Program for Women, Infants, and Children, a federal assistance program) and a substance abuse treatment agency attended program sessions to learn more about the program model and find ways to enhance their own work.

Family follow-through. A significant challenge was families who registered for the program but did not attend sessions. Retention and follow-through of those enrolled in family support interventions is an ongoing challenge (*Coatsworth, Duncan, Pantin, & Szapocznik, 2006; McCurdy, Gannon, & Daro, 2003; Middlemiss & McGuigan, 2005; Wood et al., 2012*). The original grant was designed for two 10-week instances of the program. However, we learned

in the first 6 months that a program lasting more than four to five sessions was difficult to implement, given the high-risk nature of the families recruited. Fifty-two mothers and 29 support partners registered and completed intakes for the RAPS Program. Mothers ranged in age from 16 to 43 years ($M = 26$), a somewhat older group than initially targeted. Participants were primarily low-income; 90.2% of mothers and 63.3% of fathers of the babies were unemployed. All were receiving state-provided health care assistance. Most mothers were unmarried (92.2%), although 76.5% were in a relationship (72.5% with the father of the baby). The mothers reported that they had been pregnant one to nine times; 58.5% of the pregnancies were unplanned. In previous pregnancies, 21% reported medical problems, 34% had miscarriages, 26% had a premature birth, and 21% had a low birth weight infant. Twenty-five percent of mothers experienced medical complications or problems in the current pregnancy.

Given the challenges of working with a population experiencing multiple risks, changes in the implementation of the program were needed. For community-based scholarship efforts to be effective, it is important that their sponsors respond to community needs and changing circumstances, revising projects as they progress (Beckman, Penney, & Cockburn, 2011; Berge, Mendenhall, & Doherty, 2009). In response to community participation and feedback, we moved from offering program sessions eight times per month (twice weekly) to once a week with sessions of longer duration. Fewer sessions seemed to make it easier for participants to access the entire program and lessened the impact of transportation problems as barriers to attendance. It also decreased the cost of the program, allowing us to offer two additional full programs, or a total of four separate programs providing 10 hours of programming each. This permitted us to reach a greater number of expectant and new mothers. However, although there were practical reasons for making this change, service effectiveness may have been compromised, as greater service intensity or higher service dosage is often associated with better outcomes (Lyons-Ruth & Easterbrooks, 2006).

Even with these changes, participation remained an issue. Only 34.6% of mothers and 41.4% of support partners received at least 5 hours of program services. Interventions designed to strengthen families across the transition to parenthood often struggle to maintain families. For example, evaluations of Building Strong Families (BSF) programs found only 55% of families attended program sessions, receiving an average of 21 hours of services out of the 30-42 hours offered (Wood *et al.*, 2012). Even when services are

home-based, program completion rates hover between 20% and 76% (McCurdy, Gannon, & Daro, 2003; Middlemiss & McGuigan, 2005).

In an effort to promote follow-through, reminder calls were made to each family on the day of the session they were scheduled to attend. Participants often lacked a consistent means of contact, with some not having a phone or having only sporadic access to one. We collected multiple numbers and ways participants could be contacted. Additionally, trying to keep the time and location of sessions consistent (for example, Thursday evenings at the Health Center) made it easier for participants to remember.

Families who did not attend sessions were called to find out what kept them from doing so. These calls revealed that transportation issues, conflicts between program times and work or school responsibilities, and child care issues were barriers to program attendance. In response, some program sessions were held on weekends, and participants were allowed to come to the next session of the program to make up meetings that they may have missed. Additionally, toys and activities for children were available in case parents' child care arrangements fell through, as the grant did not allow funds to be used to provide child care.

Becoming part of the family. From an Afrocentric perspective, family boundaries are permeable. There is often shared responsibility for childrearing, with multiple women caring for children in the family (Mims, 1998). Program participants reflected the racial and cultural makeup of the community. The majority of women identified themselves as African American (88.5%), and 98.1% identified their family unit (family of orientation or procreation) as African American or biracial (African American and Caucasian). Mothers chose a variety of people in their lives to serve as support partners to attend program sessions. Although 34.6% did not attend with a support partner, 40.4% attended with the baby's father, 11.5% with their own mother, 7.7% with other family members, and 5.8% with a friend.

RAPS participants often brought additional family members and support persons to the program, creating a somewhat unpredictable context in which to implement the program. On average, sessions were attended by six registered participants and four nonregistered participants. Staff tried to be flexible, bringing enough materials and food to accommodate additional attendees. It was important to be proactive, contacting families to remind them about the program and inquiring how many individuals would be attending. This experience speaks to the importance in community

programs of being aware of personal beliefs about how family is defined (Powell & Cassidy, 2007) and of utilizing inclusiveness as a foundation on which to build culturally competent programming.

There were also many “repeat customers” to the program. Although RAPS was designed for one-time participation in the program, some families attended several additional sessions after completing the program; this was particularly true for three families. In designing community programs, attention needs to be paid to aftercare activities. Reunion events were held with program graduates to meet their need for further connection.

Benefits and Challenges of the RAPS Experience

Families

Client satisfaction data and participants’ qualitative comments indicate benefits for families who participated. Our experience with RAPS reminds us that pregnancy and the postpartum period are powerful times in the lives of new families. One participant stated, “I learned how to deal with our new beginning with our baby, and bettering us.” Another said, “[The program] made me... think about my relationship. Go home... see what my spouse think[s] we are doing right and what ways or things we need to change.”

Themes expressed by mothers in qualitative feedback suggested that program topics resonated with participants. Eleven participants mentioned that they learned how to manage stress, including how to stay in control, protect themselves, and use relaxation techniques. Eight commented that the program assisted them in relationships with important people in their lives, with six specifically noting that they were more focused on communicating well with their partners. Parenting skills were mentioned by 10 participants, with three stating that they learned about infant sleep patterns and/or types of cries. One mother shared that the program “changed my point of view on certain issues concerning the baby.” Quantitative client satisfaction survey data found average scores of 4.7-4.9 on a 5-point scale, further indicating that those who attended sessions found them to be valuable.

Another major theme in mothers’ comments centered on the role played by the program in providing support. Fourteen participants mentioned the value of having the opportunity to listen to other moms and how program staff and participants made them feel like a part of a family. Similarly, feedback from support partners focused on a new appreciation of the importance of supporting

the mothers, including “taking her concerns into consideration” and “being an active father.” Hence, it appears that the program helped mothers and their support partners begin the process of making positive changes and reconsidering their “internal working models” or representations of individuals and relationships (Bowlby, 1982; Bretherton, 1985).

Limited quantitative outcome data made it difficult to illustrate other program effects. Mothers had an average of 11.24 years of education, and 40% had not completed high school or earned a GED. Completing surveys and written documents was a challenge for many. This, combined with inconsistencies in family follow-through, made the evaluation of RAPS a challenge. Although 52 mothers and 29 support partners registered for the project, complete pre- and post-program data was available for only 32 mothers and 14 support partners, despite the staff’s best efforts to contact participants and support them in completing assessments.

The Prenatal Distress Questionnaire (PDQ; Yali & Lobel, 1999) was used pre- and post-program to examine pregnancy-specific distress. Analyses examining changes in stress for mothers and support partners for the 46 participants with complete data revealed interesting patterns of effects. There was a statistically significant interaction between respondent type and the number of service hours received, $F(2, 39) = 6.230, p = .005$. Mothers who used 5 or more hours of services experienced the greatest decline in stress ($M = -.176$), whereas support partners using 5 or more hours of services actually experienced the greatest increase in stress ($M = .151$).

The Couple’s Satisfaction Index (CSI; Funk & Rogge, 2007) was used to examine mothers’ and support partners’ level of satisfaction and commitment in their relationship pre- and post-intervention. For the 30 mothers with complete intake data, there was a statistically significant interaction between parity and the number of sessions attended, $F(1, 29) = 7.274, p = .012$. For this sample, all mothers reported a decline in relationship satisfaction pre- and post-intervention. However, first-time mothers who attended more than one session experienced less of a decline in their level of relationship satisfaction overall ($M = -1.214$) than first-time mothers who attended one session or fewer ($M = -9.00$). Mothers who were not first-time mothers and attended more than one session experienced less decline than the other two groups ($M = .850$).

Outcome data reported here suggests that the program had different impacts on mothers and support partners depending on parity and service dosage (Affonso, Liu-Chiang, & Mayberry, 1999; Lyons-Ruth & Easterbrooks, 2006). The overall decline in relationship satisfaction for mothers may have occurred because program participants learned about the qualities of a healthy relationship and now looked at their relationships more critically. This same trend has been found in work examining the Building Strong Families (BSF) program (Wood *et al.*, 2012). Hence, although the program helped mothers feel more confident in their ability to meet the stresses and demands of pregnancy and parenthood, it also increased support partners' awareness of challenges, thus causing them to experience more stress than they had before participating in the program.

The Community

Social and community change is a long-term process with “impact as an accumulation of outcomes and ultimately improved community-well-being” (Beckman, Penney, & Cockburn, 2011, p. 85). Through the needs assessment and focus group process, the community was provided with valuable data it could use now and in the future. The program itself helped to fill a void in the community's continuum of services to optimize infant well-being and support families during the transition to parenthood. Incorporating free curriculum materials and encouraging community members to attend sessions were intended to promote the sustainability of the effort in the community.

However, some issues in the implementation of the program—including those in developing referral channels, recruiting and maintaining participants, and evaluating the program—may have been signs that we needed to work more effectively with the community. Our efforts in community-engaged scholarship might have benefited from greater use of the principles and ideology of community-based participatory research (CBPR) in developing and implementing the program, curriculum, and outreach (Berge, Mendenhall, & Doherty, 2009; Wallerstein & Duran, 2003). CBPR brings together professionals, community leaders, and researchers to identify problems, generate solutions, and strategize how to assist and empower communities (Berge, Mendenhall, & Doherty, 2009). We engaged in collaborative activities surrounding needs assessment and developing the model. However, in writing the grant, budgeting, actual implementation of the program, and in evaluating

our efforts, we consulted with the community but did not involve them as equal partners.

Some of our missteps may have roots in our failure to collaboratively define project goals with community members. There may have been differences in the assumptions of faculty and community members about “the benefits to be derived and contributions to be made to the partnership” (*Southerland, Behringer, & Slawson, 2013, p. 909*). Sometimes those in the community did not understand fully how the academic and university environments work or limitations in our role. For example, some community members wanted us to bring program participants to program sessions using our own transportation. One early childhood education provider wanted our grant to sponsor activities such as sessions on parenting toddlers and preschoolers. Another group wanted us to use funds to start a program for teen parents at their local high school, providing child care and other health care services. All of these activities were outside the scope of the grant. Outside funding opportunities often require strict timelines and deliverables; these constraints can be difficult for communities to understand and often do not allow for a more iterative or back-and-forth process in developing and implementing community-based programs (*Berge, Mendenhall, & Doherty, 2009*). The presence of more community members at the table as the grant was being written might have helped with this by making them more aware of limitations and constraints on funding and their responsibilities.

Community-engaged scholarship efforts and CBPR as models can respond to the unique needs of African-American families in communities marginalized due to factors such as poverty or oppressed due to race, as it may empower communities through both the process and outcomes of its core activities (*Maton, 2008*). However, it is noteworthy that although we made extensive efforts to provide culturally competent programming, there were challenges. Research suggests that Afrocentric values, African-centered programs, and racial consciousness promote positive outcomes for adults, adolescents, and children at risk for various negative outcomes (*Resnicow et al., 2000; Thompson et al., 1996*). It was important to include the African American voice in program delivery. However, program leaders were primarily white female professionals, a situation that created possible concerns regarding an imbalance of power among participants. Similarly, for the male participants, a gender imbalance may have existed that could have been avoided with the involvement of a male facilitator. It is also crucial to consider the ability of RAPS personnel to empathize with

participants, creating a warm and engaging environment that may have bridged the cultural differences.

Faculty and the University

For university faculty, partnering with the community was a highly rewarding endeavor. The experience of working with distressed families and conducting applied research provided faculty with rich, real-world examples useful in teaching their courses. It also stimulated faculty scholarship, including projects examining predictors of prenatal stress, relationship education efforts, and program retention in family support programs. Additionally, the project provided undergraduate students with the opportunity to attend and be a part of programming in the field. The opportunity for faculty to work in an interdisciplinary group was also beneficial to those involved and helped in the conceptualization of the project such that it “attend[ed] to the complex, holistic nature of individuals’ and families’ experiences” (*Berge, Mendenhall, & Doherty, 2009, p. 477*).

Many of the challenges experienced by faculty were similar to those noted by Cutforth (2013), including tensions between community engagement and higher education’s demands and reward system. In our experience, developing referral channels and collaborations is a labor-intensive process, though a very personally rewarding one; it is also a core element for effective CBPR work (*Berge, Mendenhall, & Doherty, 2009; Maton, 2008*). There is no substitute for personal, face-to-face contact in developing relationships with potential participants and collaborators. However, the time and effort necessary for this process can present difficulties for faculty who are beginning their academic careers. It is important to note that all of the faculty who worked on this project were nontenured. Balancing faculty demands while making frequent trips off-site for meetings and events in the community was challenging. The change in the frequency and intensity of programming, although implemented for the community’s benefit, was also affected by constraints on faculty time.

Even with grant funding, involved faculty were not able to obtain course release time, which can be crucial (*Cutforth, 2013*), at least in the beginning stages of projects. Hence, most faculty were teaching three or four courses, serving on departmental and university committees, and traveling into the city multiple times a week to recruit participants for the project, meet with local agencies and groups, and offer programs. Community-engaged

scholarship is an iterative process and requires close work with community members to develop goals, generate solutions, collect data, and make changes to intervention approaches and programs in response to information and feedback obtained during the process of working together (Beckman, Penney, & Cockburn, 2011; Berge, Mendenhall, & Doherty, 2009; Maton, 2008).

Faculty participants greatly enjoyed becoming a part of the community in which we worked and learning about their context, norms, assets, and experiences. As can happen with community work, there were frustrations. Sometimes few community members attended meetings; at least one program session had no attendees. Community volunteers who offered to provide child care to participants at sessions failed to assist consistently. Obtaining feedback and participation from a broad range of diverse collaborators is key to the success of initiatives (Beckman, Penney, & Cockburn, 2011; Berge, Mendenhall, & Doherty, 2009). Hence, it is important to educate the community around issues of academic ownership, limitations in our role, and our own needs for support. Although we had many assets important to engaged scholarship within our project, including community needs, funding opportunities, a core faculty group with an interest and commitment to the project, and a matchmaking process within the community to help make things happen (Norris-Tirrell, Lambert-Pennington, & Hyland, 2010), drawing some boundaries and doing more self-advocacy might have been beneficial for the faculty members.

A final and critical area of concern is program sustainability. The university remains involved in working with the community in a variety of ways, but the future of RAPS as described is less clear. Although continued grant funding was applied for, it was not awarded. Additionally, many faculty involved with developing and implementing the program model have since left the university, detracting from program continuity. This change in personnel has also created intellectual property concerns. Even though many free materials were utilized in implementing program sessions, the overall program model and components are the intellectual property of the faculty members who developed RAPS. However, it is hoped that the community can use some of the materials shared at sessions in future work. It is possible that a “train the trainer” approach, such as teaching community leaders to provide programming, might lead to greater program longevity.

Conclusions

There are multiple benefits to developing relationships with community partners for collaborative inquiry, especially if the relationship has relevance to faculty scholarly interests. Community engagement can reinvigorate faculty; it can serve as a source of new ideas for scholarly projects and can be used to illustrate concepts and trends in the classroom. A project such as the one described here can increase faculty members' interest and knowledge base not only in community partnerships, but in a substitutive scholarly area they would like to pursue. In addition to providing a valuable service to the university and a rich educational experience to students, the project also helped faculty participants generate questions and insights for a variety of research and writing projects. A successful community partnership must provide benefits to both university and community, and there is still much to learn about how to best work to ensure that both partners obtain maximum benefit from the collaboration.

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