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## Credit Where Credit Is Due: Race and Recognition in Responses to the Drinking Water Crisis in Flint

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### Abstract

**Problem:** Larger societal forces created a narrative about Flint's water emergency that cast African American Flint community members primarily as victims, underplaying their extensive efforts toward solutions. This narrative exacerbates, rather than ameliorates, the emergency's root cause: disregard for their perspectives.

**Purpose:** This article describes 1) the largely unsung efforts of African American community members to identify and resolve the emergency, and 2) the development of the Narrative Group as a way to document community perspectives and promote change through equitable inclusion of community in decision making.

**Key Points:** To maximize public health benefit, Flint community members are asking public health professionals to

partner with them in ways that 1) attribute credit equitably and ethically, 2) engage community priorities and solutions, 3) share data, expertise, and information, and 4) equitably allocate philanthropic and public funds for related research and services.

**Conclusions:** Response effort processes are as important for long-term health outcomes as response effort content.

### Keywords

Community-based participatory research, process issues, power sharing, community health research, health disparities

Until the lions have their own historians, the history of the hunt will always glorify the hunter.

—Chinua Achebe<sup>1</sup>

The power of narrative is unmatched. Assumptions, opinions, facts, and misinformation all begin with narrative. The water crisis in the city of Flint, Michigan, is narrative that must be told by the residents who lived it. In January 2016, Dr. Kent Key, Executive Deputy Director of the Community Based Organization Partners (CBOP), formed a writing group, the Flint Water Community Narrative Group. It was composed of Flint residents, grassroots activists, community-based organization leaders, faith

leaders, and academics from Michigan State University and the University of Michigan. The writing group was new, but because it built on well-established academic–community relationships, it could begin work quickly. As a result of requests from several community partners, the goal of the group was to capture narratives of the Flint community during the Flint Water Crisis. Flint residents wanted to ensure that their voice was heard and not lost among the media frenzy descending upon Flint. Many leaders of the

African American<sup>a</sup> community had been working to rectify Flint's water problems and the Emergency Manager Law, which led to the water crisis (since 2011), before the national media giving light to this event (early 2016), but were largely unheard. Flint residents of all races were equally affected by the Flint Water Crisis; however, much of the recognition for efforts toward solutions was not shared across race. Media coverage was sometimes perceived within Flint as portraying primarily White efforts toward solutions and primary African American victims of the crisis. This article highlights the sacrifices and efforts of those underrepresented in the media narrative about solutions, and describes the development of a community-academic Narrative Group as a way to document community perspectives and promote change through equitable inclusion of community in decision-making.

Flint is the home of many community and academic partners who have pioneered community-based participatory forms of research. In the early 1990s, the WK Kellogg Foundation began the Community-Based Public Health Initiative. Flint community members participated to help develop national models for orienting public health services toward community needs and to develop national training and leadership capacity-building activities for community partners. From this work, engaging community in the research process, in all stages, became a standard in Flint. Using this engagement approach in response to the water crisis, Dr. Key brought community members and researchers to the table in 2015 to identify and discuss narratives raised at ongoing town hall and other public meetings, in an effort to elevate the voice of the community. Community members partnered with academics around themes to begin writing and capturing the community's narrative. In the first meeting of the writing group in January 2016, nine community members and nine academics met to begin this work. Community partners requested that academic partners take the lead in outlining manuscripts and offered to populate the outline with firsthand content from the community. This method would allow the community partners to continue the time-consuming tasks of water crisis-related organizing, protesting, and conducting

<sup>a</sup>We use the terms "African American" and "White" even though they are nonparallel because those are the terms that residents in Flint tend to use to refer to themselves.

town hall meetings. Dr. Key served as administrator of the group, which met biweekly in person and/or by phone, and various individuals led additional subgroup meetings around narrative themes. Dr. Key and Dr. Johnson, an academic partner, worked with community activists, residents, and other members of the Narrative Group to develop this article.

CBOP and the Narrative Group wanted this narrative recognized before media attention to Flint had passed; therefore, this was the first manuscript submitted from the Narrative Group (in April 2016). Because the manuscript was vetted and fact checked by the Narrative Group and key community players, it was relatively slow to be submitted by academic standards (3 months). However, because the academic and community partner authors had well-established relationships before the crisis, the article was submitted quickly by community-partnered research standards. Based on our review of the current literature, we believe that contributions to the solutions of African American community members have still largely not been explained and that many opinion pieces and articles on the crisis have been written by individuals not directly involved in the crisis or in recovery efforts. Therefore, this article represents an important part of the story of recovery efforts in Flint.

## THE NARRATIVE

In January 2016, state and federal emergencies were declared in Flint, Michigan, because the city's drinking water is contaminated with lead, heaping disadvantage on an already struggling city, with potential consequences including reduced IQ,<sup>2</sup> increased impulsivity and violence,<sup>3</sup> and epigenetic effects in grandchildren.<sup>4</sup> Within Flint, it is striking how the efforts of academic and medical institutions, White activists, and other non-African American activists to resolve the emergency have been nationally visible, but the efforts of African American community residents, which predated academic efforts by at least a year, have been much less visible in the press, academic publications, and public discourse. Societal lack of recognition of their contributions recapitulates the fundamental problem that led to this public health emergency, which is that a poor, mainly African American community was deprived of a voice in matters affecting their well-being, and then was not heard despite their repeated, also heroic, efforts to resolve it. Without correction, this process will continue to lead to poor health

outcomes and future public health crises in Flint and in other low-income, majority-minority cities.

### CONTRIBUTIONS OF AFRICAN AMERICAN COMMUNITY MEMBERS

Overruling community voice set up conditions in which the water crisis occurred. In March 2011, Michigan passed Public Act 4 to protect the “health, safety, and welfare of the citizens” by allowing the state to supplant the authority of elected city mayors and city councils with a single, unelected individual (a state-appointed emergency manager).<sup>5</sup> Concerned that this suspension of democracy would be disproportionately directed at communities of color, Nayyirah Shariff, an African American Flint resident, along with the Flint Democracy Defense League, collected signatures objecting to the law. However, during Flint’s mayoral election in November 2011, state officials announced that Flint would come under emergency management,<sup>6</sup> rendering the new mayor largely powerless. A state-appointed review panel had recommended state takeover of Flint after finding a structural deficit, recurring cash flow shortages, and other financial deficiencies.<sup>7</sup> Ms. Shariff and others petitioned to have the law put to ballot. Their request was denied.<sup>8</sup> With others around the state, they collected 250,000 signatures to get the law put to ballot in November 2012. The law was overturned by voters.<sup>8</sup> Within a few months, Michigan passed Public Act 436, a very similar law.<sup>9</sup> Statewide, some estimate that more than-half of all the African Americans in Michigan have been under emergency management versus only about 2% of Whites.<sup>10</sup>

Under emergency management, Flint water rates and resulting water shutoffs increased steeply. Beginning in 2013, Flint residents, faith leaders, and CBOP (an organization made up of representatives of community-based organizations) delivered water to Flint homes affected by shutoffs. The Mission of Hope (MOH) shelter, led by Pastor Bobby Johnson, invited residents to use its showers and take home water to drink. Eventually MOH’s own water was shut off. CBOP coordinated volunteer efforts to bring MOH water so that MOH’s water mission could continue.

Against community opposition, Flint’s emergency manager switched Flint’s water source from Detroit to the Flint River in early 2014. The new water was often brown, cloudy, or malodorous. Residents started developing rashes and other

health issues after using it. Alarmed, Ms. Shariff, CBOP, and other African American residents and community organizations reached out to the media, attended town council meetings, blogged, and held rallies, protests, and marches through the city and state capital to get wider public attention for residents’ concerns. Few paid attention; even the local press rarely came.

Bishop Bernadel Jefferson approached the Flint faith community about residents’ water concerns in 2014. The faith community united to advocate for filters, clean water, and citizens’ concerns being taken seriously. Bishop Jefferson and the Concerned Pastors for Social Action made daily efforts to call attention to the water problem and address health concerns of congregants. She led protests, called press conferences, marched in rain and snow with her children and grandchildren, arranged bus trips, and sought meetings with state officials, again with little response.

Other African American efforts also began before 2014. In 2011, Claire McClinton and other African American leaders fought the emergency manager law and escalating water rates through political action in both Flint and Detroit. Yvonne Lewis communicated health concerns to health officials and sought clear, consistent information for residents (e.g., boil vs. do not boil the water). Kenyetta Dotson connected community members to health care resources and water giveaways. Dr. Kent Key brought water concerns to CBOP’s attention and connected CBOP with potential experts. E Hill De Loney ensured that CBOP served as a water activism and resource communication network. Janice Muhammad and Katherine Blake delivered bottled water and water-related information to residents who could not leave their homes. These are only a few examples.

### RESPONSES FROM ACADEMIA AND HEALTH CARE

For 15 months beginning in September 2014, Elder Sarah Bailey, an African American faith leader and health advocate from Flint’s Bridges into the Future, worked with an academic–community liaison, Dr. Key, to find academics who could provide data, research, or perspective. She met with several academics and administrators who said, “Let us consult with our experts and get back to you,” but no one did.

Two community meetings occurred in consecutive weeks in January 2015. In the first, African American pastors from

Flint heard citizen concerns, expressed genuine distress, and led a discussion about realistic options for fixing or changing the city's water supply. In the second, government conveners threatened to arrest anyone disruptive while academics and experts from outside Flint gave PowerPoint presentations about how the water was safe and any problems were only "aesthetic."

In mid-2015, after public officials had dismissed citizen warnings and sought to discredit complainants for more than a year, academics entered the fray. Like the efforts of Flint's African American community members before them, these contributions required immense courage, dedication, travel, sleepless nights, and their own money to accomplish. Unlike Flint's African American community members, the new crusaders had access to clinical records, environmental sampling techniques, and eventually the support of institutions such as universities and hospitals behind them. With access to additional data and professional connections, unlike community members, they were able to withstand state officials' attempts to dismiss and discredit them. Eventually, the collective outcry forced the state government to admit that there was a problem and continued political action resulted in city, state, and federal emergencies being declared in early 2016.

By mid-2015, academia and health care were playing an absolutely essential role in finally getting wide recognition of the problem. However, African American and other community members had tried to engage academics, officials, and others about Flint's water problems since early 2014. They gathered information, sought expert advice, sought meetings with government officials, kept records, protested, filed grievances, and took care of Flint's most vulnerable. White community activists such as LeeAnne Walters, Melissa Mays, and Laura Sullivan were also tireless in this regard. Yet when national attention finally came to Flint, aside from out-of-town celebrities' donations, the perception within Flint was that narratives cast African Americans in Flint almost solely as victims, with little mention of their contributions or efforts toward solutions. In other words, the same voices that were largely overlooked to create the crisis had their contributions to solutions also largely overlooked in the wider public narrative. This occurred despite the leading academics' repeated and insistent efforts to acknowledge Flint community members' efforts<sup>11</sup> and White activists' strong partnerships with African American ones.

## LARGER SOCIETAL FORCES

Despite key players' efforts to combat it, larger societal forces including media portrayals and public perception can be influenced by unintentional racism, as occurred after Hurricane Katrina, where minorities were disproportionately shown in a passive or "victim" role and rarely shown in positions of expertise.<sup>12</sup> In other words, privilege and power influence who is heard and heeded. When academics or physicians call a press conference, the press come. When African American community members do the same, often no one comes. When academics raise a concern, they may be admired. Even when criticized, they are usually at least heard. When community members do the same, few pay attention. Institutions pay media experts to promote academics' work. In the wake of Flint's emergency, one commentator told the press that, "The lesson from Flint is clear. Governments must heed—not dismiss—the voices of outside researchers,"<sup>13</sup> without thinking to mention heeding the citizens the governments were elected to represent. This is not an indictment of the researchers who were doing all in their power to fight alongside the citizens of Flint,<sup>11</sup> but rather a recognition that structural racism was at work in both the original problem<sup>14</sup> and in interpretation of solutions, with society as a whole underrecognizing and undervaluing important narratives.

## CALL TO ACTION

Without deliberate correction (and sometimes even in spite of it), social responses reinforce traditional patterns of power in which the privileged are rewarded for their efforts and those outside of powerful organizations are not, and the powerful (such as Michigan's emergency managers) justify ignoring the perspectives of the less powerful in order to "help" them. We can change this dynamic. The process of efforts to be helpful is at least as important for long-term health outcomes as the content. The way we respond to a disaster such as Flint's either strengthens or weakens the systemic injustice at its genesis. If attempted solutions recapitulate the lack of awareness of and disregard for community voices, especially African American voices, that created and then maintained Flint's crisis, they perpetuate the same injustice that was at the root of the original problem. Disregarding community members' voices not only deepens the root cause of

the crisis and increases risk for additional crises, it undermines trust in governmental, health, and academic representatives, weakening their ability to protect health. Valuing or devaluing community member voices has long-term implications for one's ability to work with them around a large range of issues moving forward.

Being most useful in Flint requires careful attention to the processes by which work is done. Flint's community partners have great capacity honed during decades of community-based participatory work, including years of experience establishing equitable and mutually beneficial relationships with academics and health care providers. Many CBOs and local residents see the benefit of research and actively engage in on-going research efforts. At community meetings, Flint community members 1) express interest in working with researchers and health care providers toward solutions, 2) request that they follow principles of equitable partnership described below,<sup>15</sup> and 3) warn that failure to do so may hinder recovery efforts and resurrect historical pathology of communities being told what they need as opposed to asked what they need. Specifically, Flint community members are asking researchers, public health officials, and others to do the following.

1. *Attribute credit for recognizing and addressing problems equitably and ethically*, as at least equally shared between the (primarily African American) Flint community and (primarily White) corporate entities such as universities, health care organizations, and public health services. Hold press conferences, negotiate book deals, and give paid speeches together with community partners and share the proceeds. Media expertise can be shared and community partners can be actively promoted to ensure that traditionally underrepresented partners have an appropriate seat at decision-making tables.
  2. *Be careful with institutional public relations messages* to avoid framing Flint as a voiceless, helpless, passive recipient of help, and try to similarly reframe associated media messages. Positioning an institution in front of Flint (e.g., doing "to" or "for" Flint, saving, rescuing) not only exacerbates the root cause of the emergency, it can cause resentment rather than appreciation within the city.<sup>b</sup> Positioning an institution beside (e.g., working
- or partnering "with") or just behind (e.g., "supporting," "capacity building," or "empowering") Flint, or even using Flint as the subject of the sentence rather than the object, is much better. Community members would prefer not to be done "for," but rather to be brought to the table so they can do for themselves and to work beside institutions until the work is done.
  3. *Prioritize research and practice efforts that are requested by local, grassroots community members and organizations*, especially those led by and/or primarily composed of citizens of color.<sup>c</sup> Begin by asking Flint community members what they want or need. Community-driven work is critical in the wake of the disenfranchisement of a city and people, especially when they disproportionately represent groups who have faced historical discrimination.
  4. *Approach community partners as equals or experts*. Flint's African American community partners have decades of experience with Flint as well as their own national connections, reputations, priorities, busy schedules, and leadership responsibilities. Understand that asking for cooperation and support is not an invitation to take over. Provide the information and services that they request or be transparent about the fact that you cannot and then ask if what you can offer would be useful.
  5. *Share data*. Community members know that access to data is critical to be funded and to be heard. Many have partnered on successful research grant applications, including Center grants from the National Institutes of Health. Provide the scaffolding for community-based health and research efforts through data sharing.
  6. *Share information*. When community groups ask for up-to-date, detailed, accurate information to empower citizens to make decisions, provide the requested information.
  7. *Be transparent about rather than gloss over uncomfortable facts*. In other words, tell the truth. Most community members would rather hear accurate updates, even if unpleasant (e.g., "it will likely be months or years before the city pipes are back to normal," or "the medical

<sup>b</sup> As an example, in commenting on the media coverage about Flint, one community partner stated, "This savior thing has got to go. Flint is saving its own @\$% self and has been for a long time."

<sup>c</sup> Although academia, health care, and their representative organizations are included in some definitions of "community," here we refer to segments of the community with historical disadvantage, who have been largely overlooked as sources of water-related health solutions in Flint. These may include mostly non-White, noncorporate groups such as pastors, local community-based volunteer organizations, and others.

community is not sure of the best treatment for chronic, low-level lead exposure; we are doing the following things to try to find out”). After being repeatedly dismissed with platitudes by those in power, a “message of hope” (such as an eloquent version of “don’t worry, everything will be fine”) sounds hollow.

8. *Be humble.* The suppression of information about harm by government agencies charged with protecting citizens resurrects the specter of Tuskegee and other abuses of power by researchers and doctors, threatening to wipe away decades of effort by academia and health care to regain the trust of African American communities. Anyone from an institution may be seen as complicit. Walk gently, kindly, humbly, and with sensitivity to the depth of betrayal that is felt here.
9. *Decisions about the allocation of philanthropic and public funds for research and services should be made by advisory boards who look like the target community. To the extent possible, teams receiving funding should also look like the target community.* Flint is 57% African American. It is not difficult to put together teams that look like Flint.
10. Community partners on projects should receive *equitable compensation for their time and equitable allocation of grant-related resources*, with agreements in place to protect the independence of their opinions.
11. To maintain community trust, include community members in meetings where important decisions are made; they can then act as messengers and representatives of those decisions to the rest of the community.

Academics and health care providers can use their visibility and influence to work against larger societal forces, such as systemic racism, to bring community members to the table and into the limelight as equal partners in identifying and addressing health problems. Even small steps toward eroding inequities that have existed for centuries may significantly benefit the health of disenfranchised communities.

#### AUTHORSHIP TEAM

The Flint Water Community Narrative Group is a community-led collaborative effort between Flint community members and academic partners. It arose out of Flint community members’ recognition that they have contributed significantly to many health and research efforts in the city, but have not been optimally effective at ensuring that these

contributions are documented in academic books, journal articles, press, and other media. Therefore, they have done much more and have much more expertise than they get credit for outside of Flint. The goal of the Narrative Group is to ensure that community members’ efforts in the wake of Flint’s water emergency are appropriately documented in as many venues as possible and that issues of race are also appropriately discussed. The group is writing many pieces, and chose this article’s authors and authorship order and vetted the content of this article, as it does with all of its writing products. K.K. and J.J. live in Flint, serve as volunteer members of Flint’s Community-Based Organization Partners (CBOP), and observed the events and efforts described in this article first-hand.

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#### CONFLICT OF INTEREST

We have no financial conflicts of interest.

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