

A Reflection on How Social Networks Can Become a Powerful Tool To Meet Basic Needs and Build Momentum for Change

When Maria Gomez-Murphy returned to the border city of Nogales, Az., she was determined to find ways to help residents improve their lives. To do this, she believed that it was crucial not just to provide specific services, but also to help people better understand – and ultimately control – the forces that affect their lives.

The power of making a connection

A key tenet of Maria Gomez-Murphy's holistic approach to working in communities is that it's not enough to simply provide an isolated service to an individual. Instead, you must also connect with that person and understand the full range of her needs and hopes.

The power of this approach was demonstrated the day this photo was taken. During a glucose test, Maria (center) realized something was terribly wrong with client Maria Elena Yuriar (left). "She was sitting in a chair. I knelt down to be at her level and began to ask her questions." Maria Elena began to cry. She said she had just been diagnosed with cancer and didn't know what to do. Maria drew her arms around her and talked to her about her diagnosis and treatment options. The woman's daughter, Kenya (right) was pleased to see her mother smiling again.



“The ability to perceive what is really going on comes from the trust the promotora builds with a client. People simply won’t open up to someone who doesn’t connect through trust and respect.”

When Maria Gomez-Murphy began working in and around Nogales, Az., in 1990, she saw that, while these communities often lacked resources, they did have many strengths, including strong social networks. Many people knew and often helped each other.

These existing networks became a building block when Gomez-Murphy and a group of promotoras created The Way of the Heart: The Promotora Institute in 1999. The Institute trains residents to reach out to other residents and provide a broad range of services, education and advocacy.

Many of the services the Institute provides through the promotoras are basic: free glucose, blood pressure and cholesterol tests, tobacco cessation programs, information on prenatal and postpartum care, exercise and nutrition classes, diabetes management and financial literacy. The key is that these services not be provided in isolation: a woman who is the victim of sexual abuse, for example, should not simply be given a pregnancy test.

Another key is that services be part of a much broader relationship that develops between the promotoras and residents, a relationship that can lead to a deeper understanding — both by residents and the promotoras themselves — of the issues people face in these communities.

Everything that The Way of the Heart does, Gomez-Murphy explains, is based on the promotoras’ ability “to listen to the ‘heartbeat’ of the community,” as well as their commitment to learn from “each per-



Way of the Heart founder and director Maria Gomez-Murphy

son’s strengths, aspirations and innate wisdom.”

Gomez-Murphy’s experience in working to build on existing social networks and expand their impact on the communities has taught her a lot about the value of these networks. Because she combines this experience with a formal education (she went to Stanford and has Masters degrees in film and international affairs), she has taken on a role as a communicator of the Promotora model and its holistic, social network-based approach.

***“It is the Peace Corps model based on local needs and local solutions, except that it is not the educated helping the ‘uneducated.’
It’s the community helping itself.”***

The promotora model comes out of work going on in mostly rural communities around the globe, including many in Mexico. Community health worker models began in the United States in the 1950s. They are now widespread throughout the Southwest.

In 1978, the World Health Organization declared that a key strategy for delivering basic health care services is the use of community health workers. The model has spread so far because it works, Gomez-Murphy believes.

► *“The beauty of the promotora model is that it is one individual, one family at a time, that builds a healthy community. The one drop of water becomes an ocean.*

“They don’t always call it the promotora model, but it happens organically in places where there are few health-care resources. Chinese barefoot doctors would be another example. Here in this country, farm workers developed community health worker/promotora models. The Navajo nation also developed similar programs and called them community health advisors. There are so many names for them.”

One crucial aspect of the promotora model, Gomez-Murphy believes, is its reliance on a community’s residents to do the work.

► *“It is sort of the Peace Corps model based on local needs and local solutions, except that it is not the educated helping the ‘uneducated.’ It’s the community helping itself.”*

A Community with Few Resources

Variations of the promotora model are often found in communities with very few resources, which is certainly true of Nogales, Az. It is one of the most impoverished communities in the United States. Its per capita income is \$10,178, half that for Arizona as a whole. Nearly one in three people is officially poor. Unemployment is more than five times higher than for the state as a whole.

The statistics are even starker for many of the surrounding colonias, which are unincorporated communities, some of which still don’t have the most basic services such as running water, electricity or sewers.

Adequate health care is especially absent. In Nogales, 46% of those 18–44 years old have no health insurance. Plus, even many Nogales residents who do have insurance are still unable or reluctant to get health services. Language is one barrier: Nogales is 93% Hispanic. Many residents have no way to travel to often distant health clinics.

But culture is often another reason that people don’t get the services they need. Many don’t see their cultural beliefs reflected in the systems with which they interact, thus they avoid them. Culture works to cut off people in other ways: the common belief in preordained destiny, for example, causes many residents to avoid screening examinations — or good health practices — because they believe that, “Whatever is going to happen will happen.”

The model taps people’s knowledge and abilities: part of a community’s “assets.” It assumes people have skills.

“True capacity building has to be done through a participatory process, a give and take, teacher and student being one, exchanging roles in a setting where each is equal to the other, regardless of their knowledge or skill set.”

► *“The strengths I see in our clients are the same strengths I find in all people, the determination to overcome adversity, build a better life for themselves and their children, and the desire to live with dignity and respect. What they lack is the time and opportunity to develop the skills necessary to achieve these ends.*

“Most people problem-solve in their daily lives, but they don’t know how to generalize it to other areas of their lives. We help people connect the dots.

“Every day people practice the skills they have to negotiate life and find the best possible solutions. Figuring out how to deal with your in-laws, neighbors, your children’s friends takes a lot of problem-solving skills. Some people are brilliant at it, yet they don’t apply these skills on a community system level. We help our community connect the dots, one person, one family at a time.”

By tapping into residents’ skills — and by helping them perceive the skills and knowledge they already have — the promotora model can often transform individual residents, Gomez-Murphy believes.

► *“Brazilian educator and philosopher Paulo Freire points out that in order to truly build capacity, it has to be done through a participatory process, a give and take, teacher and student being one, exchanging roles in a setting where each is equal to the other, regardless of their knowledge or skill set.”*

Gomez-Murphy says that she learned the power of this way of learning at a very early age.

“In California where I grew up, I was taught at 14, 15, 16 years old that you learn through dialogue, through discussion, through the process of engaging. That was a model that I was very comfortable with and that is the model we practice today.”

The model used by The Way of the Heart starts with the promotoras. These community residents have natural leadership abilities and are committed to personal growth and community service. They share the same cultural, linguistic and socio-economic status as the clients they serve.

They go through an intensive 3-month training program that focuses on a variety of health topics and prevention strategies as well as support skills such as active listening, decision making and problem solving. After several weeks of practice, review and role play, they bring “trust, compassion and accurate information to help families with their health, education and community needs,” in Gomez-Murphy’s words. They do this in a variety of ways: one-on-one interventions, group presentations, neighborhood “platicas” or talks, and home visits.

In social network-speak, the promotora model is designed to strengthen the connections between individuals in informal networks (“strong ties”), between individuals and less linked, or generalized, social networks (“weak ties”) and between individuals and institutional networks (“linking ties”).

In other words, families and individuals are heard and supported at a range of levels.

“Research shows that Hispanics rarely turn to health care professionals for health-related information but instead seek out peers or authority figures within their own social networks.”

They get the support they need to deal directly with a family challenge, to learn about where they need to go for employment or how to negotiate a confusing immigration system, and ultimately, perhaps, to develop what it takes for them to run for office or to run an office themselves, generating a whole new set of possible connections.

The Way of the Heart acts as a *hub* — connecting individuals within and between networks and organizations. It has consciously built networks among a range of partners, some of whom share their philosophy and others who simply share a concern about a particular issue or geographic area.

Gomez-Murphy says many of these connections are to churches, which she says “get that there is a lot of soul pain in our communities.” Other connections are to businesses and social clubs such as Rotary, Kiwanis and Knights of Columbus.

► *“When we educate, we team up with the social infrastructure of our community, primarily nonprofits, churches and clubs. They refer clients to us or we refer to them. Everybody has a different version of how they do this, which I think is healthy. It gives people options. Let the community choose the style and content of services that suit their needs.”*

Gomez-Murphy has been particularly good at building connections and networks among these sometimes disparate people and institutions because she understands and can speak to multiple cultures.

► *“Research shows that Hispanics rarely turn to health care professionals for health-related*

information but instead seek out peers or authority figures within their own social networks.”

In the case of childbirth, for instance, women rely on the advice of their mothers, grandmothers, and tias (aunts) in lieu of health care providers. If the promotora can pass on accurate information to the person



Promotora/Operations Coordinator Leonor Sesteaga (left) takes down demographic information from a colonia resident.

***“Programs are usually developed from the top down,
most times without even asking the population that will be served.
We work from the bottom up, from the grassroots.”***



Colonia resident Lourdes Garcia is seen by volunteer dentist Dr. Jesus Alonso Olguin at one of The Way of the Heart's clinic sites located in the DEIJUVEN community center.

of influence in the family, the whole family as well as the extended family will benefit. Gomez Murphy says that in Hispanic households “all behavior change happens around the kitchen table.”

The Way of the Heart's inviting office has helped it connect to many residents. When visitors walk in they are surrounded by color-

ful posters in Spanish and English. They are greeted by women who smile first and ask questions later.

Gomez-Murphy tells a story to explain how all this can come together to make a difference in someone's life.

► *“In the early days, people would just walk in, like moths to a flame. They weren't sure who we were or what we were doing, but they were drawn to the place. But once they got here, they found a connection in their own lives.*

“It's very Hispanic to couch this attraction in God terms. ‘God must have sent me here,’ many of our clients tell us.

“One day, someone donated a microwave to the agency, some pots and pans and other household items. I thought, ‘What am I going to do with this stuff?’ Well, I've always wanted to have a community kitchen so I decided to save it.

“Two or three days later a woman walks in the door. She was undergoing severe domestic violence. She had escaped from her husband with three kids in tow, one of them disabled. She ended up on the streets. She had no place to go.

“The local mission lent her a little trailer to live in until she got back on her feet. But here's the magic — I had everything else she needed, even a wheelchair. It was almost as if a higher intelligence knew I was going to need these things and made arrangements for them to arrive at just the right time. That's a powerful experience and it happens often.”

“All three groups showed improvement on knowledge, attitudes and practices. However the group that included ongoing support by promotoras showed by far the most improvement.”

Gomez-Murphy emphasizes that the connections made by The Way of the Heart and its promotoras can and should be two-way streets. Residents are connected to agencies and programs and receive services. But at the same time, agencies are connected to residents.

► *“Programs are usually developed from the top down, most times without even asking the population that will be served. We work from the bottom up, from the grassroots. Our goal is everything we do and everything we learn we share with people.”*

The understanding that can come from this deep connection to a community’s residents can be critical, Gomez-Murphy believes. It can help people who come into a community perceive things they wouldn’t otherwise see, things that can make a huge difference in how these communities are approached.

At the same time these connections can help residents better understand the multiple causes of their day-to-day struggles, an understanding that can be a step toward change.

Does the Promotora Model Really Work?

The model of training residents to educate and serve fellow residents and build stronger networks within low-income communities is appealing. But does it produce results?

Gomez-Murphy knew that hard evidence of effectiveness was important. She and the promotoras designed a study that would examine and compare various ways of meeting the needs of Nogales residents, including the comprehensive approach used by The Way of the Heart’s promotoras. The study was funded by the U.S. Health and Human Services’ Office of Minority Health and St. Joseph’s Hospital in Phoenix.

The study focused on three health status disparities: heart disease and stroke, nutrition and weight, and physical activity and fitness. The objective was to enable Hispanic residents to learn how to avoid heart disease by changing behaviors.

While the effort involved a range of activities designed to get messages about health to thousands of people through radio, television, flyers and presentations at neighborhood parties and other

events, the study closely watched 87 individuals. They were divided into three groups. One received a 20-hour course about heart health. The second received the same course plus an exercise class three times a week. The third received the course and the exercise classes plus ongoing nutrition counseling and skill building, which included things such as cooking demonstrations.

All three groups showed improvement on knowledge, attitudes and practices. However, the group that included ongoing support by promotoras showed by far the most improvement: 17% vs. 9% for the first group. The ongoing relationships this group’s members developed with the promotoras also seemed to pay off: 95% of this group’s members came to the monthly health tests vs. just 35% of the members of the first group.

One lesson from this study, Gomez-Murphy believes, is that “commitment to behavior change increases with the commitment to the coach, in this case a promotora. The time with the coach/Promotora has a direct relationship with the client’s positive changes in knowledge, attitudes and practices.”

“When you go into the colonias, you will see people that some would think are listless. But really it is that they have such poor nutritional status and such high lead content in their bodies.”

To illustrate all this, Gomez-Murphy talks about the colonias.

► *“When you go into the colonias, you will see people that some would think are listless, apathetic or not interested in what you have to say. But really it is that they have such poor nutritional status and such high lead content in their bodies. They may be thinking all kinds of things in their minds, but it just takes too much energy for them to express interest the way you and I would.”*

“It is so sad for so many reasons: people will think badly of the person and imagine that every Mexican wears a sombrero and is lazy or lacks initiative. This situation increases racism, but the solution is ensuring a safe food supply and good nutritional habits. Imagine solving one aspect of racism through nutrition education. Amazing.”

This ability to perceive what is really going on is critical for both communities and the individuals who make up these communities, Gomez-Murphy believes. She says this ability comes from the connection: the trust or *confianza* that a promotora builds with an individual. People simply won’t open up to people who don’t have that connection, people who often come to “help” or study them.

A key step in building that trust is a willingness to listen deeply, Gomez-Murphy explains. She tells the story of a client who seemed resistant to take measures to reduce her risk of breast cancer. When, after several prompts, she remained unresponsive, Maria was frustrated and finally asked if anything was wrong. It turned out she had “lost” her son to a drug addiction and couldn’t handle the stress. A self breast exam didn’t seem relevant to her at that time.



The Way of the Heart’s promotoras conduct regular exercise classes.
Right photo: Ignacia Real

“As educated people, we try to impose what we think the poor should do to pull themselves up by their bootstraps and become just like us. It’s disrespectful of people to assume that how you do things is the way everyone should do them.”

► *“That was really a defining moment for me. As educated people, we try to impose what we think the poor should do to pull themselves up by their bootstraps and become just like us. It doesn’t work that way. It’s disrespectful of people to assume that how you do things is the way everyone should do them. This brought home to me that this is not the right way to work in community.*

“We assume that information is all people need to solve their problems when it’s really only step one.”

Gomez-Murphy thinks the key is being responsive: being willing to listen, learn and change. This process demands time and commitment.

► *“When our community residents go into a health clinic, the six minutes allocated to them is not enough. When they tell doctors and medical professionals what’s wrong with them, they want to tell them where their grandparents came from, because that’s relevant to where they are right now. And doctors don’t like that. ‘Just tell me what your symptom is and I’ll give the medication to fix it.’ It’s as if the symptoms of that body part are not connected to anything else.*

“A lot of our people, in order to be healed, need to go back to the place where they believe the injury or sickness occurred. Or they believe that susto, or fear, will cause an imbalance in their systems, causing illness.

“Now, if you talk to any Western doctor, they will laugh. They will say that’s not how diseases develop. That’s superstition.



◆ Promotoras Gloria Rosas and Alejandra Orozco (right) listen to Colonia leader Milagros Mercado, with the Colonia in the background.

“But for some people that has everything to do with it. These people are not going to get better unless they go through the process of fixing the imbalance through ritual, prayer, offering, or some other practice.

“If you deal with an addiction but you don’t take care of the core issue, the problem is just going to move into another area of your life. Everything’s connected. For the promotora model to be effective, we have to take advantage of the teachable moment and be prepared to cover a variety of issues that are common to our residents.”

“If you deal with an addiction but you don’t take care of the core issue, the problem is just going to move into another area of your life. Everything’s connected.”

The Way of the Heart

Maria Gomez Murphy began her work in Nogales around health care because of her deep belief that “health care should be a birth right.” She remembers visiting her mother in a public hospital and hearing screams of patients “who were being treated like animals just because they were poor.”

But coming into Nogales and starting an organization that takes a very broad, very different approach to confronting the community’s health needs was not easy. She says that many people considered her an outsider despite her family’s history in the area. She believes that some of these people tried to undermine her new organization.

Gomez-Murphy and the promotoras persevered, but it has never been easy to attract resources to this isolated area. She says that everything they have in their offices is donated.

Despite these restrictions, the promotoras have accomplished a lot. In one year alone they:

- Administered more than 1,500 community screenings for hypertension along with follow-up for anyone whose blood pressure is abnormal.
- Provided health education classes and screenings for more than 6,000 residents with information and resources to deal with their diabetes, prenatal care, etc.
- Helped educate more than 2,000 low-income children and their parents about important health and environmental issues facing their



Promotora Alejandra Orozco administers a glucose test to Lorenza Zamarron. Promotora/Operations Coordinator Leonor Sesteaga is in the background.

communities during Dia de los Niños (Day of the Children).

- Opened two clinics in colonias in partnership with local community agencies. These clinics are staffed by members of a volunteer network of Mexican doctors. In less than a year, more than 1250 low-income clients have received free health care including dental work.
- Provided over 1,000 health education hours to workers in “maquiladoras,” assembly plants on the border. The education covered HIV/AIDS, domestic violence, cardiovascular disease, diabetes, nutrition and much more.

The challenge is to see these connections — and help others see them — not just in an individual’s life, but also in that person’s life within his or her community, Gomez-Murphy believes. She says that the

assessments that promotoras do often provide “teachable moments.”

► *“Promotoras are trained to help people see the connections between what is happening in*

“Self-awareness helps people be in control of their actions. They become more active members of their communities. They help build stronger neighborhoods through their hard work and community activities.”

their lives and the issues that affect our community.”

Gomez-Murphy offers the example of people who are struggling with low-wage jobs and limited job-related skills. She says that the promotoras are trained to use dialogue and group reflections to help people see the connection between their reality and the need for living wages, good schools, family-friendly public policies and more. They also begin to see the importance of democracy, of building constituencies, of the need to be engaged.

“Self-awareness helps people be in control of their actions. It helps them become active creators of their own existence. They become more active members of their communities. They help build stronger neighborhoods through their hard work and community activities.

“They also begin to see the connections among the mental, emotional, spiritual, political, sociological and environmental aspects of our being. That is why we deal with so many topics.

“If you just talk to people about air quality, just about symptoms, and don’t connect the dots, then you don’t take care of the core issues. One of those core issues is that poor people’s needs are not considered because they don’t have a voice, politically or otherwise. It’s about going to city council and having your voice heard.

“What you want to do is to take care of the basics so that people have enough left-over energy to go to go to other levels where they can actually be active creators of their own experience. And hopefully they’ll get

involved in changing policies, run for office. Everything is interconnected: health, politics, education.”

Gomez-Murphy says that this is occurring in Nogales. Their youth leadership group, for example, organized to get the city council to increase funding for youth activities. Other residents have achieved changes related to neighborhood safety, bullying in the schools and after-school activities.

“Many of our clients tell us that they practice what they’ve learned from us with others they find in need. This way we have a ripple effect in the community. The one drop of water becomes a puddle, then a lake, then an ocean.”

Connections — between events in one person’s life, between people, between organizations, between issues — is what defines Gomez-Murphy’s approach to her work. She is clearly a systems thinker.

► *“This is important because disconnect causes dysfunction. When we have a lot of environmental degradation and wildcat [unregulated] dumping, we know that people are disconnected. They don’t see the connection between their labor and their taxes with paying somebody to pick up litter on the road they just dumped out the car window.*

“They may have a nuclear family, but they do not feel connected to the family of community.”

Taking the time to see and act on all these connections does not make her work easy or fast.

***“Some business people tell me, ‘You are not efficient.’ I say,
‘We are more efficient than you could possibly imagine,
because our job is to listen, find out how much of an intervention
they need and to connect people to solutions.’”***

► *“Some business people will tell me, ‘You’re not efficient.’ I say, ‘We are more efficient than you could possibly imagine, because our job is to listen, find out what kind of intervention is needed, and connect people to solutions.’”*

“Adapting to specific needs is very efficient. You don’t lose energy and resources delivering services to people that don’t want or need them.

“Some people need very little intervention. All they need is the information. They leave and they’re fine.

“Other people need more. They need to have their hand held two or three times, and then they’re fine. Some people need 10 or 12 interventions. Everyone gets what they need at the level they need it.

“We have people walking in here on the verge of suicide or having tried to commit suicide, who are now working, who are now viable members of society. It’s all about seeing people as individuals, not walking case studies who need a predetermined set of interventions created by someone who doesn’t know your community, never has stepped foot in it, and doesn’t live with the consequences of not doing the job right.

“It’s in our best interest to develop site specific interventions that adapt to our specific situation and circumstance.

Gomez-Murphy now spends time trying to educate these people “who don’t know our community.” She serves on a number of national committees and has worked closely with universities, foundations and federal agencies over the years.

In her view, social capital between residents and institutions is often destroyed by an overriding reliance on power and status. Endowed with vast resources, she thinks these organizations may believe that they are right about what poor people need.

► *“I’m the community activist on many of these high profile committees, which gives me the responsibility to be articulate. The powers-that-be allow me to sit on these committees, but often they discount what I say because I don’t walk in their circle of influence, or have their version of credentials.*

“I am usually telling committee members how the world works for people outside their social rank or socio-economic status and they don’t like it and are uncomfortable with it.

“I figure that my role in life is to give voice to the disadvantaged. It hurts me personally when people don’t like me, but I’ve found that most of the time, when you change the status quo, people get angry. People like to stay in their comfort zones. They don’t like change that doesn’t have a guaranteed positive result.

“Anybody who is an innovator will cause those reactions. I thought it was just me. It turns out it’s the natural evolution of change to resist it.”

"Most of the time, when you change the status quo, people get angry. People like to stay in their comfort zones. They don't like change that doesn't have a guaranteed positive result."

One City, Two Countries

Some cities are separated literally and figuratively by railroad tracks or highways. The city of Nogales, Az. and Sonora, Mexico is separated by an international border. But in many ways this border is in name only, according to Maria Gomez-Murphy.

► *"The thing about the border is whatever happens on one side affects the other side — from infectious diseases, to environmental degradation, to health care issues, to domestic violence."*

"It is one community — we call it Ambos Nogales. On a federal level they consider it two countries. But it is another kind of community that happens to stretch across borders."

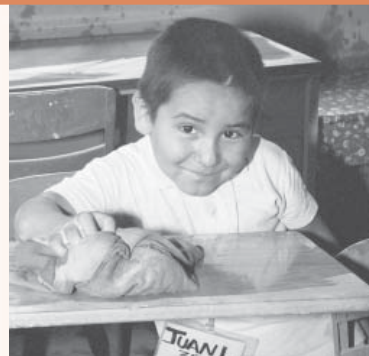
The need for adequate health care certainly doesn't stop at the border. Indeed, it is estimated that Nogales, Sonora has 10 times more people than Nogales, Az. Given this reality, the promotoras cross the border regularly.

► *"The border is transparent for us. A lot of the women on my staff have family members on both sides. We have a lot of people who walk over from the Mexican side to get medical care, food, clothes and so forth."*

Gomez-Murphy doesn't consider herself an "expert," instead seeing residents as the experts and arbiters of their own experiences. She is unwavering in her commitment to lead by listening to the community and to spreading this message to whomever will listen.

► *"We're taught when we go to university that there is something special about us. But when we come back into community we have a tendency to tell people how ignorant they*

Eight-year old Juan Medina cleans a school desk in a clinic site on the Mexican side of the border.



Gomez-Murphy tells the story of one young woman – Milagros, or Miracle – who had been impregnated by an older American, who abandoned her. She crossed the desert when she was seven months pregnant, but the father closed the door in her face.

By the time Milagros got to The Way of The Heart's office, she was in labor. They rushed her to the hospital but her twin babies had developmental delays. Milagros had had only one prenatal care visit. "We deal with the issues," Gomez-Murphy says.

Because of this experience and the help of the Promotoras, Milagros now educates other young women about the dangers of early pregnancy and the responsibilities of parenthood.

are and how they should live their lives. That's disrespectful of people, disrespectful of their innate talents and hard-won experience.

"It takes emotional and spiritual maturity to share information or expertise with others without making them feel bad about it. In the interdependent world of community, we only harm ourselves when we harm others, even when that harm is done with good intentions."

“People in these organizations see that residents have the capacity to take advantage of opportunities. They see strengths, not just problems. They see people who may have challenges, but these challenges don’t define who they are.”

—Audrey Jordan

A Reflection on Why Social Networks Are Critical to Social Change

To some people, strengthening social networks in struggling communities is a nice thing to do, helping reduce the isolation of many families. But while these people think it’s good to encourage residents to interact more, they just don’t think it is nearly as important as work that leads more directly to concrete results: better jobs, more assets, kids who do better in school.

Audrey Jordan disagrees. Jordan, a senior associate at the Annie E. Casey Foundation, thinks that strong social networks are “fundamental to the transformation of struggling communities.” Given her strong belief in their power, Jordan has been asked to develop the Casey Foundation’s work around social networks.

Why are social networks so important? Jordan’s answer lies partly in her definition of social networks, which involve not just interaction among a group of residents, but a set of *reciprocal* relationships among a range of people, including residents, community leaders, service providers, funders and others.

By “reciprocal,” Jordan means that each person in a network both receives and gives in exchanges. This reflects a fundamental belief that every individual has needs and assets. “This reciprocal relationship is quite different than the usual relationship between residents of tough neighborhoods and the staff of service organizations, which involves a professional providing a service to a client,” Jordan says.

What makes social networks potentially transformative, Jordan believes, is that a truly reciprocal network “changes business as usual.” Business as usual, for example, is when a funder or an agency sets up a program designed to meet a particular need. The goal is to achieve a specific result, such as a certain number of jobs for community residents.



Audrey Jordan believes that a social network approach “can change business as usual.”

“But that’s where we have always gone,” Jordan says. “This is the singular focus of most community-building efforts. And we continue to get the same kind of results. Results that involve very specific, small-scale changes, such as 35 more jobs. Results that often only affect certain people: those who already are capable of walking through the door, people who have few if any barriers. And the results last only as long as the particular investment lasts.

“A social network approach to results focuses on changing business as usual. It assumes that the process we use to get to results matters as much as achieving results. How residents view themselves and their ability to take advantage of an opportunity matters. And how providers view residents and their abilities matters.” Reciprocal social networks affect participants in three distinct ways, Jordan believes.

“You have to believe that change is possible and have a vision for change. But not everyone doing this work really believes that change is possible. They’ve gotten jaded over time. Relating to residents in a social network can help these people believe again in the possibility of change.”

—Audrey Jordan

► **First, residents see themselves differently.** By participating in a group, by having a range of people listen to what they have to say, residents begin to experience themselves differently, as people who can give as well as receive. “They see themselves as people who have choices and hope and who can go for a future that is not limited by the challenging conditions they often face,” Jordan says. Many residents involved in Making Connections have testified to the dramatic changes they’ve experienced in themselves, often saying that they’ve gone from not saying a word at their first meeting to becoming “a leader of meetings, a leader in their families, a leader in their communities, a leader in their own eyes.”

► **Second, when networks involve a range of people including residents and providers, the providers begin to see residents differently.** “People in these organizations see that residents, with some support, have the capacity to take advantage of opportunities,” Jordan explains. “They see that residents can and want to take the personal responsibility needed for change to happen in their lives. They see strengths, not just problems. They see people who may have challenges, but these challenges don’t define who they are. They are not just an ‘ex-offender’ or ‘depressed mom,’ but a person with a range of assets that can be built upon.” Jordan says that this can be a real paradigm shift for people who have spent

their professional lives focusing on people’s problems and needs.

► **Finally, as these providers begin to see residents differently, residents see themselves differently in the providers’ eyes.** “They see in these providers a reflection of their strengths,” is how Jordan puts it. “Anyone is going to respond better to someone who believes in them as opposed to someone who sees them as problems.” At the same time, “residents begin to see providers not as distant bureaucrats but as individuals who are interested in connecting with and truly helping them to help themselves.”

All of this changes business as usual, Jordan believes. “You humanize the exchange. Providers begin to see their role as facilitating folks to take advantage of opportunities. Their job isn’t just going down a checklist or sticking to a rigid protocol. Residents start to believe that they can take advantage of opportunities and that their lives can change. People see a different set of possibilities. The social network approach flips people’s perspective so they begin to see not just problems but solutions and opportunities.”

—Tim Saasta

Audrey Jordan (right) with Grace Giermek and Jim Alexander.



“Promotoras are trained to help people see the connections between what is happening in their lives and the issues that affect our community”

—Maria Gomez-Murphy

The Diarist Project

This is one of a series of publications put together by The Diarist Project, a new approach the Annie E. Casey Foundation is using to learn from its efforts to strengthen families and transform struggling communities. Diarists work to capture strategies and insights of the people who are leading the transformation work.

Most diarists focus on ***Making Connections***, a Casey Foundation initiative to support work that demonstrates the simple premise that kids thrive when their families are strong and their communities supportive.

This reflection focuses on another area of the Casey Foundation’s work: its exploration of the Southwest border area and Native communities. (see below). It was written by **Mikaela Seligman**, who has been the diarist for this

work. It was edited by Tim Saasta, the diarist coordinator. It was published in March 2006.

The Annie E. Casey Foundation works to build better futures for disadvantaged children and their families in the United States. Its primary mission is to foster public policies, human service reforms and community supports that more effectively meet the needs of today’s vulnerable children and families.



Promotora Alejandra Orozco.

For more information about **The Diarist Project** and its publications, go to www.DiaristProject.org/pubs.

To contact The Way of the Heart: 125 E. Madison St., Nogales, AZ 85621 (520-287-2240).

Photos by Mary Ann Dolcemascolo except for page 2, by Diana Vallejo.

Working with Southwest border and Native American communities

Aware of the rapid growth of the Southwest border (its population is growing at twice the rate for the country as a whole) and Native American communities (their population increased 14% during the 1990s), the Casey Foundation began to work in this region by looking for ways it could support and strengthen families living in these communities.

Through this work, the Foundation has learned that many of these communities are isolated and lack the range of resources they need to thrive.

At the same time, it has been learning that this is an area rich with cultural resources and history as well as an area that has been using many innovative strategies to strengthen families and communities.

The Foundation has also learned that many of the principles underlying *Making Connections*—which focuses entirely on urban neighborhoods—are relevant to the mix of urban and rural Southwest border and Native American communities.