

MEASURE

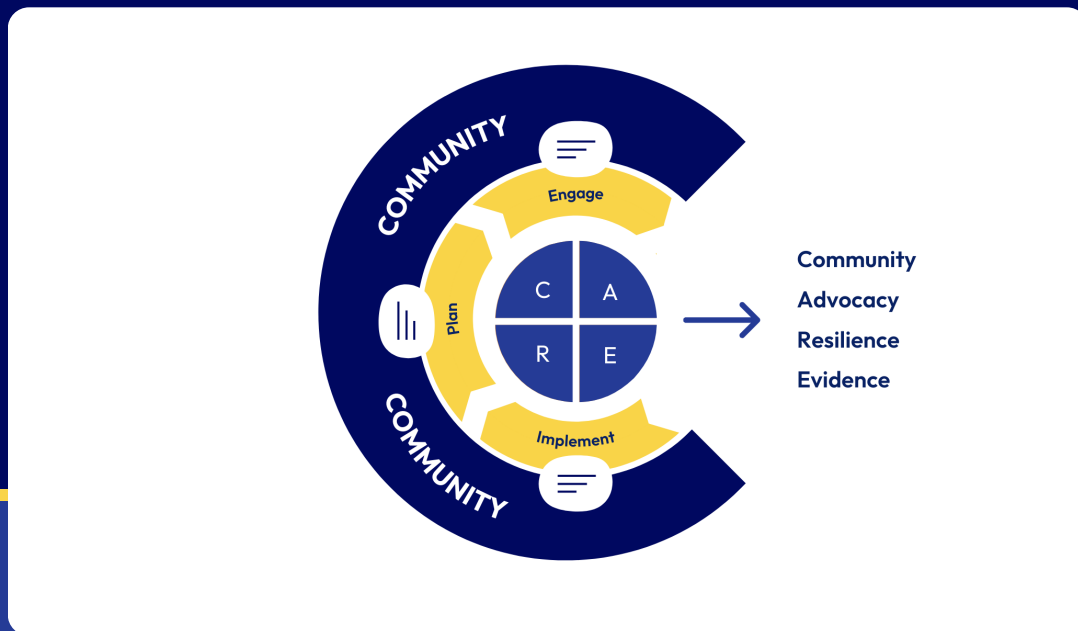
Data-driven activism for underserved communities

A MEASURE BLACK PAPER · BLUEPRINT 6.0

The Measure C.A.R.E. Model

Community · Advocacy · Resilience · Evidence

Origins, methodology, and a field blueprint for community mobilization



Originated by Jameila "Meme" Styles · Authored by Paulette Blanc, M.P.H. & Shadeequa (Dee) Miller, Ph.D.

Austin, Texas · www.wemeasure.org

ABSTRACT

The CARE Model: A Community-Led Framework for Equitable Change

The C.A.R.E. Model (Community, Advocacy, Resilience, and Evidence) is a structured process for working in active partnership with communities to develop solutions to complex social problems. Developed by Measure with funding from the St. David’s Foundation, the model translates the principle of “leading with care” into a repeatable methodology that organizations and institutions can use to mobilize traditionally underserved and underrepresented populations. This black paper documents the model’s origins, the participatory methodology used to develop it, its four guiding components, and a phased application blueprint for practitioners in the field.

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SECTION 01

About This Blueprint

This blueprint is a high-level outline of the CARE Model. It can be referenced by any organization, institution, or individual that desires to work with communities of traditionally underserved or underrepresented populations. It is intended as a practical field guide rather than a prescriptive checklist: the model is iterative, scalable, and meant to be adapted to the cultural realities of each community it serves.

About Us: What Is Measure?

MEASURE is a community-based research and public education organization rooted in data-driven activism for underserved and underrepresented populations. We empower people to use data to address disparities. We do this by elevating data in a usable format for the community, which initiates community mobilization. That mobilization, in turn, drives large-scale system change, leading to equitable policies and practices that expand opportunity and open paths to upward mobility. For example, Measure hosts community meetings to discuss the data and, together, brainstorm solutions to the disparities the data reveal. Our goal is to bridge divisions through data and public education, in active partnership with local communities, organizations, and institutions, to address complex social problems.

SECTION 02

The Origin of CARE

A story that began over coffee

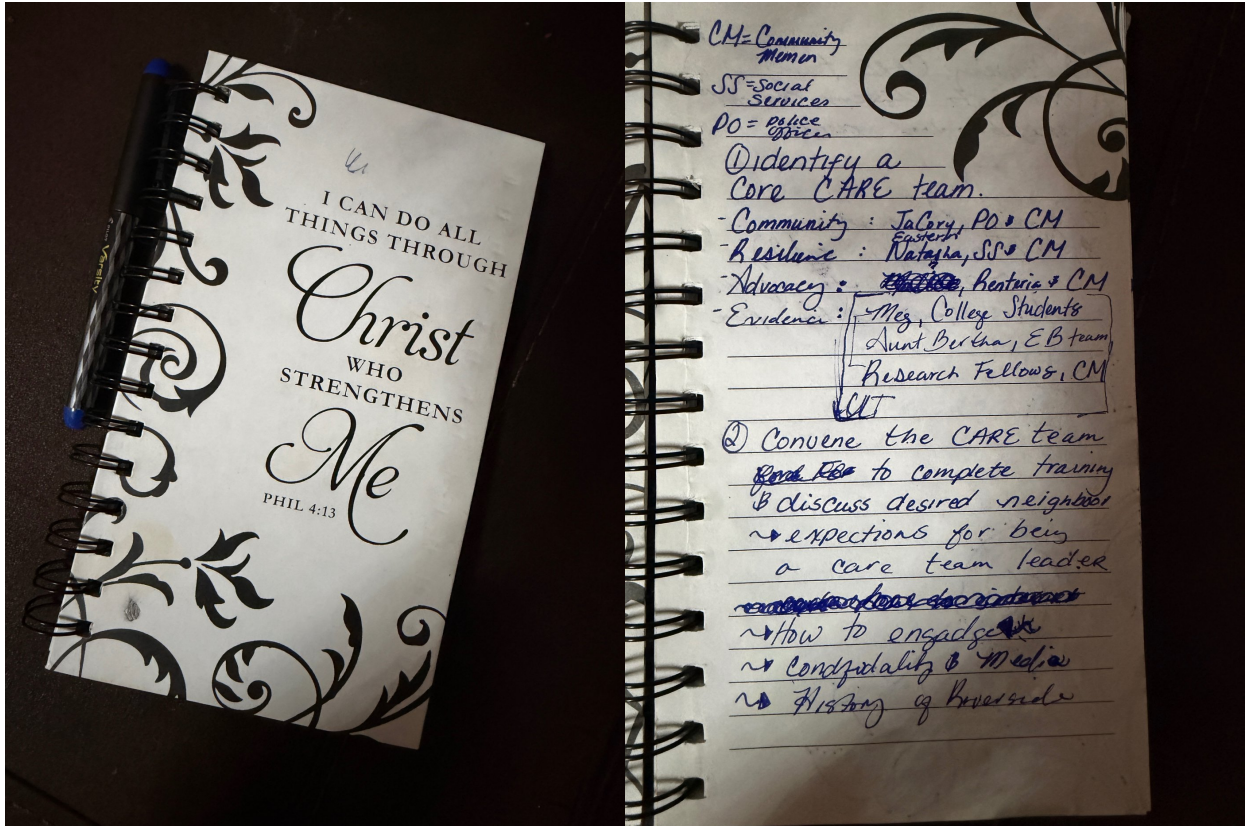
Every framework has a first moment, and the CARE Model's arrived not in a boardroom but at a coffee shop in Austin, Texas. Measure President Jameila “Meme” Styles and Mr. Eric Byrd, M.Ed., had been asked to design a program that would gather and engage residents of the Riverside area, a historically underserved community on Austin's Eastside. Styles understood that the way an organization enters a community can either build trust or repeat the harm communities have endured for generations.

“We need to be very careful when we go into this community, and make sure that we're leading with care.”

She wrote a single word in her notebook, CARE, and began to ask what each letter could stand for. Working through the acronym together, Styles and Byrd centered on an idea that felt both intuitive and rigorous: that care, made operational, could become a method. That conversation was the seed of the model.

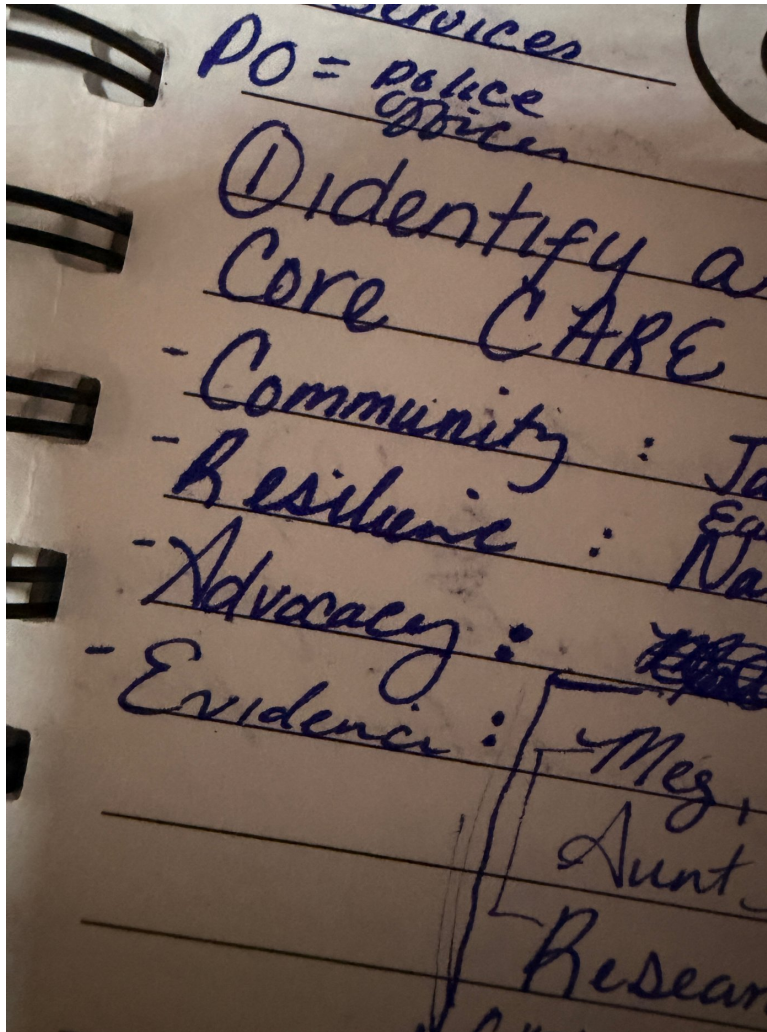
Evidence From the Original Notebook

The first sketches of the model still exist in the notebook Meme Styles carried that day. These pages show the earliest working-out of the CARE acronym and the core CARE team, captured by hand before the framework was ever formalized.



The original notebook carried by Meme Styles.

Handwritten CARE team notes: Community, Advocacy, Resilience & Evidence.



A closer look at the original handwritten CARE components.

From there, Styles worked alongside Janis Bookout to translate the concept into practice, drafting the first worksheets that would help organizations think through each component. To pressure-test the idea against the wisdom of the community it was meant to serve, Measure convened four community meetings at Huston-Tillotson University. Just over four hundred community members came together to give feedback on each element of the framework. Through that dialogue, the four components crystallized into their final form: Community, Advocacy, Resilience, and Evidence.

Finally, Measure brought in two Black women researchers, Shadeequa (Dee) Miller, Ph.D., and Paulette Blanc, M.P.H., to synthesize the community input, the worksheets, and the supporting literature into the cohesive model documented here. What began as one word written in a notebook had become a community-authored blueprint for equitable change.



A coffee-shop conversation

Meme Styles and Eric Byrd name the principle: lead with CARE.

2

First worksheets

Janis Bookout helps shape CARE into a usable process.

3

400+ voices

Four community meetings at Huston-Tillotson University.

4

Authored & edited

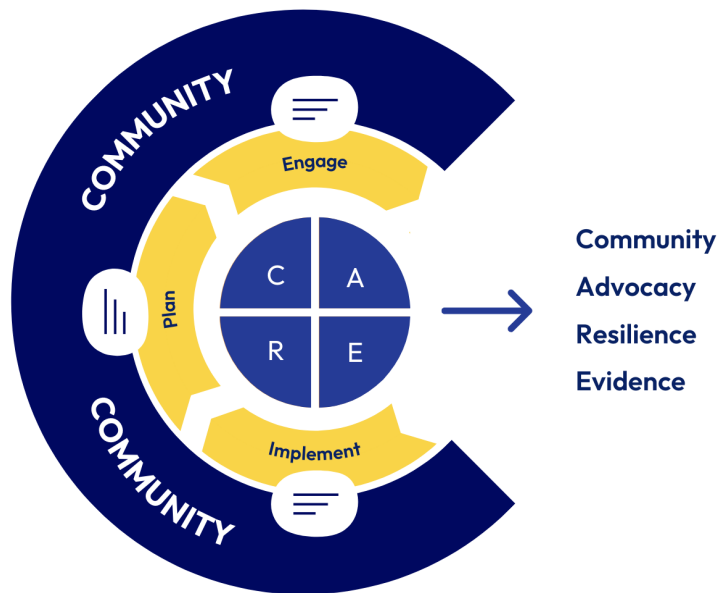
Dr. Dee Miller and Paulette Blanc synthesize the final model.

SECTION 03

What Is the CARE Model?

The C.A.R.E. (Community, Advocacy, Resilience, Evidence) Model is a process for working in active partnership with communities to develop solutions to complex social problems. Each letter represents a component of the community-mobilization process that organizations and institutions move through as they partner with communities to address problems. The model provides a means for increasing meaningful engagement while minimizing potential trauma to the community.

The CARE Model empowers organizations and institutions that serve people of color by giving them direction to help communities lead the work. It is scalable and assists with setting measurable targets. By using the strategies and mechanisms it outlines, organizations build programs that produce changes that are equitable and representative of community members' voices, creating accountability and transparency while empowering communities to generate their own solutions. The model is deployed when an organization decides to work with an underserved population to address known disparities.



The Measure CARE Model: Engage, Plan, and Implement across Community, Advocacy, Resilience, and Evidence.

SECTION 04

Methodology for Developing the CARE Model

Measure saw a need for a data-driven framework to guide projects and programs targeted at traditionally underserved or underrepresented populations. Measure's President and Chief Operations Officer initiated the idea of the CARE Model, which was then further developed with feedback from community members through four community meetings, each focused on a specific component of the model.

Community-meeting questions tied to each component were developed and reviewed by Measure's President, Chief Operations Officer, Chief Research Officer, and Independent Consultant. The questions were grounded in findings from an interview about the inception of the model and in background research on each component. Meeting agendas and questions were shared with panelists in advance, allowing both attendees and panelists to provide input on the component under discussion.

A participatory meeting format

Guest panelists were recruited by Measure's President and Chief Operations Officer, and meetings were advertised via social media and e-newsletters. Each meeting used the same format. Thirty minutes were designated for an interactive session built around breakout groups, with attendees randomly assigned using colorful sticky notes distributed on seats throughout the room. Each group was led by a Measure staff member who facilitated discussion and documented responses. Groups then reconvened to share their responses with the full audience, after which panelists offered expert insight.

After each meeting, the blueprint's authors reviewed documented responses alongside audio recordings to perform qualitative analyses, identifying common themes about how the community believed the CARE Model should be applied. Community members were also surveyed to capture additional views on definitions and any concerns that the meetings may not have surfaced. A literature review rounded out the process, assessing the current body of knowledge on community-mobilization methods, frameworks, and guides.

4

COMMUNITY MEETINGS

400+

COMMUNITY VOICES

4

CORE COMPONENTS

SECTION 05

Effectiveness, Benefits & Risks

The case for community mobilization

The CARE Model is built on community mobilization, defined as “a capacity-building process through which community members, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis, either on their own initiative or stimulated by others.” Community mobilization has proven to be an effective method for partnering with community members to problem-solve and create sustainable change. The CARE Model breaks mobilization into four components (community, advocacy, resilience, and evidence) and provides a process organizations can use in partnership with communities.

Benefits and risks

The CARE Model was designed as a strategy for organizations and institutions working with communities to help reduce any potential trauma the community may endure as a result of the work. It helps organizers take a more mindful, careful approach to addressing problems that involve communities. The benefits include meaningful community engagement, a reduction in community trauma, and increased accountability and transparency through measurable targets.

BENEFITS	CONSIDERATIONS & RISKS
<ul style="list-style-type: none"> • Meaningful, sustained community engagement • Reduced community trauma • Accountability via measurable targets • Transparency and community ownership 	<ul style="list-style-type: none"> • Requires genuine time and resource commitment • Demands attention to research ethics and bias • Trust must be earned, not assumed • Sustainability planning is essential

SECTION 06

The Four Components of CARE

Each letter represents a component of the mobilization process. Every component is essential and must be used; however, application is not sequential to the spelling of the acronym: components may occur simultaneously. An iterative communication loop with community members is essential throughout.



Community

Entails recruiting community members, building relationships, understanding the community, and including community voices in developing solutions. A community is any underserved population that shares a common background, interest, or purpose. Participation exists on a spectrum, from helping identify issues to leading the project and generating solutions.



Advocacy

Focuses on raising awareness, creating services and programs, developing partnerships, and changing public policies and practices to address known disparities. Identifying community liaisons and allies at local, city, state, and federal levels, and building trust, is integral to these partnerships.



Resilience

Focuses on developing a plan to get resources to under-resourced areas so the community can adapt and bounce back from adversity. Assessment tools identify community symptoms and resilience measures, always with consideration of cultural differences in the community.



Evidence

Focuses on using data to monitor and evaluate community problems and the effectiveness of deployed strategies. Organizations and the community gather quantitative and qualitative data throughout the process to assess and inform which solutions could best serve the community.

SECTION 07

Application: The Three CARE Phases

Implementing the CARE Model unfolds across three phases. In the Community Engagement Phase, organizations define and empathize with the community around the disparities at hand. The Community Planning Phase generates solutions that improve community resilience, helping communities adapt, recover, and thrive. In the Community Implementation Phase, the organization advocates with the community to address disparities and evaluates progress so solutions can be sustained.

Before you begin: six factors to consider

Research Ethics	Protect the dignity, rights, and welfare of all community members; address personal and institutional bias.
Fiscal	Account for short- and long-term costs; secure funding for the full duration of the work.
Space	Identify accessible meeting spaces near community members to encourage attendance.
People	Identify allies and ask whether the organization is truly representative of the community it serves.
Time & Scope	Consider how long and how deeply the community will need to be engaged.
Transparency	Embrace openness throughout, and honor the voluntary nature of participation.

Phase 1 : Community Engagement

- 1. Understand and align on the problem.** (Community / Advocacy / Evidence) Work with the community to identify issues and choose the best methodology and data sources to illustrate the problem. Consider gaps in existing data, develop methods to gather more inclusive data, and discuss how to minimize potential community trauma.
- 2. Empathize with the target community.** (Community / Evidence) Identify the people who directly experience the problem and understand its history in relation to the community. Through facilitated discussion, review data and prior research, ask whether the data reflects lived experience, and decide what information is missing.
- 3. Strengthen socio-cultural cohesiveness.** (Resilience) Build relationships and create spaces for community members to produce strategies that are culturally relevant and appropriate.

Phase 2: Community Planning

- 4. Conduct a needs assessment.** (Resilience) Assess the needs and vulnerabilities of the community through adverse-community-experience reviews, resilience evaluations, community mapping, and street audits. Identify resilience measures and have community members prioritize what matters most.
- 5. Develop the solution and community action plan.** (Community / Resilience / Evidence) Work with members and stakeholders to devise solutions and meaningful metrics. Build an action plan that improves policies and practices, provides equitable opportunities, sets a budget, and documents anticipated social

change (Theory of Change).

6. Create awareness. (Advocacy) Develop storytelling around the issue, using community voices to engage media, policymakers, and other stakeholders.

7. Develop solutions to address disparities. (Resilience) Co-create solutions that address gaps in resources, environment, infrastructure, and institutional policy, with community-defined metrics.

8. Align on solutions and develop the plan. (Community / Evidence) Convene leaders, allies, partners, and members to align on solutions and the metrics that measure their outcomes.

Phase 3: Community Implementation

9. Execute the action plan. (Advocacy / Resilience) Create and lobby for policies that address disparities and secure funding allocations to sustain and institutionalize solutions.

10. Evaluate outcomes. (Community / Evidence) Use data and key performance indicators to measure the impact of implemented solutions and identify areas for continuous improvement.

Providing feedback. Throughout every phase, maintain ongoing two-way communication with community members, sharing updated reports regularly through a medium the community prefers.

SECTION 08

Conclusion

The application of the CARE Model is an iterative process. Once solutions have been implemented, the organization continues to assess areas of need and advocate for change. It must reassess its available resources (time, funding, and personnel) as well as the community's interest in any ongoing effort. The organization and the community should review how long solutions need to be in place for change to take hold, and clarify which aspects must be sustained to achieve the community's desired outcomes. A project may be a one-time event or an ongoing program; if ongoing, the community's goals should be clarified and potential obstacles identified. Throughout, the organization must keep the community and the public informed of developments. To learn more about applying the model, reference the CARE Model Facilitation Quick Reference Guide.

Acknowledgements & Credits

This blueprint was developed by Measure with funding from the St. David's Foundation. We thank the community members, researchers, students, advocates, health professionals, city officials, invested groups, and administrators who contributed through participation in the community meetings, and the moderators and panelists for their intellectual contribution, critique, and feedback.

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Original process graphic: Brian Whitfield

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SECTION 09

Glossary & References

Selected terms have been adapted for the purposes of the CARE Model.

Advocacy An organization or institution, in partnership with community-based organizations, that undertakes a service, program, or activity on behalf of underserved populations to influence public policies, laws, and practices aimed at eliminating known disparities.

Community Any underserved or underrepresented population that shares a common background, interest, or purpose, giving it a sense of cohesion, e.g., a neighborhood, housing development, rural area, or affinity group within a larger geography.

Community trauma The impact of chronic adversity on the social-cultural, physical, and economic environments within a community, which compromises capacities (resources, funding, knowledge, expertise) to rebuild and heal.

Community mobilization A capacity-building process through which community members, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis.

Equitable Fair and impartial.

Evidence The available body of facts, information, or best available current research.

Metrics Key performance indicators tailored to the issues being addressed to determine the success of implemented solutions.

Resilience The capacity of a community to adapt, recover, and thrive, even in the face of adversity.

Stakeholders Any entities, persons, or organizations directly or indirectly impacted by the issues or the outcomes of proposed solutions.

Underserved population Individuals, including people of color or urban minorities, who lack adequate resources to achieve a high quality of life due to poverty, geographic isolation, inability to access care, or other disparities.

Vulnerability The degree to which a community is exposed to the possibility of being harmed, physically or emotionally.

References

1. MCHIP, Maternal and Child Health Integrated Program. (n.d.). Community Mobilization: An Effective Strategy to Improve MNH. Retrieved April 22, 2019.
2. The Virtual Knowledge Centre to End Violence Against Women and Girls. (n.d.). Community Mobilization.
3. Center for Community Health and Development, University of Kansas. (n.d.). Understanding and Describing the Community.
4. Advancement Project, Healthy City. (2011). A Short Guide to Community-Based Participatory Action Research.
5. Prevention Institute. (2017). What? Why? How? Answers to FAQs about the Adverse Community Experiences and Resilience Framework.
6. U.S. Department of Health and Human Services. (n.d.). Community-Based Organization (CBO) Definition.