CEHC Working Papers Series
INTRODUCTION TO THE CULTURAL ECOLOGY OF HEALTH AND CHANGE

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1. INTRODUCTION

The Cultural Ecology of Health and Change (or CEHC) is a system of anthropology based theoretical paradigms, and research and technical assistance programs that I have been developing for several years[1]. The paradigms and programs of the CEHC evolved from 35 years of involvement as an anthropologist in community based initiatives (CBIs) in the United States and abroad[2]. During this long career of working with other professionals, organizations, groups, and activists involved in research, and the planning, implementation, and evaluation of CBIs, I have found that non-anthropologist colleagues and community groups viewed my contributions as having the greatest value in the following areas:

- providing cultural theoretical foundations that would help in understanding community structures and CBI planning and implementation dynamics;

- bringing anthropological perspectives and research (ethnographic) methods to *community assessment research activities* that would provide data for the planning, implementation, and evaluation of *effective*[3] CBIs; and

- bringing anthropological perspectives and methods to the *planning, implementation, and evaluation* of *effective* CBIs.

As such, over the years, I have continued to develop *theoretical paradigms, programs, methods, materials, and organizational structures* to enhance those contributions, and to be able to better communicate and transfer the benefits gained from my knowledge, skills, and experiences to my students, non-anthropologists, other anthropologists, and members of the communities with whom I worked. The purpose of this working paper is to provide a brief introduction to the theoretical paradigms and programs of the CEHC. Discussion of CEHC Materials and organizational structures will be added later.

The CEHC in its entirety is an applied research and technical assistance system with a primary focus on the planning, implementation, and evaluation of CBIs. The CEHC differs, however, from other models with similar purposes, in that it:

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[1] While the conceptual paradigms of the CEHC evolved solely from Dr. Whitehead's work, various colleagues and students have assisted in the development of CEHC programs.

[2] A community based initiative may be defined as an activity that has the following characteristics: (1) *goals* that include alleviating or improving a select health or social problem within or among a targeted community or population; and (2) *a high level of involvement* by members of the community or population targeted by that activity in its *planning*, *implementation and evaluation*.

[3] The term effective is used here to refer to the planning, implementation, and evaluation of CBIs that score highly in achieving the eventual outcomes desired by those involved in their implementation and planning.

(1) use conceptual paradigms based on theories of culture that address the complexities of the socio-cultural *contexts*, *processes*, and *meaning* systems that influence individual ideas (knowledge, attitudes, values, beliefs, etc.) and behaviors, including health related behaviors, and should therefore, be considered in the design, implementation, and evaluation of CBIs;

(2) is made up of *four interrelated systems* (See Appendix 2, Figure 1[4]*)*, each with multiple programs that integrate community assessment research, and strategies of CBI design, implementation, and evaluation; and

(3) committed to the development of Program Technical Manuals (workbooks), and monographs that are being designed for the transfer of CEHC knowledge and skills to those involved in the design, implementation, and evaluation of CBIs;

The CEHC in total is a *cultural, ecological* and *social change* paradigm or model that is informed by multiple theoretical approaches cutting across several disciplines: anthropology, health behavior and promotion, communications, social psychology, and so on. However, the CEHC is made up of three distinct, but highly interrelated theoretical paradigms: (1) the *Cultural Systems Paradigm (or CSP);* (2) the *Cultural Systems Approach to Change (or CSAC); and* (3) the *Community Based Approach to Program Planning, Implementation, and Evaluation (or CSAPPE).* The four applied research and technical assistance subsystems of the CEHC are:

(1) The Ethnographically Informed Community and Cultural Assessment Research Systems (EICCARS)

(2) The CEHC System in Project Design and Implementation Plan (PDIP).

(3) The CEHC Project Implementation Programs (PIPs); and

(4) Ethnographic Assessment & Evaluation Systems (EAES)

The remainder of this working paper will present a brief introduction to the CEHC Paradigms and its applied research and technical assistance subsystems. More detail discussion of these paradigms and subsystems are found in working papers and PTMs dedicated to specific paradigms and subsystems.

[4] Other paradigms for designing, implementing, or evaluating CBIs do not integrate these three activities in a single interrelated system. The CEHC does so and is visually illustrated in Appendix 2, Figure 1.

2. A BRIEF INTRODUCTION TO THE THEORETICAL PARADIGMS OF THE CEHC

2.1. The Cultural Systems Paradigm (the CSP).

The CSP was the first of the CEHC paradigms to evolve, having its roots in my graduate training in public health and anthropology in the late 1960s and early 1970s, and early ethnographic fieldwork experiences of the 1970s[5]. It was highly influenced by my 12 years of work at the School of Public Health at the University of North Carolina. When I arrived there in January of 1976, as a sort of phenomenologically oriented anthropologist in a nine department school with predominantly positivist scientists, I often felt like an alien in a strange land. While the majority of my colleagues could demonstrate their work through measurement and methodological cookbooks, I was often made to feel like a non-scientist (read "non-academic) as I struggled to explain the primary, but non-standardized concepts and methods in my field, such as "culture" and "ethnography. " As such, the CSP has two primary functions, it

1) operationalizes the concept of culture and how the concept might be used in the planning, implementation, and evaluation of community based initiatives; and

2) provides a framework for the design and implementation of ethnographic research, including ethnographic research that might be used in the planning, implementation of CBIs.

The CSP offers eight large analytical categories for analyzing the human condition:

1) The Human Individual as a biological, social, cultural, and cognitive being;

2) Individual and Normative **Behavioral Patterns**.

3) Individual and Shared **"Idea"** or **"Ideational" Structures** (knowledge, beliefs, attitudinal systems, values, "significant symbolisms"), which frame interpretations and meanings that underlie behaviors, including illness risk behavior**,** as well as all the other categorical contents within the CSP that are briefly presented here.

4) **Significant Social Systems** including: (a) *domestic units* (households or residential compounds); (b) *extraresidential groupings and dyads* (ethnic groups, social networks and kinship systems, voluntary associations/organizations, symmetrical dyads such as friends, coworkers or real/and fictive kin dyads, asymmetrical dyad such as employer-employee, patron-client, etc.); (c) the policies and practices of *institutions and agencies of the wider community/society;* and *(d) intersocietal systems and influences.*

[5] There is another CEHC working paper that focuses primarily on the CSP, and thus, the various theories that underlie the paradigm. Our discussion here, however, is a brief introduction to the paradigm. .

5) **Material Culture** including various human made *objects, technologies,* and *artifacts.*

6) The **Physical Environment,** in which the human group resides and that group's cultural system provides a successful exploitation of life sustaining elements, protection against elements which have the potential of threatening life, and finds ways to overcome elements that constrain life sustaining activities. Cultural meaning which influences behavior, including health risk behavior, might be influenced directly or indirectly by environmental elements and/or shared or individual ways of interacting with environmental elements. Environmental factors might affect the incidence of disease in other ways. For example, intestinal parasites, that abound in African environment are suggested by Feldman (1990) to be possible cofactors in the transmission of HIV.

7) **Real and Perceived Needs** that human groups and individual members nave to meet in order to achieve physical and socio-psychological functioning. Such needs are further categorized in the CSP as: (a) *organic* (i.e. reproduction, consumption of food, water and other energy sources, waste elimination, disease prevention and cure, protection from hazardous climate conditions, and physical space); (b) *instrumental* (economic, educational/socializing, governance or political and legal, and communal); and (c) *expressive* (cognitive [meaning and orderly world view], affective [social status and acceptance, being loved or liked, self and group identity etc]; and communicative (need to explain, communicate, etc).

8) **Significant Historical Processes and Events** that may be *biophysical* (e.g. floods, droughts, etc) or sociocultural (coups, wars, new economic or marketing systems, etc.) that either institutionalize or sustain a cultural system, or a part of that system, or result in a "regenerated" or syncretized (new, combined) cultural form.

While the eight major categories will be described and discussed in more detail—with descriptive examples in the CSP Working Paper, the major *point to note here is that the eight categories are theorized to exist* in all human cultural groups. The CSP maintains that it *is the job of the anthropologist or ethnographer* to *discover the contents of the eight major cultural analysis categories as expressed by specific human groups*, *and how different groups, and individuals* within groups *vary in their expressions* of the contents of these categories. As such, the CSP gives greater analytical power to the concept of culture by directing us to assess how humans are different before moving on to how they are different. The broad categories of human similarities also facilitates the design and implementation of community and organizational ethnographies, and the analysis of the data from such research, by providing somewhat standardized categories, that are flexible as more is learned about the phenomena under study.

2.2. The Cultural Systems Approach to Change (the CSAC)

The CSAC was the second CEHC paradigm to evolve. Its evolution was also heavily influenced by my experiences at UNC. While the theoretical and methodological foundations of the CSP resided with my graduate training and ethnographic experiences prior to coming to UNC, the CSP did not emerge as a well articulated theoretical and methodological paradigm until I began my food related research in North Carolina. During my early years at UNC, one of the dominant research foci in the School of Public Health was in risk factors for hypertension and other cardiovascular diseases, for which food behavior, or diet was considered a key risk. Because of the strong health promotion and disease

prevention (HPDP) orientation of the school, a primary reason for health research was to inform HPDP programs. After several years of epidemiological and ethnographic research in one rural county (See Whitehead 1984, 1992, 2002),) it became apparent to me, that if one expected to attempt to change food behavior in such communities, then such behavior had to be studied as part of a complex system with cultural, social, economic, historical, and psychological components (See Whitehead 1984). This was a position taken by nutritional anthropologists working in other cultural settings. For example, the cultural ecological view of food research advocated by Jerome, Kandel and Pelto (1980) was quite influential on my own thinking at this time:

> "Food, by virtue of its pivotal place in human experience is at once, a bundle of energy and nutrients within the biological sphere, a commodity within the economic sphere, and a symbol within the social and religious spheres. Food ideas and attitudes, socioeconomic structure, patterns of resource allocation, dietary intake, and nutritional status [have] to be studied holistically as part of a single system. Techniques of food production affect the natural environment, which in turn influence dietary requirements. Patterns of land tenure, food distribution within the society, family traditional cuisines, personal tastes, and financial pressures will influence what people will eat and how well nourished they will be. Differential nutritional status, by making some people more fit than others has wide sweeping social, political, and economic implications." (Kandel, Jerome, and Pelto 1980:)

It was the North Carolina food research that led to one of the core theoretical assumptions of the CSP, and that is.

> If a particular behavior or ideation is practiced or held by *a significant number* within a human community, and *over multiple generations,* than it is quite likely that this behavior or ideation *is part of a cultural system.*

This particular assumption of the CSP led to a theoretical assumption about planning change through CBIs:

> if a particular ideation or behavior is *part of a cultural system*, than if that behavior is to be changed, programs oriented towards such change must take *a cultural systems approach to change.*

This particular assumption led to the emergence of the CSAC, which is a comprehensive model for conceptualizing the planning, implementation, and evaluation of *effective* community based, or *culturally systemic*[6] planned change.

In this working paper, the primary categories of the CSAC are briefly presented. Similar to the CSP, more detailed discussions of these categories are provided in a CSAC Working Paper, and in various CEHC programs in which the CSAC is used. Following the orientation of change initiative in communities or other social system, the CSAC has three major conceptual categories (See Appendix 1, Figure 3, which are:

[6] The phrase, cultural systemic, is used to suggest that the CSP is used to carry out analysis of cultural systems beyond simply local communities, total societies, ethnic or national groups, or communities. (See Section 3.1.2. for discussion of other cultural systems).

(1) the **Desired Outcomes** (ultimate goals and/or objectives);

(2) **Process Input Programs** that must be carried out throughout various phases of a change initiative, if desired outcomes are to be effectively achieved; and

(3) **Instrumental Input Programs** that must be put in place in the early phases of a change initiative if the project's desired outcomes, process input programs, and other instrumental input programs are to be effectively implemented and achieved.

The adoption of "Desired Outcomes" as a major CSAC category evolved from my work with community based organizations, assisting them with project planning. In helping them understand what *ultimate* goals or objectives were, I would ask them *what did they desire* to eventually come from their various project activities. Thus, desired outcomes, is a generic term used for ultimate goals or objectives of a project.

From the literature and my many years working with CBIs, the ultimate goals/objectives of most community initiatives fall in the following six areas (See right column of Figure).

(1) Changes in Knowledge (about the targeted problem, how to avoid or prevent the problem, or how to overcome it).

(2) **Change in Attitudes** (that put persons at risk for the particular problem, or prevent them from overcoming the problem).

(3) **Changes in Behaviors** (e.g. decrease in behaviors that puts one at risk for diabetes, or increase in behaviors to overcome such problems, or their impact).

(4) **Change** in a targeted **Health Problem** (e.g., increase in the morbidity or mortality from the target health or social problem)

(5) **Empowerment** (capacity building) or enhancement in the capacity of individuals, families, and/or communities to effectively respond to a health problem, e.g., AIDS, and its deleterious impact.

(6) **Sustainability or Institutionalization** of the changes (knowledge, attitudinal, behavioral, health status, and/or empowerment) initiated by a community based intervention.

(8) **Diffusion of** the changes initiated by a community based intervention project beyond those originally exposed to the CBI's intervention

The achievement of the various outcomes is dependent on the achievement of the project's intervention strategies, or **input programs**. As briefly mentioned above, I have divided input programs into two categories: **Instrumental Input Programs** (those that have to be put in place in

the early phases of a program for its success) and **Process Input Programs** (those that are ongoing through several phases of a program, if not throughout its duration). Among CSAC's Instrumental Input Program categories are the following:

(1) **Resource Development** refers to the fiscal, spatial, personnel, technological, and other resources needed to carry out the proposed project. It addresses, in particular the issue of project financing and training that a number of scholars think are critical to a project not only being able to achieve its desired outcomes, but also to sustainability (e.g., see Shediac-Rizkallah and Bone (1998).

(2) **Community Involvement/Participation** refers to the involvement of members of the community or population targeted by the population, the strategies to secure community involvement, as well as strategies to develop **partnerships and coalitions** in the design and implementation of the project**.**

(1) **The Development of "Culturally" and "Community/Population Appropriate Materials".** The CSAC holds that in order for a CBI to achieve its desired outcomes, it will need to develop materials for *all* of its input programs (.i.e. materials for resource development, community participation/coalition development, intervention development and implementation, staff monitoring, research and evaluation activities, and materials for the development of materials). The CSAC also holds that efforts must be made to make sure that project materials for all project materials are *culturally* and *community appropriate*[7].

(4) **The Development of "Culturally" and "Community/Population Appropriate" Intervention Programs.** Consideration for the cultural appropriateness of interventions is now a standard in most CBIs carried out in the United States, and is necessary given the extensive cultural, social, economic, and regional diversity in the U.S.

Included among the CSAC Process Input Programs are:

(1) **The Monitoring and Continual Assessment of Staff Needs.** The numerous input programs of the CSAC needs an array of different types of staff skills and abilities, carried out over different periods of project implementation. The CSAC also suggests that the success of a CBI is dependent of an *ongoing process of mutual learning* and compromise between the culture of the community or population being targeted by the project, and the culture of the project. As such, the CSAC advocates continuous assessment of staff needs during different phases of the life of a CBI.

(2) **Research and Evaluation**. In the CSAC**,** research and evaluation (R&E) is viewed as an ongoing process that informs the development and implementation of all Input Programs. Community and cultural assessment carried out during the early phases of a project overlaps with

[7]The CSAC uses the concept of cultural appropriateness to include other related concepts such as cultural competency, relevancy, and sensitivity. The CSAC considers **community** (local) **appropriateness** to be as important as **cultural appropriateness**. For example, one might consider a project carried out among Latinos in Los Angeles to be culturally appropriate for American Latinos in general. However, such a project might not be community appropriate for Latinos in Washington, D.C., and may not be culturally appropriate because Latinos are not a monotlitic cultural group nationally, and they are not a monolithic cultural group in large metropolitan areas, as Latinos come from different nations in Latin America.

formative evaluation, and formative evaluation evolves into process evaluation, process evaluation into outcome evaluation, and outcome evaluation evolves into impact evaluation[8]. The research methods include a range of qualitative and quantitative methods described in detail in Program Technical Manuals (PTM) for two CEHC Systems, "Ethnographically Informed Community and Culture Assessment Research Systems" (EICCARS) and "Ethnographic Assessment and Evaluation Systems" (EAES) (presented later in Section 3 of this working paper).

(3) Implementing Culturally and Community/Population Appropriate Intervention Materials and Methods. Of all of a CBI's input programs, the most relevant to achieving its desired outcomes is the implementation of the culturally and community/population appropriate intervention materials and methods after they are developed.

(4) "**Energizing" Community Cultural Systems** is a CSAC Process Input Program that is related to the Instrumental Input Program of Community Participation/Involvement, and the Desired Outcomes of **Empowerment (or capacity building), Sustainability,** and **Diffusion.** The CSAC concept of energizing community cultural systems means that community involvement does not stop simply with identifying community residents to participate in a CBI, or calling on their expertise in the design and implementation of culturally and community/population appropriate materials and methods of intervention. Community/population involvement includes the development and implementation of strategies for *energizing* or *enhancing* community *enthusiasm* for a CBI, as the project goes on. Enhanced community enthusiasm as the project proceeds, will result in enhanced community participation as well, and will enhance the prospects for empowerment, sustainability, and diffusion. We return to the CSP for defining a community's cultural systems as not simply a reference of the different ethnic groups that may exist within a community; but to the sign*ificant social systems of a community or population, and its ideational, behavioral and* ***material*** systems. In the case of a CBI, the focus are on those social, ideational, behavioral, and material systems that are relevant to the health or social issue(s) that is/are being targeted by a specific CBI.

2.3. The Cultural Systems Approach to Program, Planning and Implementation (the CSAPPE)

The third and final theoretical paradigm of the CEHC is the "Cultural Systems Approach to Program, Planning and Implementation" (the CSAPPE). I received my PhD from a traditional department of anthropology, and studied with some of the leading cultural anthropology theorists at the time (George Peter Murdock, John Gillin, Alexander Spoehr, Hugo Nutini, and others), and the CSP and the CSAC demonstrated the usefulness of this training in the non-anthropological setting that I found myself working at the University of North Carolina. However, theorizing about community based initiatives were not enough in this setting, particularly in the department in which I worked, the Department of Health Behavior and Health Education (HBHE). During most of the time that I was at HBHE, the department was chaired by Guy Steuart, along with other faculty like John Hatch, Leonard Dawson, and Allen Steckler, the orientation was overwhelming community action. Working with these guys, I could not stop with the CSP and the CSAC as theoretical models, but needed to demonstrate how the benefits of these paradigms into instruments of change, which was only possible through the transfer of their capacities, to those in the communities being targeted for change. As such, whereas the CSAC is primarily a paradigm for conceptualizing effective community based change, the CSAPPE is primarily *a paradigm for operationalizing the categories of the CSAC* in order to effectively achieve *design, implement,*

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and *evaluate* effective CBIs. In other words, the CSAPPE provides the processes used in carrying out all CEHC programs. That opreationalization of the CSAC and CSP categories are the programs of the CEHC, and will be briefly outlined in the discussion of those programs, provided in Section 3 below. These programs are discussed in greater detail in the working papers on each.

3. THE CEHC APPLIED RESEARCH AND TECHNICAL ASSISTANCE SUBSYSTEMS AND PROGRAMS

3.1. Programs of the Ethnographically Informed Community & Cultural Assessment Research System (the EICCARS).

There are two programs in the Ethnographically Informed Community And Cultural Assessment Research System (the EICCARS): (1) The EICCARS Approach to Community Assessment Research; and (2) The CEHC Approach to Cultural Systems Analysis.

3.1.1. The EICCARS Approach to Community Assessment Research

The EICCARS is a multi-method research system informed by the CSP. The EICCARS is used to collect *holistic* or systemic data about local communities and other cultural systems that are then used to design and implement change initiatives. There are ten research methods programs in the EICCARS, any mix of which are used in the assessment of local communities. Each of these programs are based on one of the ten research methods that are used in the EICCARS. The programs are:

(1) Establishing Community Profiles with the Analysis of Statistical and other Secondary Data.

(2) The Physical Mapping of Human Communities: Using Maps and Geographical Information Systems (GIS) Technology in Community Assessment Research.

(3) Using the Classical Ethnographic Methods of Observation & Participant Observation in Community Assessment Research.

(4) Using Ethnographic and Semi-Structured Interviews in Community Assessment Research.

(5) Using Focus Group Interviewing in Community Assessment Research.

(6) Using Structured Interviews and Survey Methods in Community Assessment Research.

(6) Social Mapping: Assessing Domestic Unit, Family, Kinship, and Social Network Composition in Community Assessment Research

(7) Using Ethnohistorical Methods in Community Assessment Research.

(8) Using Audio-Visual Techniques in Community Assessment Research.

(9) Management, Analysis, and Presentation of EICCARS Data.

(10) Training in EICCARS Methods for Community Based Research Assistants, Community Residents, and the Personnel of Public Agencies and Community Organizations.

These programs and the methods used in each are discussed in greater detail in the Program Technical Manuals that are being developed for each.

3.1.2 The CEHC Approach to *Cultural Systems Analysis*.

As mentioned earlier, the CSP is used to inform the analyses of cultural systems beyond simply local communities, total societies, ethnic or national groups, or communities. For example, the conceptualization of the CSP has allowed me and my colleagues to be able to treat any of the social systems within the CSP (see Figure 2A) as cultural systems, including: (1) *residential groups* such as households and families; (2) *extra-residential human systems that* may exist at the local level, the region, or the wider society, such as ethnic groups, social networks, kinship groups, peer groups, work groups, religious and other organizations, volunteer associations, service institutions, and government agencies and bureaucracies; and (3) inter-societal associations and systems.
The CSP is used to study these various social systems as cultural systems if they have the following characteristics: (1) have preferred social relationships or structures; (2) have preferred (or normative) idea systems and behavior patterns, and preferred modes of expressing these ideas; (3) have valued and other objects that have been produced by the group; (4) exist within certain physical and social environments; (5) have a shared sense of needs that the group attempts to meet; and (6) have shared historical events and processes that group members either explicitly know, or are tacitly influenced by.

The analysis of a number of these other cultural systems may also be included in any assessment of a local community, either as part of such communities, or as part of wider ecology that affects local communities (societal agencies and policies or cross societal environments and relationships). And finally, similar to the way the CSP is used to study various social systems as cultural systems, the CSAC allows us to conceptualize the planning, implementation, and evaluation of projects carried out by or in these systems, as it also informs similar change activities in communities.

3.2. The CEHC Program in Community Based Intervention *Project Design and Implementation Plan* (PDIP): The *Project Culture Development Workshop*

The CEHC System for CBI Project Design only has one program, a 2 1/2 Day, nine session workshop that I call the "Project Culture Development" (PCD) Workshop. The reason that the workshop is so titled is because from my three decades of work with CBIs, I continue to find that most CBI personnel are not clear about what the goals and objectives of their project are, or what the strategies needed to achieve those goals and objectives should be. Even when CBI's leadership is able to provide some clarity about these issues, the clarity is usually not voiced or

followed by all project personnel who may play critical roles in carrying out various strategies important to the achievement of project goals and objectives. I have found this "sharing of a project culture" to be even more elusive in projects with multiple stakeholders or collaborations with multiple partner organizations. Part of this elusiveness seems to be related to the fact that the strategies needed to develop a project culture is not considered important enough to build into the proposal seeking funding, and as such is not included as an important activity to undertake after the project is funded. Yet my experience has also taught me that the exclusion of an activity early in the history of the implementation of a CBI, in order to get those important to the project "on the same page," is a major reason that such projects do not achieve the success that was originally proposed or envisioned.

The goals of the PDIP is similar to those found in "empowerment evaluation"(See Fetterman et al 1996; Fetterman 2001). However, whereas the empowerment evaluation advocates focus primarily on evaluation, with some discussion of its relationship to program planning, the CEHC is a model that integrates program planning with implementation and evaluation, and as such the PDIP works with organizations in planning their programs so that implementation and evaluation follow program design and implementation plan. Whereas empowerment evaluation workshops last from a couple of hours to a half day, the PDIP is a 2 1/2 day workshop provided to the leadership of CBIs in order that they might review and incorporate the concepts and methods of the CSAC and CSAPPE into their project designs. The project leadership who might attend PDIP workshops include the following: (1) the project director, co-directors, and specific project program coordinators; (2) the representatives of all organizations that are to be involved in project implementation; (3) the coordinators of all project implementation activities, including all research and evaluation research activities; and (4) any other persons who have major supervisory or technical responsibilities for achieving project tasks. However, project leaders may want to have other staff members there, as well as others to make sure that they are socialized into the project design from the start. Moreover, if the project is small or has a small leadership, CuSAG recommends that non-leadership staff may be present in order to create at least 6 small groups of no less than 2 members each. The PDIP workshop is divided into 9 sessions of short lectures, small group activities, and small groups reports back to the full workshop participant group. Appendix 3 provides a general outline of the activities that are usually included in the PDIP workshop:

3.3. The CEHC System in *Project Implementation Prog*rams (PIPs)

The CEHC System in the implementation of community initiatives closely follows the implementation plan that emerges from the PDIP workshop. The plan is usually informed by the categories of the CSAC, and results in the creation of a schedule of project activities that are closely followed in project implementation. There are three categories of programs in the CEHC System in Project Implementation Programs (PIPs):

(1) **CSAC *INPUT Programs*** in CBI Implementation based on the CEHC Paradigm, the Cultural Systems Approach to Change (the CSAC);

(2) The **CEHC Program in *PHASIC Project Implementation***; and

(3) **The *FULL CEHC Program* in CBI Implementation**.

3.3.1. CSAC INPUT Programs in CBI Implementation

As stated earlier, input programs in the CSAC are those proposed in order to effectively achieve a CBI's desired outcomes. It was also stated that there are eight CSAC input programs, four Instrumental Input Programs and four Process Input Programs. In the CEHC, there have been strategies developed in all eight programs. These programs and related activities are simply outlined below. The following are only outlines of the eight programs. More information on each can be found in the more detailed CEHC PTMs that are being developed for each of the programs.

The four CEHC Instrumental Input Programs are:

(1) The CEHC Program in Project Resources Development provides strategies to assist CBIs in putting their fiscal, spatial, personnel, equipment, technological, and other resources in place in order to achieve its Input Programs and Desired Outcomes (goals and outcome objectives).

(2) The CEHC Program in Community Participation and Collaboration provides strategies in facilitating the involvement of members or residents of the community/population targeted by the CBI, community coalition building and partnership development, and moving the CBI towards full community ownership.

(3) The CEHC Program in the Development of Culturally and Target Community/Population Appropriate/Relevant Materials provides strategies in the development of culturally and community appropriate and relevant project materials needed in the implementation of all eight of the CEHC INPUT Programs.

(4) The CEHC Program in the Development of Culturally Appropriate/Relevant Intervention Strategies provides strategies in the development of interventions that are culturally and target community/population appropriate and relevant.

The four CEHC Process INPUT Programs are:

(5) The CEHC Program in Monitoring CBI Staff Needs provides strategies in assessing and addressing CBIs staff needs throughout the life of the CBI.

(6) The CEHC Programs in Research and Evaluation provides strategies in: (a) community assessment research using the programs and methods of the EICCARS (See Section 3.1.); and (b) the evaluation of CBIs using the EAES programs in formative, process, outcome, and impact evaluation (See Section 3.4).

(7) CEHC Program in the Implementation of Culturally and Target Community/Population Appropriate/Relevant Intervention Strategies provides strategies in implementing the culturally and target community/population interventions that have been developed by a CBI.

(8) The CEHC Program in "Energizing" Community Cultural Systems provides strategies in increasing the enthusiasm of the target community/population's participation in the CBI.

3.3.2. The CEHC Program in PHASIC Project Implementation

There are three major strategies in the CEHC Program in PHASIC Project Implementation:

(1) carrying out a PCD Workshop to establish a phasic project design;

(2) conducting one-day Phasic Implementation Workshops (PIWs) at the end of each project phase; and

(3) providing simple (one page) "Project Barriers and Enablers Recording Forms" (PBERFs) to be used by project staff members and returned to the CAA or CuSAG for analysis;

(4) analyzing the PBERFs and using the analysis for facilitating discussions at subsequent PIWs.

These strategies are discussed in greater detail in the more detailed CEHC PTMs that are under development

3.3.3. The FULL CEHC Program in Project Implementation.

The FULL CEHC Implementation Program includes utilizing all of the other implementation programs in combination, including:

(1) some of the EICCARS methods used in carrying out community assessment research;
(2) the PCD Workshop to help get all project stakeholders and staff on the same page in terms of how the project will be implemented;

(3) the INPUT Implementation Programs in terms of actually implementing the project for maximum success; and

(4) The Phasic Implementation Program to help project stay on course in their efforts to achieve their outcome objectives and long term goals.

More information on the FULL CEHC Implementation will be provided in the more detailed PTM that is under development.

3.4. The CEHC Ethnographic Assessment Evaluation System (EAES): Evaluating for CBI Success Rather than "Failure"

3.4.1. Addressing Potential Conceptual and Ethical Issues in Offering Technical Assistance Following Evaluation Recommendations.

As seen in the following discussions of formative and process evaluation, the CEHC offers CBIs technical assistance in helping them meet the recommendations that emerge from the evaluations. Such offers of technical assistance are related to a philosophy in the CEHC of evaluating for project success rather than failure. However, there are some conceptual and ethical issues related to combining evaluation and technical assistance. Traditionally, technical assistance was considered conceptually different exercises (unless it was technical assistance to a CBI in terms of how to evaluate their own programs). Moreover, for evaluators to offer technical assistance in meeting their own recommendations is subject to serious abuse (e.g., are certain evaluation results offered simply to allow the evaluator to make further profit from the evaluation). Within the CEHC there are procedures that have been developed for overcoming such problems, in particular putting the issue out front prior to starting the evaluation and let the client reject such offers.

3.4.2. EAES Formative Evaluation Programs

There are two EAES Formative Evaluation Programs, one that overlaps with the EICCARS and one that overlaps with the PDIP. The EICCARS Based Formative Evaluation Design has the following strategies:

(1) Using the EICCARS Program Technical Manuals (PTM) to assess whether a CBI has carried out community assessment research to gain knowledge about a community and to inform its project design and implementation plan, and if so what were the methods and findings used in such research; and

(2) providing recommendations based on the EICCARS based findings; and

(3) offering technical assistance in meeting EICCARS based recommendations.

The PDIP Based Formative Evaluation Program has similar strategies:

(1) using the PDIP Program Technical Manual (See Section 4) to assess whether a CBI has a project design/implementation plan;

(2) if it is found that there is such a plan, determining what the desired outcomes (goals and long term objectives) are, and what were the strategies and tasks, task assignments, timelines included in the plan, and if there were any barriers and enablers associated with the plan;

(3) providing recommendations based on the PDIP assessment; and

(4) offering technical assistance in meeting PDIP assessment recommendations.

3.4.3. EAES Program in Process Evaluation and Project Monitoring

The EAES Program in Process Evaluation starts with many of the strategies included in the EAES Program in Formative Evaluation discussed above, so as to establish a baseline for carrying out a phasic evaluation process. That is, the EAES Program in Process Evaluation includes the following strategies:

(1) using the EICCARS PTM to assess whether a CBI has carried out community assessment research to gain knowledge about a community and to inform its project design and implementation plan, and if so what were the methods and findings used in such research;

(2) using the PDIP Manual (See Section 4) to assess whether a CBI has a project design/implementation plan;

(3) if it is found that there is such a project design/implementation plan, determining what the desired outcomes (goals and long term objectives) are, and what were the strategies and tasks, task assignments, timelines included in the plan, and if there were any barriers and enablers associated with the plan;

(4) if there is no project design/implementation plan, or the existing plan is not organized into project phases, recommending the immediate implementation of a modified PCD workshop to develop a plan organized into phases; .

(3) once the project design/implementation plan is completed so that the project can now be utilized, carrying out the EAES phasic evaluation activities, using the same techniques as used in the CEHC Phasic Implementation Program: (1) Phasic Workshops; and (2) Project Barriers and Enablers Recording Forms (PBERFs);

(4) complementing the data from the Phasic Workshops and the PBERFs structured questionnaire to assess the achievement of phasic objectives;

(5) complementing the previous three sources of data with other ethnographic techniques such as ethnographic observations and natural conversation, key informant, indepth, or focus group interviews where appropriate;

(6) reporting at the end of each phase the level of achievement of phase objectives, making recommendations as to:

(a) how barriers might be overcome, or enablers enhanced;

(b) whether modifications need to be made in the project design/implementation plan based on phasic assessment findings; and

(c) whether the lessons that seem to be emerging from the assessments of project implementation might indicate, that the original outcome objectives may not have been appropriate for the community/population targeted by the CBI.

3.4.4. The EAES Program in Outcome Evaluation

There are two EAES programs in outcome evaluation:

(1) EAES Program Using More Tradition Approaches to CBI Outcome Evaluation;

(2) EAES Program in CBI Outcome Evaluation with Technical Assistance and Project Monitoring

3.4.4a. EAES's Program Using More Traditional Approaches to CBI Outcome Evaluation

There are two programs in the EAE's more traditional approaches to CBI outcome evaluation outcome:

(1) pre-and post-test measures; and/or

(2) quasi-experimental methods using experimental and control target communities/populations.

A major activity in both of these programs is the development of standardized measures and data collection instruments. For example, in both programs, an "Exposed Pre-Test Interview Guides" (EPreIGs) and an Exposed Post-Test Interview Guide (EPosIG) that are administered to those who were exposed to the CBI, respectively in the pre- and post-test phases of the project. The Quasi-Experimental Program also uses the same instruments. But this program also adds control or non-exposed population samples, necessitating the development of a Non-Exposed Post-Test Interview Guide (NPosIG). The type of intervention used in a CBI (e.g. an intervention utilizing the mass media versus an intervention utilizing interpersonal facilitation) determines how these EAES outcome evaluation programs are carried out, and which structured instruments are used. More details on the techniques used in these outcome evaluation programs are explained in greater detail in the Full CEHC Manual and the EAES Manual.

3.4.4b. EAES Program in CBI Outcome Evaluation with Technical Assistance and Project Monitoring

EAES's Program in CBI Outcome Evaluation with Technical Assistance and Project Monitoring includes many of the same methods used in the EAES Traditional Outcome Evaluation Program. The second CEHC outcome evaluation program also includes, however, some of the technical assistance and monitoring activities used in the formative evaluation and process evaluation programs outlined in Sections 3.4.2 and 3.4.3. above,

used as a preface to carrying out these traditional CEHC evaluation approaches. All of the techniques used in this second evaluation program are explained in greater detail in the full CEHC Manual, and the EAES Manual (See Section 4).

3.4.5. The Conceptual Difference Between Outcome and Impact Evaluation as Used in the EAES

In the EAES, the concept of outcome evaluation discussed in the preceding section (3.4.4.), and our use of "impact evaluation," that will be outlined in the next section (3.4.6), are in the reverse order of how they are used in contemporary treatments of these concepts. That is, in most other uses of these concepts, impact evaluation is defined in terms of whether or not a CBI has achieved its desired outcome (long term objectives and goals); whereas outcome evaluation assesses the eventual outcome of the project or the community. In the EAE on the other hand, we refer to outcome evaluation as the assessment of whether a project has achieved its desired outcomes, and impact evaluation is an assessment of the impact of the CBI on the community to which the CBI has been administered. Reasons as to why the EAES differs in its use of these concepts are provided in the more detailed Full CEHC Manual and the EAES Manual.

3.4.6. EAES Programs in Impact Evaluation

In the EAES, it is proposed that its impact evaluation strategies be carried out at least one year following the outcome evaluation so as to assess the *sustainability*, *routinization* and *diffusion* of a CBI's desired outcomes as indicators of true change. To measure such indicators, there are structured instruments that are developed and applied to those who were exposed to the CBI, called the "Exposed Impact Interview Guide" (the EIIG) and the Non-Exposed Impact Interview Guide (the NIIG). But more qualitative ethnographic methods are also used, such as ethnographic observations, natural conversation, key informant, and indepth or focus group interviews. These methods are also used to assess the impact of a CBI on its target community or population beyond the project's desired outcomes. More information on the impact program of the CEHC is provided in the Full CEHC Manual and the EAES Manual.

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See Whitehead 1984, 1992, 2002

APPENDIX 1: Acronym Glossary

CAR	**Community Assessment Research**
CBI	**Community Based Initiative**
CEHC	**Cultural Ecology of Health and Change**
CSP	**Cultural Systems Paradigm,** a CEHC theoretical paradigm
CSAC	**The Cultural Systems Approach to Change,** a CEHC theoretical paradigm
CSSAPPE	**The Cultural Systems Approach to Program Planning, Implementation and Evaluation,** a CEHC theoretical paradigm
CuSAG	**Cultural Systems Analysis Group,** a anthropologically based unit at the University of Maryland College Park
EAES	**Ethnographic Assessment & Evaluation Systems,** the CEHC system of evaluation programs
EICCARS	**Ethnographically Informed Community & Cultural Assessments Research Systems,** the CEHC system of community & cultural systems research
PBERF	**Project Barriers and Enablers Recording Form**
PCD	**Project Culture Development**
PDIP	**The CEHC System in Project Design and Implementation Plan**
PIPs	**The CEHC System of Project Implementation Programs**
PTMs	**CEHC Program Technical Manuals**

APPENDIX 2. The Cultural Ecology of Health and Change (the CEHC)

Integrated Conceptual Paradigms for Ethnographic Research and Community Health Project Planning, Implementation, and Evaluation

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Figure 1. The Cultural Ecology of Health and Change (the CEHC): an Anthropologically Informed Framework for the Design, Implementation, and Evaluation of Community Based Initiatives (CBIs)

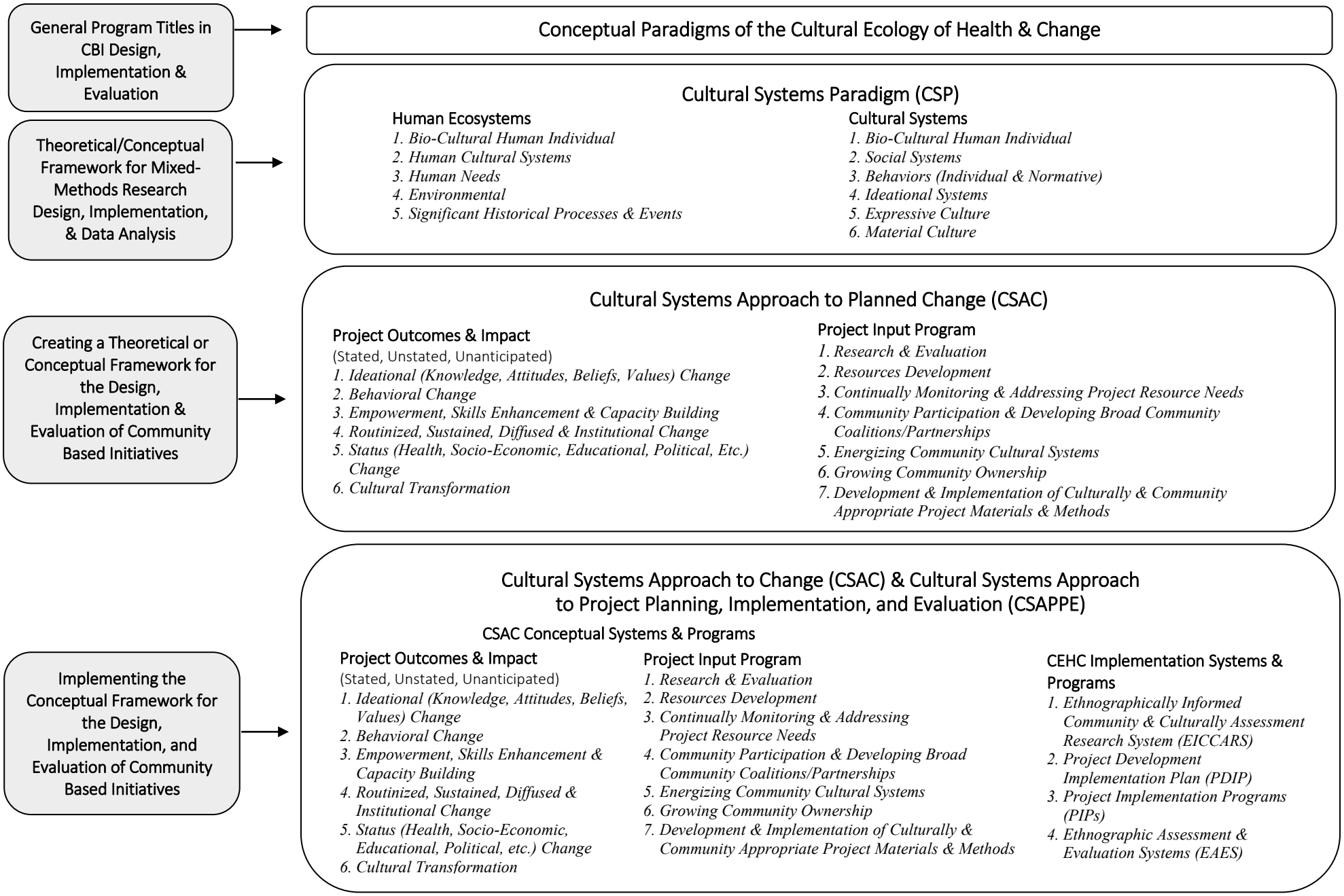
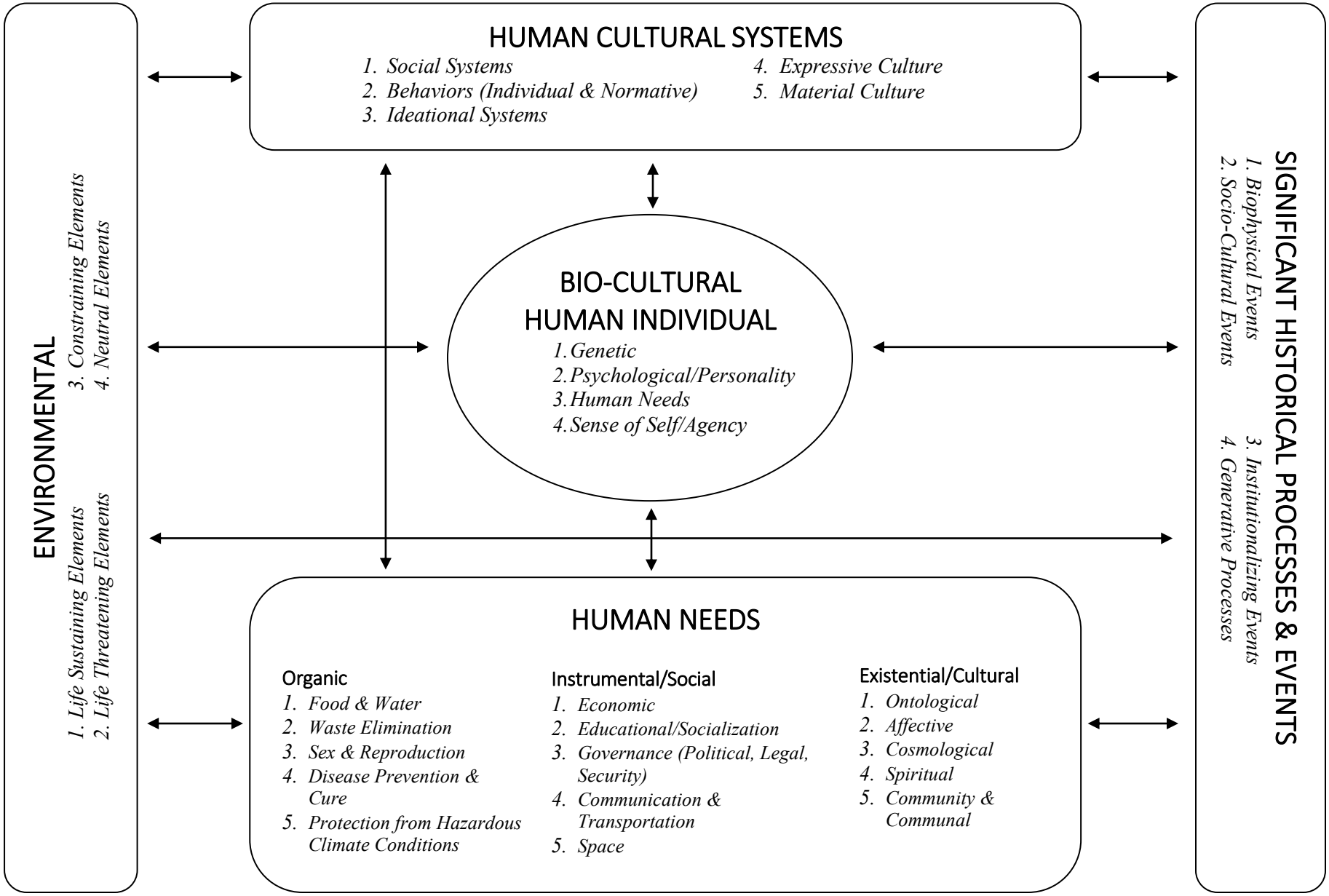


Figure 2A. The Cultural Systems Paradigm (CSP): "The Human Ecosystem"



Whitehead 1990a; Modification of Whitehead 1984

Figure 2B. The Cultural Systems Paradigm (CSP): "The Cultural System"

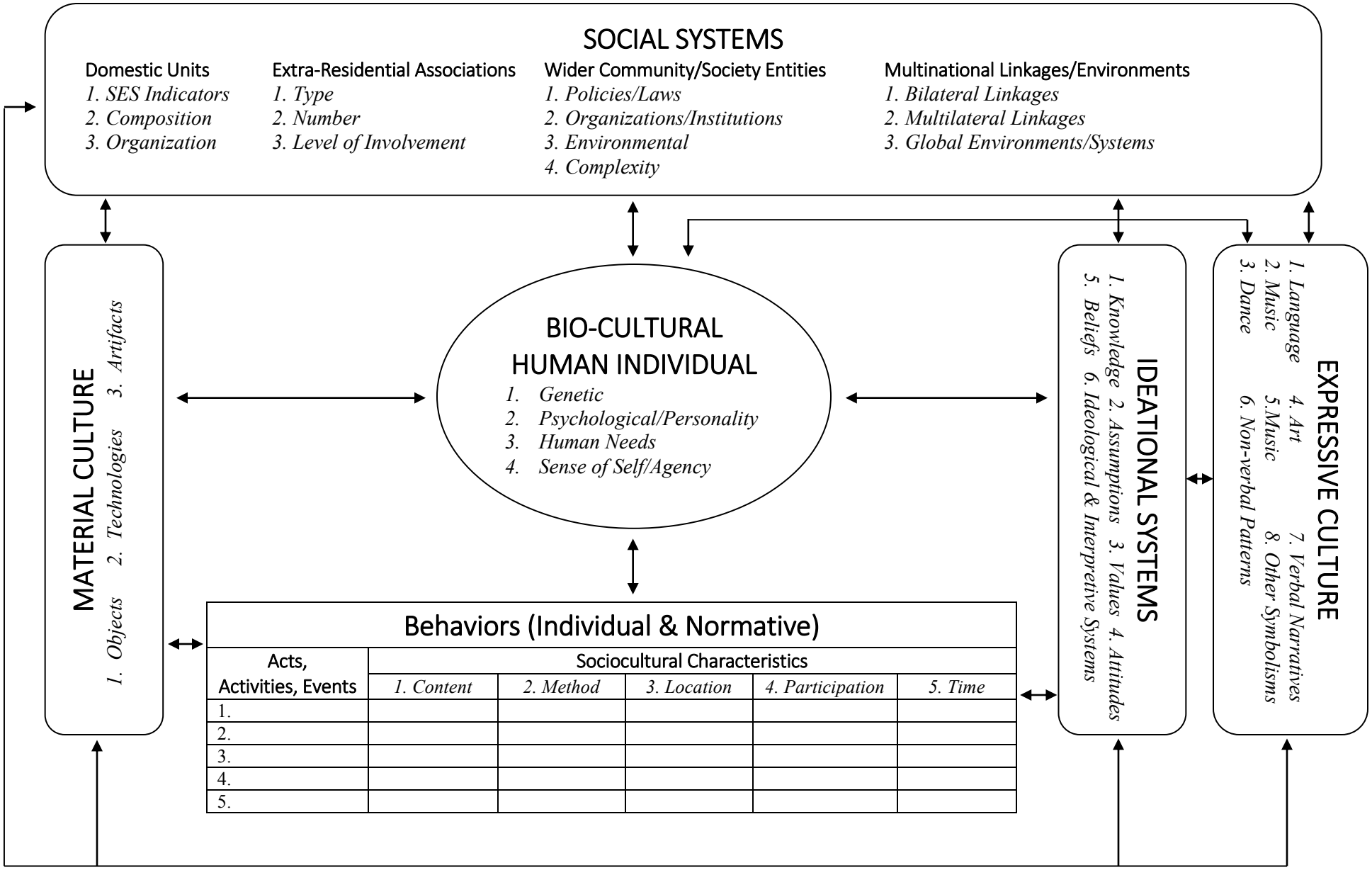
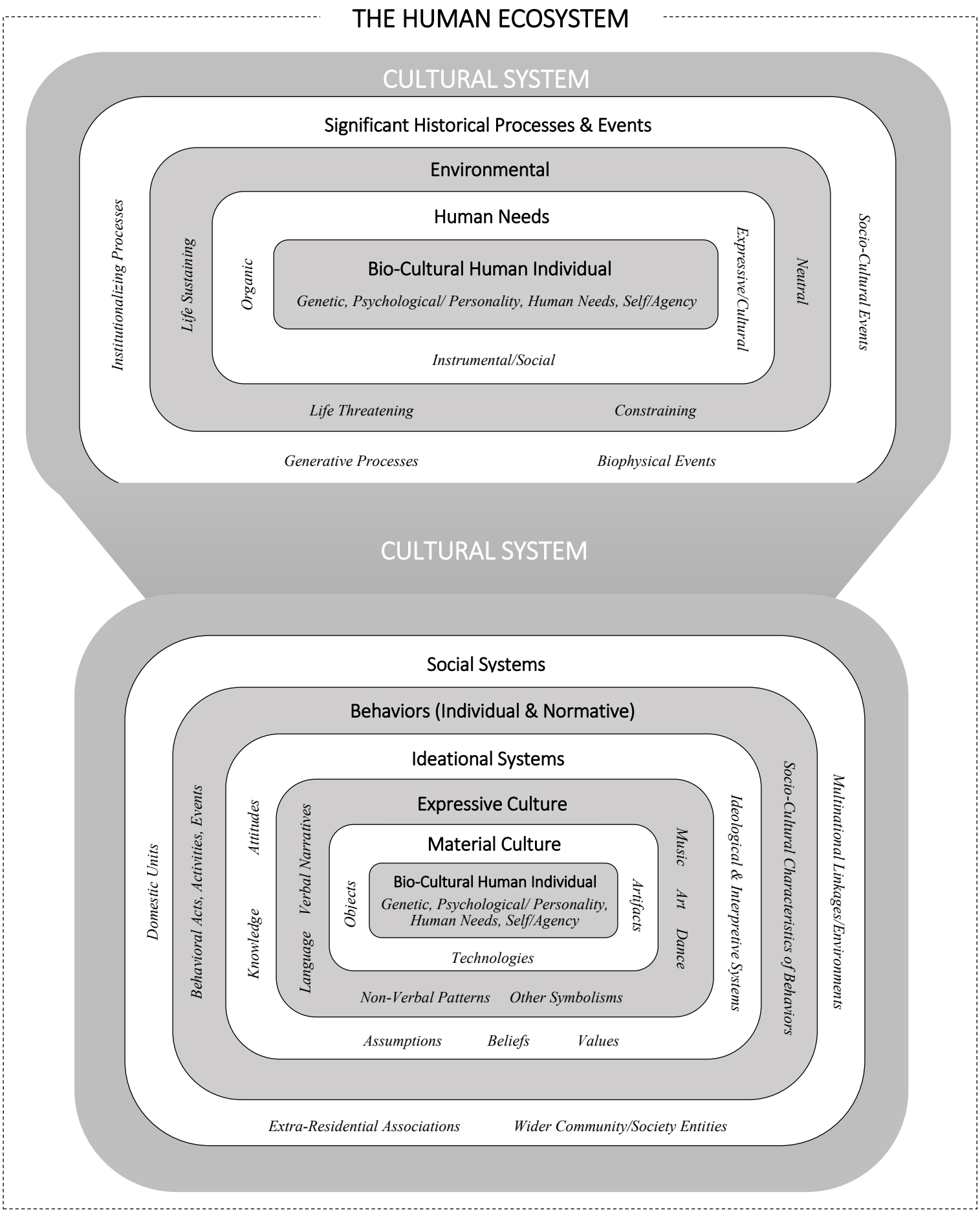


Figure 2C. Systems or Intersectional Qualities of the Cultural Systems Paradigm (CSP)



2014 Modification of Whitehead, 1984

Figure 2D. Third Conceptual Framework of the Intersectional Qualities of the CSP

Individual	Physical Environment	Social System	Human Needs	Ideational Systems	Behavioral Systems	Expressive Culture	Historical Events & Processes	Material Culture
Physical Environment	*Organic Composition of Physical Environment*	*Intersections between Physical Environment & Social Systems*	*Intersections between Physical Environment & Human Needs*	*Intersections between Ideational Systems & features of Physical Environment*	*Intersections between Behaviors & Physical Environment*	*Intersections between Expressive Culture & Physical Environment*	*Intersections between Historical Events or Processes & Physical Environment*	*Intersections between Material Culture & Physical Environment*
Social Systems	*Intersections between Physical Environments & Social Systems*	*Intersections between various Social Systems*	*Intersections between Social Systems & Human Needs*	*Intersections between Ideational Systems & Social Systems*	*Intersections between Behavioral & Social Systems*	*Intersections between Expressive Culture & Social Systems*	*Intersections between Soc. Systems & Historical Events & Processes*	*Intersections between Material Culture & Social. Systems*
Human Needs	*Relation-ships between Hum Needs & Physical Environ*	*Intersections between Social Systems & Human Needs*	*Intersections between various Hum Needs*	*Intersections between Ideational Cons & Human Needs*	*Intersections between Behavioral Systems & Human Needs*	*Intersections between Expressive Culture & Human Needs*	*Intersections between Historical Events & Processes & Human Needs*	*Intersections between Material Culture & Human Needs*
Ideational Systems	*Intersections between Ideational Systems & Physical Environment*	*Intersections between Ideational Cons & various Social Systems.*	*Intersections between Ideational Systems & various Needs*	*Intersections between various Ideational Systems*	*Intersections between Ideational Systems & Behavioral Systems*	*Intersections between Ideational Systems & Expressive Culture*	*Intersections between Ideational Systems & Historical Events & Processes*	*Intersections between Ideational Systems & Material Culture*
Behavioral Systems	*Intersections between Behaviors & Physical Environment*	*Intersections between Behaviors & Social Systems*	*Intersections between Behaviors & Human Needs*	*Intersections between Behaviors & Ideational Systems*	*Intersections between various Behavioral Acts, Activities, & Events*	*Intersections between Behaviors & Expressive Culture*	*Intersections between Behaviors & Historical Events/ Processes*	*Intersections between Behaviors & Material Culture*

Expressive Culture	*Intersections between Expressive Culture & Physical Environment*	*Intersections between Expressive Culture & Social Systems*	*Intersections between Expressive Culture & Human Needs*	*Intersections between Expressive Culture & Ideational Systems associated*	*Intersections between Expressive Culture & Behavioral Systems*	*Intersections between various of Expressive Culture*	*Intersections between Expressive Culture & Historical Events or Processes*	*Intersections between Expressive & Material Culture*
Historical Events & Processes	*Intersections between Historical Processes or Events & Physical Environment*	*Intersections between Historical Processes or Events & Social Systems*	*Intersections between Historical Processes or Events & Human Needs*	*Intersections between Historical Processes or Events & Ideational Systems*	*Intersections between Historical Processes or Events & Behaviors*	*Intersections between Historical Processes or Events & Expressive Culture*	*Intersections between various Historical Events or Processes*	*Intersections between Historical Events or Processes & Material Culture*
Material Culture	*Intersections between Material Culture & Physical Environment*	*Intersections between Material Culture & Social Systems*	*Intersections between Material Culture & Human Needs*	*Intersections between Material Culture & Ideational Systems*	*Intersections between Material Culture & Behavioral Systems*	*Intersections between Material Culture & Expressive Culture*	*Intersections between Material Culture & Historical Events & Processes*	*Intersections between various Material Culture Items*

Figure 3. The Cultural Systems Approach to Planned Change (CSAC)

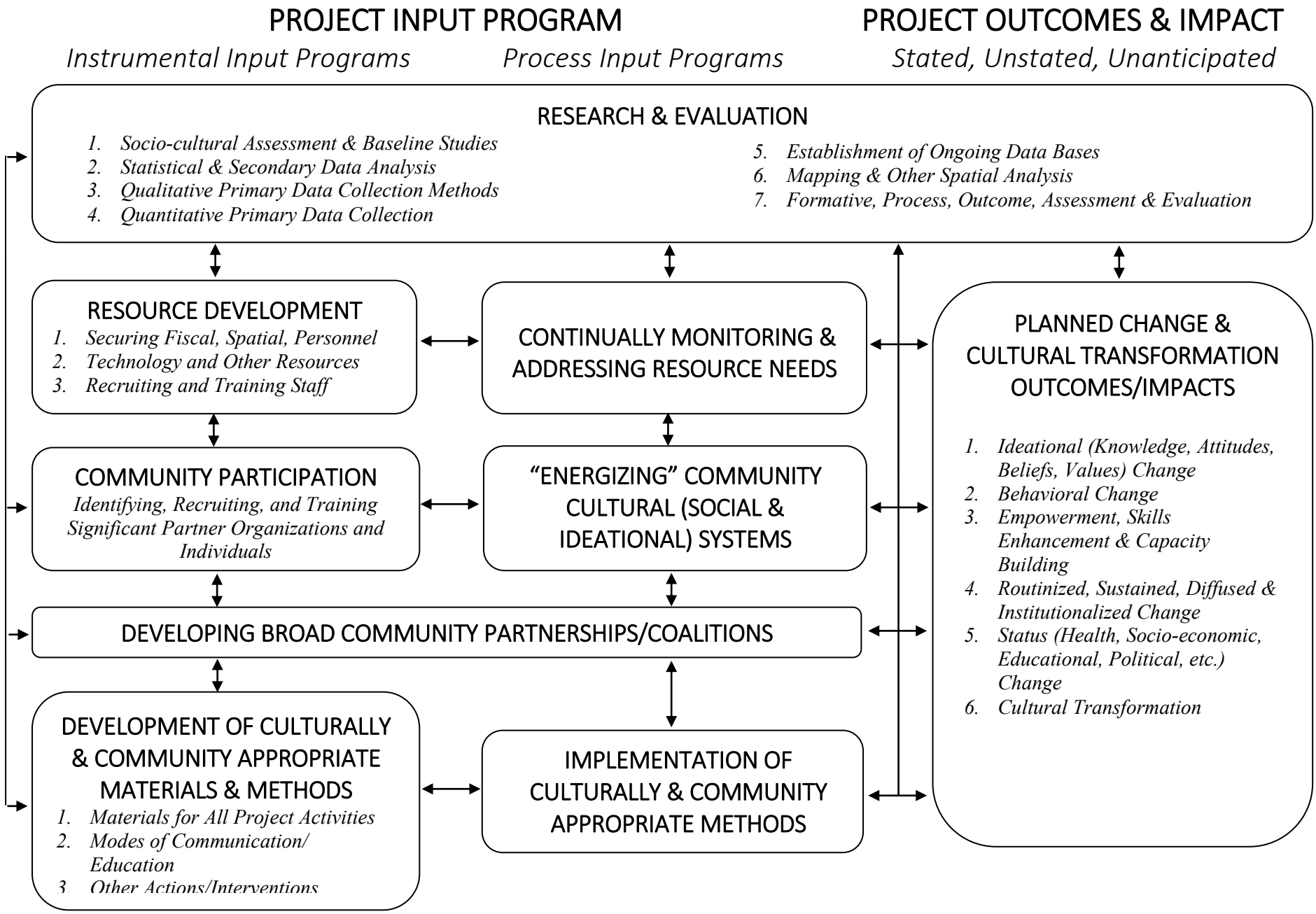


Figure 4. The Cultural Systems Approach to Project Planning, Implementation, & Evaluation (CSAPPE)

**This chart is for illustration only. During project planning, items are taken out of the chart and developed.*

CSAC Programs for Effective Project Planning	CSAPPE Essentials for Effective Project Implementation							
	Objectives (Measurable Indicators)	Strategies for Achieving Objectives	Role and Task Assignments	Schedule for Achieving Objectives	Possible Barriers	Possible Enablers	Strategies to Overcome Barriers	Strategies to Enhance Enablers
CSAC Desired Outcomes 1. *Ideational Change* 2. *Behavioral Change* 3. *Empowerment, Skills Enhancement, & Capacity Building* 4. *Routinized, Sustained, Diffused & Institutionalized Change* 5. *Status Change* 6. *Cultural Transformation*								
CSAC Input Programs 1. *Research & Evaluation* 2. *Resources Development* 3. *Community Participation* 4. *Materials & Methods Development* 5. *Staff Monitoring* 6. *Methods Implementation* 7. *"Energizing" Social & Idea/Meaning Systems*								

Table 1. Methodological, Ontological, and Epistemological Attributes of Ethnography[1]

1. Ethnography is the study of humanity's complexities.
2. Ethnography is a multi-method approach to the study of the human condition, utilizing *both qualitative and quantitative methods*, *and both classical and non-classical ethnographic approaches*.
3. Ethnography does not follow the linear approach to understanding the human condition that we find in the dominant positivist scientific approach.
4. Ethnography is more than simply *methods*, but has *ontological* and *epistemological* properties.
5. Ethnography is the study of *cultures,* and the components of culture, *as systems,* implying *interrelationships* between these systemic components.
6. Ethnography is the study of the *socio-cultural contexts, processes*, and *meanings* within cultural systems.
7. Ethnography is the study of cultural systems from both *emic* and *etic* perspectives.
8. Ethnography is greatly dependent on *fieldwork*.
9. Ethnography is a process of *discovery*, making *inferences*, and *continuing inquiries* in an attempt to achieve *emic validity*.
10. Ethnography is an *iterative* process of *learning episodes*.
11. Ethnography is an *open-ended emergent learning process*, and not a *rigid investigator controlled experiment*.
12. Ethnography is a *highly flexible* and *creative* process.
13. Ethnography is an *interpretive*, *reflexive*, and *constructivist* process.
14. Ethnography requires the daily and continuous recording of *field notes*.
15. Ethnography may be carried out by individual investigators or by teams.
16. Ethnography presents the world of its *host population* in human contexts of *thickly described case studies*.

[1] Each of the attributes proposed above are discussed in some detail in the Working paper, "What is Ethnography? Methodological, Ontological, and Epistemological Attributes". A caveat here is that this list of ethnographic attributes should not be considered to be exhaustive. Other ethnographers may see other attributes that are not listed here, and maybe even disagree with these. The remainder of this paper, however, will consist of brief discussions of each of these fourteen attributes.

Table 2. Summary of Research Methods in the Ethnographically Informed Community and Cultural Assessment Research Systems (EICCARS) Multi-Method Toolkit

A. Classical/Basic Ethnographic Methods	1. *Secondary Data Analysis* including websites and other databases, project reports and other types of documents, archival data, and more popular data sources such as fiction and non-fiction print texts (e.g. newspapers, books, blogs and other electronic sources), existing maps and other formats showing the spatial distribution of objects within a cultural or community system, as well as existing audio-visual records. 2. A Variety of *Observation and Participant Observation* Methods customized for the study of different community/cultural systems, including *descriptive "windshield"* and *"walking tours,"* and participation in various study community/cultural based activities and events. 3. A Variety of *Interview Methods*, both *individual* (informal, conversational, ethno-semantic/domain analysis, semi-structured, "Key Community/Cultural Experts," structured and survey), and *group* (including focus groups). 4. Methods for the *Interpretation and Analysis of EICCARS* data sets, including *integrated data analysis*, and the development of *Rich Ethnographic Case Studies*.
B. Complementary Ethnographic Methods and Development Research Methods Particularly Useful in Applied Work	1. Selection of EICCARS Topic to be Studied (e.g., housing, HIV/AIDS, diet, etc.). 2. Selection of Community Profiles (economic, demographic, educational, etc.), or other units of analysis to be studied. 3. Development of an *EICCARS Research Design*. 4. The Use of *Mapping Technologies*, such as Geographic Information Systems, to study the spatial distributions of various objects of interest within community/cultural systems, and the perceptions of the members of those systems regarding such distributions. 5. The Use of *Audio* (Taping) and *Visual* (Photography, film, etc.) Methods for recording and eliciting community/cultural systems data. 6. Strategies for training members of the target or client cultural systems (communities, organizations, etc.) in EICCARS methods so that they can carry out EICCARS studies to inform their own or their systems' future project ideas. 7. Methods of *Team Approaches in Ethnography* including technically trained persons from outside of the system that is the focus of research *(Cultural Outsiders)* and members of that system *(Cultural Insiders)*. 8. *Computerized Data Storage and Retrieval Systems* 9. Methods for the *Development of Data Collection/Recording Instruments* and Other Materials in the use of all the methods outlined above.

C. The Ethnographic Analysis of Human Settings and Other Socio-Cultural Categories Utilizing the Cultural Systems Paradigm (CSP)	1. The Ethnographic Study of Various Types of *Social Systems* (total societies, local communities, physical or virtual, ethnic or tribal groups, household, family, and kinship systems, organizations and institutions, etc.). 2. The Ethnographic Study of Temporary Social *Events* (e.g., holidays and festive occasions, rites of passage events such as weddings, funerals, etc.), *Social Activities* within events (e.g. the rehearsal dinner in a wedding, or the wake as part of a funerary event), and *Social Settings* (e.g. meetings, street corner settings, night clubs, places of worship etc.) 3. The Ethnographic Study of *Physical* (Natural and Human Built) and Social *Environments* 4. The Ethnographic Study of Select Behavioral Patterns (*behavioral acts* as the smallest units of behavior, *activities* as linked acts, and *events* as linked activities). 5. The Ethnographic Study of *Ideational* or *Meaning* Systems (Cognitive Constructs as found in *Knowledge, Attitudes, Beliefs, Values*, and *Other Interpretive Frameworks*) 6. The Ethnographic Study of Expressive Culture (Cognitions expressed through such productions as language, music dance, verbal narratives, "talk," art, non-verbal expressions, and other significant symbolisms). 7. The Ethnographic Study of Material Culture (human produced material products such as objects, technology, artifacts, etc.) 8. The Ethnographic Study of Select *Human Needs*, such as: (a) *Organic* or *Biological Needs* (e.g. food, water, oxygen, shelter, health care, sanitary waste elimination, and reproduction) (b) *Instrumental* or *Social Needs* (i.e., economic, educational, governance [i.e. political, legal, security], communication & transportation, and space); and (c) *Existential* or *Cultural Needs* including *Ontological, Affective* (e.g., self and group identity, need to be loved or liked, and need for social status), *Cosmological, Spiritual, Community/Communal*.

Table 3. Checklist for Ethnographic Assessment & Evaluation Systems (EAES) Programs, Methods and Tools[2]

1. Introduction: *Relationship between the Other CEHC Systems (the EICCARS, the PDIP, and PIPs)*	
2. EAES Formative Assessment/ Evaluation[3] Programs & Methods	2.1 EAES Formative Assessment/Evaluation Program 1: *Project Culture Development PCD) Review and/or Implementation.* 1.1.1 Review for Presence of Project Design Activities that Involved Various Stakeholders. 1.1.2 Conduct PCD Workshop (if necessary). 2.2 EAES Formative Assessment/Evaluation Program 2: *Project Culture Assessment Review and/or Implementation.* 2.2.1 Conduct Cultural Assessment of the Various Organizations and Significant Individuals Involved in the Project. 2.3 EAES Formative Assessment/Evaluation Program 3: *Community and/or Cultural Assessment (CCA) Review and/or Implementation.* 2.3.1 Review of Existing CCA Activities in Project Plan, and Record of Implementation. 2.3.2 Conduct CCA (if necessary) as Part of Formative Evaluation, Design EICCARS Project Design, Select Appropriate EICCARS Methods and Implement.
3. EAES Programs in Process Assessment/ Evaluation	3.1 EAES Process Assessment/Evaluation & Monitoring Program 1: *Project Culture Development (PCD) Review and/or Implementation.* 3.1.1. Review Project Culture Development. 3.1.2. Conduct PCD Workshop (if necessary). 3.2 EAES Process Assessment/Evaluation 2: *Phasic Project Assessment/Evaluation* *3.2.1* Assessment of Project Cultural Systems 3.2.2 Documenting Measurable Project Objectives 3.2.3 Recording *Barriers* and *Enablers* to Achieving Phasic Project Objectives *3.2.4 (Optional*) Two-day Process Assessment/Evaluation Workshops (PEWs)

[2] More detail and implementation instructions are found in workbooks that were created for a number of the CEHC system and programs, including this one on the EAES. These workbooks are included in the generic term of Tools as indicated in the title of this table.

[3] I have combined the words Assessment and Evaluation throughout this document to imply the mixed methods approach of the EAES, in which the word Evaluation is usually used to refer to the so called positivist scientific construct of measurement (as in assessing the outcomes of *measurable* project goals and objectives); and Assessment is used to reflect a mixed method approach, but *predominantly ethnographic and qualitative methods to assess the contexts, processes, and* meanings found in the structure and dynamics of a project over its life course, and beyond (i.e., impact Assessment/Evaluation). In other words, the term Assessment is used to document what is actually going on throughout the life course of a project, as well as did the project achieve its goals and objectives.

4. EAES Programs in Outcome Assessment/ Evaluation	4.1. EAES Outcome Assessment/Evaluation Program 1: *Using Traditional One Group Pre-and Post-Test Measures* 4.2 EAES Outcome Assessment/Evaluation Program 2: *Using Traditional Quasi-Experimental Approaches.* 4.3 EAES Outcome Assessment/Evaluation Program 3: *Integrating Traditional Evaluation Approaches with EAES Formative and Process Evaluation Techniques.*
5. EAES Programs in Impact Assessment/Evaluation and "Cultural Transformation"	5.1 EAES Impact Assessment/Evaluation Program 1: *Documentation of Continuity of Project Outcome 1-5 Years Following Project's End* 5.2 EAES Impact Assessment/Evaluation Program 2: *Documentation of Modified or New Outcomes since Project's End* 5.3 EAES Impact Assessment/Evaluation Program 3: *Documentation of Further Impact on Individuals or Other Social Systems (i.e. Families or Communities)* 5.4 EAES Impact Assessment/Evaluation Program 4: *Documentation of Systemic Nature of Modified and New Outcomes and Impacts (i.e. Cultural Transformation)*

Table 4. Life Long Formal and Informal Learning Experiences Leading to the Evolution of the Cultural Ecology of Health & Change (CEHC)

1942- 1965 Growing Up Negro in the Jim Crow South: Double Consciousness as a Foundation for the Reflexive Ethnographer	1. 1942-1965. Growing up "*Negro" child* in a multi-generational family of poverty ridden share-croppers in the Jim Crow U.S. South. 2. 1961-65. Attending a Historically Black College/University (HBCU) during the early years of civil rights demonstrations and the Student Non-Violating Coordinating Committee
1966-1967 Turkey and the US Peace Corps as the Gateway to the Good Life: Cultural Shock and Breakdown, Resolution, and the Transformation of the Self	1. January, 1966-June, 1967- Lived and worked in Turkey as US Peace Corps volunteer. (PCV) 2. February-June, 1966, lived as PCV in Istanbul Turkey lived in a predominantly Roma (gypsy) gececondu (slum), and worked in tuberculosis control clinic. 3. June 1966-May, 1967, lived as PCV in Ankara, Turkey. 4. August-May, 1967, worked as a teacher of English as a Second Language at the Middle East Technical University's English Preparatory School. 5. June-August, 1967, worked in Cleveland Ohio assessing perceptions of black youth regarding race and life opportunities for the Trans-Century Corporation. 6. August 1967, Begin 2 year study for a master's degree in public health at the University of Pittsburgh (Pitt). (Problems of "Reverse Culture Shock").
1968-1971 Cultural Lessons Learned from the Experiences of Reverse Culture Shock and Introduction to Systems Theory and Holistic Anthropology	1. 1968, Conducted an evaluation of Pittsburgh's "Educational-Medical (ED-MED) Program for Pregnant School Age Girls" in contract to Pittsburgh's Community Action Program. Interviewed 145 unwed teenage mothers. 2. 1968, with 3 other fellow public health graduate students, and other friends, initiated a weekend tutorial program for 8-12 year old youth from a low income Pittsburgh neighborhood, with space provided by Pitt's Graduate School of Public Health. Personally tutored in reading using phonetic approached learned teaching English as Second Language in Turkey. 3. 1968, Applied for, accepted, and began PhD studies in Anthropology at Pitt. 4. 1969, Completed master's degree thesis based on ED-MED data from ED-MED adolescent mothers master's degree. 5. 1970-71, Took one year leave of absence from PhD program to coordinate family planning knowledge, attitudes, and practices of low income black males residing in Pittsburgh. 6. August, 1971, Conduct one month consulting to the National Family Board of Jamaica, and developed rapid assessment report as proposal for conducting a 3-year Ethnographic Assessment of Male Family, Attitudes, and Practice Studies in Jamaica. 7. Fall, 1972, resume PhD studies in Anthropology

1972-1975 Anthropology, Plantation America, and Gaining the Tools for Conceptualizing the Relationship between Culture and the Self	1. 1971-73, began teaching college teaching career by designing and teaching two course for Pitt's "Mid-Career College Degree Program, one taught each term. 2. Spring, 1972, taught one course at Duquesne University in Pittsburgh, PA. 3. 1972-73, signed contract to teach 5 introductory anthropology courses per term at the University of Pittsburgh's Titusville Program 4. January-December 1974, conducted ethnographic dissertation research in Jamaica, West Indies on the topic of "Male Family Role Performance." 5. Spring 1975, returned to teaching at Pitt's Titusville campus. 6. Summer 1975, Returned to Jamaica to fill in data gaps for dissertation research, with focus on female perspectives on gender terms to compare with those of males studied in 1974. 7. Fall 1975, taught undergraduate course at Carlow College, a Catholic Women's college in Pittsburgh, and accepted position as Assistant Research Professor at the University of North Carolina's School of Public Health (UNC-SPH). 8. December, 1975, completed full draft of dissertation.
1976-1984 Guy Steuart, the University of North Carolina, and Learning to Operationalize Concepts of Culture and Ethnographic Methods in Strategies for Improving the Human Condition	1. January 1976-June 1987, held faculty position at UNC-SPH. Of particular importance during this period was as field advisors for 2-year master's student field teams in rural Bakers (pseudonym) County, North Carolina. 2. February 1976, successfully defended doctoral dissertation. 3. 1976-79, with grants from the UNC-SPH Public Health Sciences Biomedical Research Support Program, and from the UNC Research Council, began studies of food behavior as a risk factor for hypertension in Bakers County. 4. 1978-80, with grant from the Russell Sage Foundation, added a more ethnographic approach to the Bakers County food research, with particular emphasis on culture and class variables associated with food behavior. 5. 1980-83, with a 3-year Young Investigators Award from the National Lung, and Heart Institute, I added a common residence and network dynamics component to the Bakers County food behavior as risk factor research. 6. 1980-82, carried out a Descriptive Assessment/Evaluation of the Norfolk Assembly Program for the Rockefeller Program. 7. 1980-1986**,** I created and annually taught a course on the use of Qualitative Research Methods in Community Needs Assessment 8. 1981-89, Consultant to the Rural Health Research Center of Central Mississippi, on various community health research projects on cardiovascular diseases prevention and cancer risk education. (sponsored on the National Heart, Lung, and Blood Institute and the National Cancer Institute). 9. Summer, 1983, with a grant from the UNC Population summer, returned to Jamaica to update data for peer review publications on men and family issues. 10. Summer 1983 and Summer 1984, as one of the faculty members for the UNC-SPH annual international four-week short course short course in community health education, developed and delivered lectures in community health ethnography field methods. (However formally titled "Community Needs Assessment," as that was the common term in community health research at that time).

1985-1988 Experiences in Sharpening Ethnographic and Cultural Analysis Skills, and Transitioning Between UNC and UMCP	1. Spring, 1985, one of three trainers who conducted a 2 week "Training of Trainers" (T&T) Workshop in Bukavu, Zaire on *Cross-cultural Communications* (CCC) for U.S. Peace Corps (PC), with African trainers of PCVs from 22 African countries. 2. 1985, Developed and co-facilitated cross-cultural communication in the workplace training module for inner city entry-level workers for the Haiyi Development Corporation, Durham, N.C. 3. 1985, Developed and presented a workshop entitled "Entre and Utilization of Community Resources in Humanities Projects" for the North Carolina Humanities Committee. 4. 1985, I raised funds to establish a Graduate Student Support Fund in memory of Howard Barnhill, a former faculty member of the UNC-SPH. Once I left UNC-SPH in 1987, the few funds were eventually transferred to The Howard Barnhill-John Hatch Graduate Student Fellowship, which I believe is still in existence at UNC-SPH. 5. December 1985, one of two trainers who conducted a 2 week T&T CCC Workshop in Malawi, East Africa, again with PC trainers from multiple African nations. 6. Spring 1986, along with Mr. Pape Guy, one of the co-trainers of the Bukavu T&T, contracted by the PC Africa Office to produce an African T&T manual, with materials that we had developed in Zaire. 7. 1985-87, Ethnographic co-investigator on "Arthritis Psychosocial Research Measures Project," UNC's Multiple Arthritis Center, sponsored by the National Institutes of Health (NIH). 8. 1985-87, Consultant to the Medicine and Ethics Committee of the North Carolina Humanities Committee. 9. 1986-87, Advisory Committee Member, Medicine and Society Program of the North Carolina Humanities Committee. 10. Fall 1986, with a small contract ($10,000).from the National Cancer Institute (NCI), conducted a qualitative research study (series of focus group interviews with ministers, titled "Store Front Preachers' Perceptions of the Health Needs of the Inner City." 11. 1986-87, consultant to the "Morals in Medicine" Project of Charlotte, N.C. 12. Spring, 1987, planned and implemented a focus group study of medical providers and the client community of the Roanoke-Chowan Hospital of Ahoskie, N.C. 13. Spring 1987, established with Robert Goodman, Erma Wright, and Karen Gentemann a consultation entity, *Cultural Communication* Systems (CCS). 14. Summer, 1987, accepted position of Chair of Anthropology, University of Maryland, College Park (UMCP). 15. Summer 1987, two week consultancy provided to International Child Care, Inc, to explore the feasibility of using African Health Village Committee model to address rural health issues in Haiti. 16. August 1987-August 1988, lived in Pau France, as a consequence of winning a Ford/Foundation National Research Council Senior Post-Doctoral Fellowship, spent with as a visiting fellow of Team 263, "The Anthropology of Food" (Igor DeGarine, Director), of the Centre Nationale de Recherche Scientificque (CNRS). 17. August 1988, arrived in College Park Maryland to begin onsite position of UMCP's anthropology department.
1989-1995 Voluntarily Going from The "Majors to the Minors:" Creation of the University of	1. 1. 1989, I provided consultation to the Office of Nutrition, Agency for International Development as member of evaluation team. 2. 2.1989-90, as a new Chair of Anthropology, on the suggestion of the Dean of UMCP's College of Behavioral & Social Sciences (BSOS) to initiate an intradepartmental research center as a strategy to address Anthropology's lack of

Maryland's Cultural Systems Analysis Group (CuSAG), and the Process of Becoming "Twice Negroed."	externally funded research grants, I launched the *Cultural Systems Analysis Group (CuSAG).*as a community health ethnographic research & technical assistance unit (CHERTC). 3. 12/16/89-5/31/90, to get CuSAG off the ground as a viable CHERTC, I secured a cooperative agreement ($40,000) from the Maryland State Department of Health and Mental Hygiene (DSDHMH) to conduct a series of focus interviews regarding HIV/AIDS knowledge, attitudes, and practices in different locations in the state of Maryland. 4. 4. 1989-91, I secured two small contracts ($50K each) to carry out 2 small (about $50K each) with Johns Hopkins University Medical School to conduct focus groups on HIV risks and prevention 5. 5. 1989-92, through a CCS subcontract ($80,000), with the NC's Research Triangle Institute (RTI), 6. I designed and conducted an *ethnographic inquiry into* the "Psychosocial Loss Due to Drug Trafficking," as part of the "District of Columbia (DC) Metropolitan Area Drug Study" (DC*MADS), sponsored by the National Institutes of Drug Abuse (NIDA). 7. .1990, I served as a consultant to National Institutes of Drug Abuse Ethnographic Study of "Sex for Crack" in 9 urban areas. *8.* 7. 1990-91, with my two other CCS partners engaged in their post PhD professions in other parts of the world, and I now in a demanding job as a department chair and director of a new research center (CuSAG), we agreed to end CCS. I then used my own professional background and the contracts that I had initiated through CCS as a professional track record and as a format for CuSAG's development. 9. 8. 1990, in support of CuSAG, I began the process of developing a *Cultural Ecology of Food Research Program* (the CEFRP by securing a small grant from the Wenner-Gren Foundation ($8,500) in support of an International Food Conference. 10. 1990-92, to further develop CuSAG and the CEFRP, I secured a Cooperative Agreement ($251, 654) with the United States Agency for International Development (USAID) to bring a Ghanaian nutrition scholar to UMCP to carry out his research proposal, *African Retentions in African American Foodways*. 11. 10. 1990-91, in support of CiuSAG , I secured a subcontact ($38,593) with JHU's "Baltimore Immunization Project," funded by the US Centers for Disease Control & Prevention (the CDC) 12. 1990-92. I served as a member of the Advisory Committee Member, "Child Survival Fellowship Program", a Cooperative Agreement between Johns Hopkins University (JHU) and the United States Agency for International Development (USAID), 13. 1990-1992, through CuSAG, I secured a subcontract ($119,173) with the Pediatric Division of the University of Maryland Medical School (UMMS) on the "Decision-Making by Youth, Regarding AIDS Risk Behavior," funded by the National Institutes of Health and Child Development (NICHD). 14. 1992-95, through CuSAG, I secured a subcontract ($181,464), with the UMMES Pediatric Division titled *Youth AIDS Intervention*", sponsored by by the National Institutes of Mental Health (NIMH) 15. 1991-92, Via CuSAG, I secured a subcontact ($34,960). with the Baltimore City Health Department (BCD to develop and implement an Ethnographic Evaluation Component for the *AIDS Perinatal Prevention and Life Enrichment Project* (APPLE)", sponsored by the US Center for Disease Control & Prevention (the CDC) 16. 1992, Via CuSAG I designed & implemented *the Ryan White CARE Ethnography*," sponsored ($24,960) by the US Health

	Resources and Services Administration (HRSA) 17. 1994-95. I served as a research consultant to the Liberty Medical Center of Baltimore, Maryland. 18. October 1, 1995--June 30, 1996, "The Ethnographic Component of the Liberty Health Systems Community Health Assessment", Liberty Health Systems ($40,000). This project was aborted after it was half done because of the merger of Liberty Health Systems with another hospital in Baltimore. 19. "March 1-August 31, 1995 "An Ethnography of HIV Related Issues Among Incarcerated Adults in the State of Maryland, Maryland State Department of Health and Mental Hygiene ($50,000). 20. 1995-96, as CuSAG director, subcontracted ($14,000) to Abt Associates, conducted a US Housing & Urban Development (HUD) sponsored *ethnographic assessment* with residents of the Lafayette Terrace Public Housing Projects in Baltimore, Maryland, before these buildings were demolished Units of HUD An Ethnographic Evaluation of the Abt Associates 21. July, 1994 to March 1995, "The Urban Male HIV Ethnography," Subcontract to the Contraceptive Research and Development Project, Centers for Disease Control ($60,000) 18. 1995, "MEDTEP" (Minority Health Research Center) 1992 to Subcontract with the Pediatric Division of the University of Maryland at Baltimore (UMAB) Medical School, National Institutes of Health ($110,000) 19. 1994, National Institute of Nursing Research, Member of expert panel with charge of developing new research porgram. Personal responsibility of writing state of art paper on health needs of urban blacks. 20. 1994, National Cancer Institute, Research proposal review panel member (Spring). 21. 1994, National Congressional Black Caucus Foundation. Member, Health Task Force. Charged with exploring black health needs for policy considerations related to the national debate around health reform. 22. 1994, Office of Minority Health, U.S. Public Health Service. Presented 2 Workshops on the use of ethnography in program evaluation, and professional development issues. 23. 1993, National institutes of Drug Abuse, produced paper on integrating qualitative and quantitative research methodology for a technical review on "Effective Prevention-Interventions with African American Populations". 24. 1993, American Anthropological Association, Invited to be a participant in a Wenner-Gren Foundation Conference on "Establishing Priorities in Anthropology for the Decade", Tarrytown, New York. February. 25. 1993, Consultant to the Health Resources Administration at two day Conference on Barriers to Care for African Americans with Human Immunodeficiency Virus (HIV) Disease. Presented results of "The Ryan White HIV C.A.R.E. Ethnography". 26. 1993, Consultant to the U.S. Public Health Service's Office of Minority Health. Presented a workshop on "Building Community Coalitions in Providing Health Care to Ethnic Minority Communities." 27. 1991, Invited Presenter at Workshop on "AIDS and Culturally Diverse Population," Annual 22. Conference of Center for Disease Control Sponsored Community Based AIDS Education (May 21-22) 28. 1991, Invited Presenter at Workshop on Urban Youth and RAP Music, Annual conference of the Midwest Region Drug Center (6/6-7/91). 23. 30. 1991, Consultant to the Centers for Disease Control regarding the Development of Procedures for funding Community Based Organizations Education Programs on AIDS.
1996-2001	1. 1996, I prepared & presented Focus Group Discussion with International Group of Traditional Healers as Part of

Ongoing CuSAG Activities and the Emergence of the Cultural Ecology of Health & Change	Workshop on "Traditional Healing and AIDS 2. 1997, Robert Wood Johnson Foundation, I served as member of the “Fighting Back” Program Evaluation Technical Advisory Committee. 3. 1997-98. I served as a member of Epidemiology Advisory Committee and Consultant to the Fighting Back Program of the Marshall Heights Community Development Organization of Washington, D.C. 4. 1997--98. Consultant to the Annie E. Casey Foundation to Conduct an Ethnographic Assessment of the Process of their sponsorship of the D.C. General Hospital and several Community Based Organizations in a Community Health Initiative to deliver health care to low income neighborhoods of Wards 1 and 7 of the District of Columbia. 5. 1997- 1998.The Ethnographic Overview of Independence National Park”, the U.S. National Park Service ($68,000). 6. 1997, "An Ethnography of Sexually Transmitted Disease Related Attitudes and Practices of 15-19 year old African American Females, the Prince Georges County Health Department ($108,000). 7. 1997-98, "An Ethnographic Assesment of the Washington, D.C. Community Health Initiative," The Casey Foundation ($60,000), 8. 1998, The Dorothy Rider Pool Health Care Trust, Consultant on Community Health Programs, 5. 9. 1998, The Research Triangle Institute, Consultant on Unwanted Pregnancy Project 10. 1998. Member of World Bank Consultant Team to Trinidad-Tobago to Explore Strategies for Addressing Youth at Risk, 11. 1999. I served as a consultant to the "Turning Point Program" of the National Association of County and City Health Organization (NACCHO). Turning Point was a project funded jointly by the Kellogg and Robert Wood Johnson Foundations to assist state and county health organizations in 21 states to establish community based health care delivery programs. 12. June, 1999. Keynote Speaker of the Plenary Session of the National Association of County and City Health Organization's (NACCHO) "Turning Point Program" annual conference. 13. June 22-23 1999, Invited and delivered paper on my Ethnographically Informed Community & Cultural Assessment Research Systems (EICCARS) at a NIMH meeting on "Culture and Context in Community-Level HIV/STD Prevention Research." The purpose of this meeting was to provide insight to NIMH on the development of community based research approaches. 14. 2000- Member of Evaluation Review Panel of the MayaTech Corporation’s Congressional Black Caucus HIV Nationwide Prevention Initiative 15. 2000—Member of National Advisory Board of the United Negro College Fund Special Program’s HOPE AIDS Prevention Program funded by the U.S. Centers for Disease Control and Prevention. 16. 2001. Organized and Delivered Workshop on Community Based Intervention Project Design to Faculty of Historical Black Colleges and Universities as part of the United Negro College Fund Program’s HOPE AIDS Prevention Program. 17. 2000. Organized and Delivered Workshop on the “Cultural Ecology of Health and Change” to Faculty of Historical Black Colleges and Universities as part of the United Negro College Fund Program’s HOPE AIDS Prevention Program
2002-2004 Burn Out & a Moratorium on CuSAG Activities: Is	1. 2002---I served as member of Expert Advisory Committee, Research Triangle Institute-UNC’s Community Based Participatory Research (CBPR) Evidence Based Practice Center (EPC). 2. October 24, 2002—I designed & delivered to the faculty and students of Drexel University’s School of Public Health an

Persistence a Positive Characteristic in a Marginalizing Cultural Setting or an Indicator of Insanity?	*Ethnography for Community Health* Workshop, providing an experiential learning professional opportunity to my graduate advisees who assisted me. 3. June 2003. I was invited & accepted to review papers of Soros Foundation's *Reproductive Health and Rights Fellows Program*, and to present paper of my own research at Program's Conference, 4. 2003—2004. Member, Conference Planning Committee, American Anthropological Association's Initiative on "Understanding Race and Human Variation." Conference #1. 5. 2003—I served as panel member of Trans-HHS Cancer Health Disparities, Progress Review Group. 6. 2003---2005, I served as a member of Scientific Program Advisory Committee to the NIH funded UNC-Shaw University's Partnership for the Elimination of Health Disparities. 7. 2004. Invited Member of 2 day Working Session on "Community-Based Solutions for Addressing Poverty in the 21st Century," US Office of Community Service. 8. 2004-2005, I served as co-investigator (2.5% of time) on "Mapping Exercise and Nutrition Opportunities" to UMCP's *Circle Program*, funded by the National Geographic Society Education Foundation.
2005-2009 Bringing Together Domestic (US) and Global Perspectives in the Use of CEHC Paradigms & Methods	1. 2005—2006. I served as a member, of National External Advisory Committee, Department of Behavioral and Community Health Sciences, Pitt's GSPH. 2. 2005—06. Senior Ethnographic Project Advisor, Court Services and Offender Supervision Agency (CSOSA), US Justice Department. 3. 2005-2009. Designed and Implemented a Study Abroad Ethnographic Training Program in Jamaica, West Indies, each of 5 consecutive summers, 2005-2007. 4. 2006—08, I served as a member of City University of New York's (CUNY) *Black Sexuality Project,*, funded by the Ford Foundation. 5. 2006—07. Member, Conference Planning Committee, American Anthropological Association's Initiative on "Understanding Race and Human Variation." 6. 2006-07, I secured CuSAG contract from CSOSA to design & implement *Violence Reduction Program (VRP) Ethnography*, 7. 2007-08, I secured CuSAG contract from CSOSA to design & implement *Reentry Sanctions Center (RSC) Ethnography.* 8. 2008-09, I secured CuSAG contract from CSOSA to design & implement *High Risk Offender (HRO) Ethnography.* 9. 2008. Member, Research Team, "Transforming an Urban Mental Health Program: Post Katrina, New Orleans, School of Social Work, University of Texas. 10. 2010—Member, Advisory Committee, "Fortune Bones Project," University of Maryland's Clarice Smith Performing Arts Centers 10th Anniversary Celebrations.

2010-2013 Do I Find a Way to Disseminate the Life Long Learning that is the CEHC? Or do I Simply Carry those Lessons to my Grave?	1. 7/01/2010-6/30/2014. I participated as a co-investigator on "Prostate Cancer Education in African American Churches" Project, sponsored by the American Cancer Society, Cheryl Holt (PI) 2. 7/01/2011-6/30/2015. I participated as a co-investigator on **"**Implementation of Evidence-Based Cancer Early Detection in Black Churches", Project, sponsored by the NCI, Cheryl Holt (PI) 3. 2012-2014. I served as a member of the Research Core of the "Center for Excellence on Race, Ethnicity, and Health Disparities Research," sponsored by the National Institutes of Minority Health & Health Disparities, Stephen Thomas (PI). 4. 2013 Make formal request for retirement from UMCP as full time faculty member, and secure contract to continue teaching one course, Applied Urban Ethnography, that I had developed and taught for 10 years, to continue each term for 3 years following retirement.
2014 to the Present Retirement from UMCP and Spiritual Emancipation of the Self through Continuing Engagement with the Other	1. May 2014: Retirement as a Rite of Passage, Exploring African American Expressive Culture, and the Establishment of the UMD-HBCU Graduate Mentoring Scholarship Fund. 2. June 2014. Formal Retirement as a Full time faculty member and the Emancipation of the Self. 3. 2015. With the assistance of Maya Kearney, I began the process of moving all relevant materials from the CuSAG website to a new personal website, tony-whitehead.squarespace.com.