Advocacy Discussion, July 7, 2016

Outcomes, evidence, data, and best practices: What do they mean for our advocacy?

Please stand by for realtime captions. Please stand by for realtime captions. We are joining today with classes L, M , N for best practices and thinking what they mean for advocacy and what are the implications. We are very happy to have you all with us as we begin today you can see the chat box and we will hear a bit more about that from Liz. I see many of you have discovered it. Feel free to chat in your name and program and maybe if you have other team members there may may not be showing up in the participant list chat that in also so we know who is there with you. As we continue here let me turn this over to Ms. for reminders.

>> Thank you Diane. Hello everyone. It is wonderful to be with you today. We are excited about using Adobe connect and we want to hear about your experiences and thoughts. So far, we think it will be a fantastic opportunity for the AOC so just a couple of webinar reminders for you.

>> Today, in addition to our usual ALC participants we have an interpreter with us and so you will be hearing his voice as he is interpreting for two of the speakers today from DeafHope and I remind you all that there may be momentary pauses as we are in the process of communicating and hearing from carousel and Amber.

>> You will just recognize that. We will all proceed kind of slowly and make sure that there is time for everyone's thoughts and questions.

>> If there are any of you who are participating just by telephone only today, and not logged into the webinar the best way for you to have your questions or your comments shared with the group would be to send an email to me, Liz@praxisinternational.org and I will share your questions and comments with the group. For the rest of you I see that you are utilizing the chat function and of course that is the main day of a webinar platform. So certainly share your thoughts freely throughout the session today. A couple more details.

>> If you are interested in this advocacy discussion presentation, the PowerPoint presentation a new feature with the Adobe connect platform is the materials box that you will see on the screen to the right of the PowerPoint. If you go to that box click on the content that you see there you will be able to download the file. That is available to you during the session. If you have any difficulty with that feel free to add that to the chat and myself were my colleague, Breanne will be certain to accommodate you.

>> Other than that of course if you get disconnected by telephone rejoined to the original process in this session is being recorded and will be posted to the ALC webpages to can look for their.

>> With that, Diane I will go ahead and have you introduced our speakers today.

>> Thank you so much and to kick off the platform I have just lost contact with the website think it is an Internet issue on my and so maybe I will ask you to move the slides here until I get reconnected will that work?

>> Certainly.

>> I am looking at site for and I want to welcome all of our participants in the fishbowl today. We are so happy that you are able to join us to explore this topic with the Scott we have with us today, Amber Hodson and Aracelia Aguilar from DeafHope they are from Oakland California. Alison Dunn is with another participant in class L and in new Bern North Carolina. Jeannette Page is with us from class M from how Costa California coalition -- coalition in California and finally Kelly Heaton with class M and she is with domestic and sexual violence services in Montana. One of the things that I really enjoy about advocacy discussions is that it brings the different classes together and I realize that all of you who are here in the fishbowl to explore the topic may not have met each other before, might be meeting for the first time. Welcome to all of you. Thank you for being with us. I really have a challenge, it is a challenge because I cannot see the PowerPoint right now, the chat goes very fast I don't know even if I could get if I could keep up with it, I want to hear from you as well and I want to start out with the question on 55. We wondered what questions or concerns or topics that have come up in your program or things you have talked about were think about whether on your ALC team or with your program or with your organization if you want to go ahead and chat in your responses. Then Liz if you are able to see any of those and want to chime in .

>> Certainly this is Liz and one thing about the webinar people are chatting in even before I can see what they chatted in.

>> Cool. Nine

>> It is cool.

>> I do not have any messages that are logged yet. But people are busy.

>> Okay. We We'll come back to that and. Thank you.

>> We can go ahead and go to slide six. We have guiding discussion questions here but we also want to leave space for the fishbowl participants to talk with one another and think together about what outcomes, evidence data, best practices, what they mean for our advocacy. We will start out with this question. I invite all of the participants in but I will start with Kelly, as we think about this I wonder what are some ways that your program is either focusing on or being encouraged to focus on these topics. Whether it is evidence-based practices or sometimes we hear best practices or promising practices that they use of data and measurable outcomes. Kelly can you talk a little about how this is come up in your program?

>> Sure. This is Kelly. First of all I would like to say that I think that evidence-based, the phrase is the buzzword these days. I do not know what people really understand exactly what it means and the resources that it takes to become an evidence-based program. I think from Scotty encouragement for our organization need to use evidence based or best

>> This is coming from funders. Some of this does come from staff and board that both of the parties want to know that we are creating long-term positive changes and eventually social change.

>> I think for the funders they are concerned about an issue, the issue of eliminating violence being such a huge sized issue and kind of throwing money down a rabbit hole that will never be fixed. So, I think that is a challenge, just trying to figure out if evidence-based really make sense for our types of programs and how you event narrow your focus to one goal and and one targeted population to begin assessing.

>> Thank you for that Kelly. As we see this we're not necessarily laid out what we mean by each of these things. I am sure there are varying definitions about what it means to be evidence-based and there are very academic traditional scientific studies that conclude with evidence that we know something does work. I think there are also broader interpretations of it.

>> Let me pose the same question to Amber and are Aracelia and I know we have chat responses and we will turn to Liz after that.

>> Amber or are Aracelia what are ways that these topics or words are coming up in your programs and programs that you work with?

>> This is Amber speaking. For our program one of the big issues that recurs often and also that we are exploring is there is a lack of evidence-based information concerning the deaf communities. I think that is a common issue that someone has mentioned in the chat are ready about elder abuse. There is a really big lack of evidence and data collection from a diverse perspectives. Deaf people are part of what is missing. So when we try to apply the concept of evidence-based best practices for using data to secure funding or just to participate in trainings and that sort of thing, the conversations that are going on in the field, we do not come with that kind of evidence.. If the evidence is acceptable by the quote unquote system, and that has been a huge challenge for us. I think the lesson for all of us in the field is to really reconsider what is or who it is that is doing the evidence collection or data collection, who it is that is deciding what has practices are. I mean, we do know that this drives funding and it ties legislation and at the same time I think there are many perspectives missing from the conversation.

>> Back to you now.

>> I appreciate that perspective. I think about the ways that I imagine this for some of the programs participating in the ALC and on this session and who it is that is not centered in the conversation, who was at the margins or who is not at the table or not at the table where some of this gets decided.

>> We also have Jeannette and we have Allison with us and I wonder what your thoughts are on this do you have examples of ways that you say -- CVs being used in programs?

>> This is Allison. I think we have had some struggles in our service area, we have three counties and we have a lot of rural areas and we are considered even though to most people new Bern is on the city, it is not really to me, we are considered the urban area or the center of the three county area and we go into rural areas and attempt to implement evidence-based programs I agree with the opinion that they have, it is a top-down approach by this people coming in and saying there is this program that the CDC, for example, if we are talking about safe, this is saying this is the program that you need to implement in your school program if you want to address this issue and that is another example of the way that

evidence-based programs represent privilege and power in that it is not often well received especially for -- from my experience. In rural settings where it is much more community-based and centered in the much prefer to address it in a way that feels comfortable for them rather than from a top-down perspective.

>> Interesting. You talk about again at the margin for the way rural communities are frequently marginalized.

>> So Jen that the last Jeannette -- so Jeannette I feel like a set you up to respond with things that you agree with but also the different perspective that you are bringing in. You are part of a coalition.

>> It's true, across programs you want to know that we are making a difference to me want to be able to spend limited resources and our time in ways that work. How do we do that. Are there some ways that people are doing this in good ways, Jeannette Page do have examples of that ?

>> This is it Jeannette and I have sympathy for the direct service programs pushed by funders or by other stakeholders to adapt the practices or adopt a new evidence-based practices because it is a huge shift in it is a lot of work to implement them.

>> I also think this is a really good opportunity for those of us working in a violence prevention preventing violence against women that we have the opportunity to utilize some really amazing research by government agencies, other entities that have a lot more resources than we do.

>> We can apply this knowledge and I think we are kind of running off course when funders or stakeholders are expect us to only use evidence-based practice because as mentioned there is not a lot out there yet. I think focusing on creating our own evidence-based this, what are we already using that we can run through this process of, what are we doing, using allotted model, using methods to actually create our own evidence-based practice. I think it is a great way to create more options and also sort of talk back to the top down approach. Definitely in a coalition, I feel that I struggle with this because while our local programs, our members are more and more in pushed to use evidence-based practices, those of us that the coalition we do not have the same expectation. I kind of feel that. I am craving not for ourselves and how are we supposed to the -- to lead because there is not a lot out there on what evidence-based practices looks like for coalition. We are hoping to provide support and leadership for our members who need to make this shift.

>> Yes. I appreciate that perspective to Jeannette.

>> I said, before we started, this was a great base for conversation and there's no expectation that we are on the exact same page. We have a diversity of programs, a diversity of communities, and I have worked, having most recently worked on a campus program, so you are situated in a research bill and how different it was for me than when I was working at a battered women's shelter that did not have the connections.

>> Even then, as we talked, we were trying to come up with something to show, this prevention approaches working and I have a colleague who is a professor and she said you are not going to get

anyone to do research on this unless it will get published or less it is a research interest of theirs, but for most of us it is not like we have the power to to be able to created. How do we create that evidence #--?

>> Let me move on to slide seven, all of this weaves together as we talk about this. What specific challenges do we face when we're trying to focus on these areas were best practices and what are some of the challenges that you face.

>>

>> I think time and staffing are essential and also the knowledge needed to do good evaluation research and understand the process, research methods are a specific skill set and I do not believe people who are in direct services for others that I interact with, have people on staff who really understand social scientific research methods. That is a challenge. Than even if you do have people on staff who have the knowledge base, you are busy working with survivors or out in the community during education and awareness activities, prevention work, it is very difficult as a small agency with limited funding to find the time to prioritize that even if you do have people with the skill set. That has probably been the number one barrier that we have faced.

>> I am sure there are others thinking that too.

>> What are other people thinking?

>> This is Kelly, I was nodding my head the entire time that Allison was talking., everything she just said, it is the biggest hurdle. Secondly, I think even down to if you break it down even further, when you are evident you were trying to show that something is successful, we all want to help survivors make positive changes in their lives that for each person that mean something different. How do we even define success #

>> How do we give our clients to find success and how can we measure outcomes when there's so much variability is there a way to create something that will allow for the variability but still show success and challenge. Some of our funders understand that not everyone succeeds and everything doesn't always go well, they understand setbacks. But how do we get more people to understand that and how do we tell this tour is that same time that we're showing successes and challenges and that something is working.

>> I think there are a lot of questions about how do we even define success when each person is so unique and has their own set of challenges and successes.

>> This is Allison, I do not want to be overly aggressive but I would like to respond. My

>> Absolutely.

>> I have some were concerned, I think one of the main issues with the evidence-based focus and focus on outcome is kind of what Kelly is saying that we are taking the subjective experiences of survivors, the lived experience, feelings and how they respond, and we tried to give it a numerical value and that is an

issue with quantitative research in general or research that uses numbers as its primary form of knowledge and understanding social situations.

>> In order to account for subjective experiences you have to use a mix method, which is using not just numerical representation of success or whatever your outcomes are but also telling people's stories and allowing for the lived experience to be included in the analysis. Then, that makes it much more time-consuming than that it is another skill set that is probably even harder to learn or to grasp. So, if you are doing this type of evaluation research and you are not accounting for survivors experiences and what they consider to be successful then you could be doing more harm than good, I feel.

>> Who has time to do good mixed methods research when you are in research, I do not think very many of us do.

>> I agree completely with Allison. Numbers are so black and white and particularly within our community that in any marginalized community, there is a lot of intersection and things come up very different at an individual level. We did a workshop full frame initiative the purpose of which is to help survivors really focus on what their successful moments were and to express them. None of their successful moments in their lives had to do with the experience of domestic violence. To help them connected themselves holistically, that is what we need to be able to bring to the discussion. Because, as we have been saying success is not one size fits all.

>> Back to you.

>> Thank you Aracelia. I was thinking of the full frame initiative as well and I do not recall, Liz, you might recall if any of these classes were are of the last part of the keynote where we had researchers and women involved in the full frame initiative that Aracelia references a keynote presenter. It was interesting research and we will pass the link along to you.

>> Liz if you could move us to slide number eight. We started to talk about the first one, about the challenge of how outcomes and evidence are defined and as you said, Aracelia, this notion of one-size-fits-all and he defines them. Jeanette let me ask you to come back in with any thoughts on that.

>> I definitely want to echo what other folks have already said, that we really need qualitative and want dictated approaches when we are using -- and qualitative approaches when we are using evidence-based approaches. Leaning more towards quantitative not qualitative. I think for me, top-down or out-of-the-box products that we are expected to use in the field that they are always going to need customization. They will need to be adapted to the community and the context in which you are working. That is really important. The biggest part of that is having it be informed by survivors, having it be informed by your client which is why I think, if there is a way for us to create our own best practice based on what we are doing or what we see on the ground and having that, in different ways respond to what we are getting from funders or state agencies, rural agencies, researchers, I think that is kind of the best way to get the best of all worlds.

>> I do think there is a lot of benefit for clients when we can utilize the data that is gathered from much larger data sets than what we could do it our own agent these in our local context.

>> But that it does not need a lot of adapting and it cannot just be implemented as is.

>> I think this hopefully goes without saying. Definitely, if survivors and not informing the work it will not successful beard if it is not informed by the members of the community where this is happening it will not be successful.

>> I definitely agree with the inter-sexuality -- intersex tonality -- intersectionality because it needs to account for complexity.

>>

>> I want to take a minute here and see if Liz, because I am unable to see the chat there is anything you would like to highlight that is happening in the chat.

>> It has been a fascinating rich conversation happening on the part of participants. I am sorry that you are missing it, Diane. Certainly this is an issue that is familiar to everyone who has joined us today.

>> It is in one way or another near and dear to all of our hearts.

>> People have common struggles with funders and organizations and what that context means in the definition between research-based and evidence-based and best practice and all of those requirements that are so often driven by funders and board members. There has been a lot of conversation around not.

>> Then specific questions that people are asking, perhaps you need to their organizations and perhaps not so much.

>> Kate is asking aobut a standard that Chris Sullivan put out For the question was based on improved social and emotional well-being and Kate is saying is that an appropriate goal? It is just a question she is asking.

>> Tegra Says it is always difficult to stay up with best practices in day-to-day needs within her program and considering her program's effectiveness. It is a whole mix of things I would say. There are issues relative to doing some work specific to elder abuse and the lack of research and information that pertains to elder abuse.

>> Then certainly there is a whole wealth of gaps relative to people with various accessibility needs and for Deaf survivors. I apologize. I am sure that I am missing some but those are the things that are jumping out to me right now.

>>

>> That is well done. And you Liz. I also see I have emails that have been copied from the chat. I am trying to find one that I wanted to refer back to.

>> I am overwhelmed by technology at this moment.

>> [LAUGHTER]

>> Let me go back to this slide here that we are on site number eight and Kelly, I wonder what your slides -- thoughts are, I wonder what you have thought about how outcomes and evidence are defined and by whom.

>> I think a lot of it has already been said that right now it seems the outcomes are being defined by funders for grants. When we do right the grants we can define them there but the challenge that I find with that is getting funders to understand that the version of their outcome might not and most likely does not match up with the desired outcomes of the survivors.

>> We do not operate a shelter. We are working with survivors who are not meeting, they do not plan to lease and wherever. -- Leave now or ever. We try to increase the network of support which are things that survivors have told us that means success to them. That they feel safe that they have more access to resources etc.

>> When writing grants it is a lot easier to focus on the out what like the qualitative numbers that we talk about as opposed to the outcomes. It is challenging to explain to a funder that working with a survivor to increase her safety and access to resources is a successful outcome.

>> Corrects. Successful and measurable outcome as well.

>> Writes. -- Right.

>> Rachel in the chat says it is hard to define success in this can access to the center question of how do outcomes and evidence connect with the lived realities of women and survivors. It is hard to defined success when a deaf survivor is constantly facing challenges, -- how do I write this and then outcome report. It was another chat reference about should we be in a way quantifying or dismantling the bars of oppression, are outcomes focused on an individual level in this culture of violence and what does it mean if what we are doing is not dismantling the barriers that are facing women, survivors, facing as Rachel said, the deaf survivor so they can better cope . It is not that we do not want people to better cope but what we want is to eliminate barriers.

>> Let me turn this back to Amber and are as Elia -- Aracelia what are your thoughts on this? Line

>> This is Amber speaking.

>> One thing that is strikingly or impacting the right now is that the conversation about evidence-based best practices outcomes is really a top-down approach, there is no way around that. That very strongly affects our daily work as advocate.

>> We have seen in DeafHope how all of that , all of the expectations of following these very specific outcomes, specific best practices and the like have changed how we do our advocacy work. Not in a good way it is to meet the expectations rather than being meant to do what we deduce is right for any given survivor.

>> I can give you an example, funder is expect things numbers about and explaining -- a restraining order for example. Obviously that impacts our advocacy work. We will talk about restraining orders. We will talk about systemic interventions which we already know are up rest of in their nature -- present in their nature and not supportive of diverse perspectives. So then we see how it impacts the community. Then members of the community come up and say right off the bat I need a restraining order because that is the only frame our vision they have been given of what safety and success might look like. It has been challenging for us but exciting as well to work on letting go of some of the expectations.

>> We say to funders got your funding may not be right for us so we will go ahead and do the work that we feel is right.

>> I do see this impacting the realities of the survivors in their daily lives and how we do our work. Back to you.

>> This is Diane and I can see the chat again. Very exciting.

>> I appreciate the comments, Amber, and I am especially aware of it today the morning after another African-American man was killed by the police in our country. What other ways, when, the thing about competing or contradictory messages and the challenge of working at the intersections of the reality of people's lives and racism and sexism and violence and how is it that we advocate in the best way given the complex realities.

>> There may be evidence that says, calling the police is more likely to make a survivor initially safer or temporarily and the violent. But we know for some survivors it makes them less safe and had we navigate that? What does that mean?

>> I do not have answers either. It goes to the third question on the slide, how is it that cultural relevant of evidence or best practices how this impacts, disbar impacts -- disparate impacts and how this impacts best practices any comments from participants? Do you see this happening?

>> This is Allison, I think that, how do I put this, in terms of cultural relevance and evidence-based program is going to be able to claim that it is going to work across diverse populations because it has been tested in numerous settings and they had used random sampling and made sure that the program has been run through an enough different settings and contacts that they can say without a doubt it will work matter where you implemented from their perspective. But then in terms of the analysis of that or in terms of implementing the program your self and when you employ the evaluation tools that they give you with the program, you are not tracking demographic data on the individuals who are taking the evaluation pre-and post tests you're just looking at the results from an aggregate of in the group so you do not know who it is working for and who it is not. You know if it is working in the setting and an aggregate level. In my experience there may be evidence-based programs operate but the ones that I am familiar with you are not really want to know which people in the population it is working for word is not. You will know if there is an improvement in knowledge or a reduction in whatever the predefined outcomes are as a group. I do not know if they account for if that makes sense.

>> Are there other thoughts from folks?

>> This is Jeanette think differently what I have seen out there, woefully falls short. Incorporating cultural and historical relevance and working in specific communities. A lot of the sampling that is done to show the evidence-based for a lot of the programs and products out there is not going to be representative of the actual communities that we are working in. I think we can expect that and now that.

>> I think that is one of the challenges that someone in the chat said doing advocacy with funders will be important and I definitely agree with that, but here in California we are talking back to our funders all the time and saying that is not the best way or is there a different way that the crisis centers in the state can measure this. Can we implement this change more slowly and things like that, it is crucial and necessary.

>> When it is not a state funder or if you are an individual program are working with a foundation it is much more challenging I think this is just one of the extreme limits of using evidence-based practice or relying heavily on it to do our work.

>> Amber or Aracelia any thoughts from you on this, I know we have asked you for feedback prior to the session and one of the things that you mentioned in your response was about there not being aggregate data and having to have a certain amount of numbers or evidence for it to count. You were saying how limited the research is in terms of deaf women or deaf survivors generally. Any thoughts on that last question on the slide?

>> This is Amber speaking. Yes. We have been working with other communities that are similarly marginalized communities around issues such as language access.

>> We do have some challenges in common.

>> These are getting included in data collection as a challenge, I also mentioned the ivory tower concept in my original response. We do feel that experience, the research is not happening in the communities and when it does happen it is still very disconnected from the field. It is often never -- we do not talk to us, those doing the work. We never get to see the results of any research there is, that is one huge challenge.

>> Another challenge we see quite frequently and we find we have in common with other communities is the idea of sci-fi research -- dry-fi they come to our community, research, they do not understand our community or anything about us to do research on us and then they leave.

>> The community, specifically survivors are left with the trauma of that experience on top of the sexual violence or domestic violence experience. We are left with no resources after having exposed ourselves to the benefits of the research project and they get a publication out of it or the benefit they derive from it.

>> This is now Aracelia speaking. Often researchers are targeted on the domestic violence part of things there is a laser focus. But in our work we also see, in our program, the women need to be treated as an individual, as a whole individual. It is very hard to measure that in terms of what success looks like for

them. It does not align with what researchers and funders have in line when they are so's is typically targeted with success in domestic violence.

>> Perhaps they would see what we have done or what we implemented as not successful when when we see the whole woman in front of us we see great success. Back to you.

>> I was just leaving a POs there for anyone to jump in. -- A POs there -- pause there for anyone to jump in.

>> I've seen as happened I was in graduate school in the research class and someone was doing on lesbian battery she was a lesbian, she was part of the community, and this kind of research is encouraged, someone part of the community sometimes is viewed as not being able to do impartial research.

>> There is such complexity around evidence, around academic research around the reality of survivors and their experiences and cultural connections and communities.

>> There are some great questions and comments in the chat and I am trying to get to one of them.

>> This is around this course, interesting, about how we talk about this and what we call these different things. There have been a couple of comments, about changing the language we use to impact rather than outcome. So it is not just about numbers. Kate asks are there lessons from other social judgment movement -- justice movements about having to respond to outcome measurements. Did the civil rights movement have to prove success? These are interesting questions. Anita shares a quote now epidemic is ever been resolved by paying attention to the treatment of the affected individual.

>> That question was from Chelsea, not Kate that was the first thing that I read. Let me open this up to participants. What are you thinking now?

>> This is Allison again, unless someone else has something that they would like to say.

>> Okay. In terms of other social justice movements, I think this is some [INDISCERNIBLE] came up for class L in the last face-to-face meeting talking about how, in the 60s and 70s most of the social justice work was very community-based, it was very much based and defined by the people who were oppressed and affected by the systems and working to change them. Then cut we saw in the 80s when we all look at the timeline that you put up around the room and institutionalization of social change work and also in some ways and industrialization of it.

>> I think the merging of this focus on evidence-based programs and outcomes with our work in a nonprofit industry setting is kind of part of the process. I know that we also talked in the training about the ways that we see social justice work returning and there is a bit of tension and intersections between institutional folks doing the work in providing direct services and a resurfacing of more grassroots-based social change work.

>> So, I do not know, necessarily where that all is headed but I feel like as long as we -- our survival is tied to government institutions and foundations that represent the center that we are going to have the tension and the struggle to try to work around and through.

>> I would like to add Liz -- ask the slide nine be brought up, Liz, these ask what are the drawbacks are unintended consequences but in slide number 10, there are a couple more questions that we have kind of scooted around or talked about a bit that I want to have more time in the remaining minutes to think about this together.

>> How does or how could the focus on outcomes intersect with our social change effort. Is there a way? Some in the chat were wondering. Are there other ways? The matron this back to you, Jeanette, do have examples it is good it is considering the roles of oppression. Recognizing this as a social problem.

>> Are there ways that you think this does or could intersect with our social change focus?

>> Yes. By

>> When I worked with a local program we actually partners, I understand a lot of agencies do not have the privilege of being nearby a university, but there was a long-standing volunteer was also in a graduate study program and basically did pro bono research on that agency.

>> They were able to use quantitative and qualitative data to improve the program and to document what they were doing

>> I think that is an ideal situation for what we could be doing as a field. If we are able to share resources with one another, if your coalitions and other entities represent direct service providers and have that focus as well that is the best way forward.

>> I also want to respond to comments earlier got about our we ate movement a movement. We came from a movement as a whole, violence against women feel that we came professionalized, and for our agencies in California, their institutions are in and of themselves. We are no longer a movement of survivors advocating for rights. With that there are challenges.

>> We have drawbacks and this is part of the got not necessarily backlash, but renewal to a social justice movement. We need to be cautious about how we are doing that. Because, we are institutions are ready. I think it is important to be very thoughtful about what changes we are making and how we are making them and why.

>> I think that utilizing the method for best practice and for identifying what our outcomes and impact our this can help to lead how we are going to leave all and change as entities that are hoping to end violence against women. Plan

>> This is Amber speaking. One really beautiful we that this is happening in our area, in California here, there is a major funder, Blue Shield of California foundations, that has seen in many of their reports organizations and advocates talking about the concept of survivors centered advocacy.

>> So, they actually came, with other organizations here, saying we hear a lot about this concept and we want to hear more about what you think it means and what your communities think it means to that we as a foundation can learn more about the concept of survivor centered advocacy.

>> Been they turn it over to us as advocates to start doing our own community-based research in order to identify terms and concepts and what they mean to us in marginalized communities. This has been an exciting opportunity.

>> I have seen this shift can happen as exemplified by this example.

>> Back to you.

>> Thank you, Amber for that example.

>> There are others out there as well in this goes to the second question on the slide as we wrap up the conversation, twofold how is it that we influence the research agenda and how is it that we brief form or revolutionize or dismantle it. Are the things that we're doing now we know from the women and the survivors that we work with and from the communities that we work in and work alongside that this is what works for them. Then, how do we make it fit in to what the funders are requesting. How do we make it fit into the framework that is sometimes imposed on us. Then at the same time how do we influence the framework.

>> There is an example from freedom Inc. in Madison Wisconsin, they work with the community and a none -- nun and they said we need to have food and cultural influences. What are ways we can get funded and what are ways that they can influence funders and shift the framework. This is a conversation that is certainly a current issue in advocacy I can tell by the chat and the conversation today. It is very interest not getting to explore this with all of you.

>> As we wrap up today I want to say a special thanks to all of our participants for sharing your thoughts and experiences in our fishbowl. I do want to remind you that you have a say in the future advocacy discussions. If there is a topic that you would like to see us explore or have been thinking about and want to talk about with other ALC participants there is an evaluation you will get and you can say that.

>> Thank you all. Thank you for being along on the right and being patient with me as I have been coping with technology with all of its joys and struggles. Back to you Liz .

>> Thank you Diane. Thank you to our speakers today, Amber Hodson, Aracelia Aguilar, Kelly Heaton, Jeannette Page, this was so illuminating.

>> I think there were so many questions and so many issues that were raised and as Diane said at the beginning, we do not have any answers we are here to engage in a dialogue together. Aunt, we did. So, thank you to all of you for participating and partaking. As Diane was referencing, when you disconnect from the webinar you will be routed to an evaluation and indeed we do always seek the feedback about future topics, whether or not you would be willing and able to join us for these discussions and considerations. So, watch for that when you disconnect. Again, this was recorded and so it will be posted on the ALC website. Thank you all of you. We will not come together for in advocacy discussion again until September. You can be watching for publicity about that at the next conversation will be Thursday, September 3. Check your calendars and plan to join us. Until then, take care everyone and thank you again.

>> [Event concluded]