

The Islamic Association of Raleigh
Raleigh, North Carolina

An Action-Oriented Community Diagnosis:
Findings and Next Steps of Action

May 2005

Emily Burrows
Malea Hoepf
Sarah Lillie
Aisha Moore
Christina Rowland
Caroline Whalen

Preceptor: Ahmad-Rufai Abdullah, DVM, MPH

Instructors: Eugenia Eng, DrPH, and Kate Shirah, MPH

Completed during 2004-2005 in partial fulfillment of requirements for HBHE 241
Department of Health Behavior and Health Education
School of Public Health
University of North Carolina at Chapel Hill

Table of Contents

1. EXECUTIVE STATEMENT	1
2. PROJECT OVERVIEW	2
2a. The Preceptor's Role	2
2b. The Team's Role	2
2c. Definition of the Community	3
2d. History of the Islamic Center	5
2e. Location of the Community	6
3. MAJOR THEMES	7
3a. Overarching Theme: Physical Space	8
Service Provider Perspective	
Community Member Perspective	
Researcher Perspective	
Forum Action Steps	
3b. Theme One: Social and Welfare Services	12
Service Provider Perspective	
Community Member Perspective	
Researcher Perspective	
Forum Action Steps	
3c. Theme Two: Relations with Non-Muslims	15
Service Provider Perspective	
Community Member Perspective	
Researcher Perspective	
Forum Action Steps	
3d. Theme Three: Youth	20
Service Provider Perspective	
Community Member Perspective	
Researcher Perspective	
Forum Action Steps	
3e. Theme Four: Volunteerism	25
Service Provider Perspective	
Community Member Perspective	
Researcher Perspective	
Forum Action Steps	
4. METHODOLOGY	29
4a. Secondary Data	29
4b. Primary Data	30
4c. Forum Planning Process	36
5. CONCLUSIONS and RECOMMENDATIONS	40

List of Appendices

Appendix A: Interview guides, recruitment consent forms, and fact sheets

Appendix B: Interviewee and focus group characteristics

Appendix C: Secondary sources

Appendix D: Community Forum materials

Appendix E: IRB approval letter

Appendix F: Contact email template

Appendix G: IAR Committees and roles

Appendix H: Data analysis codebook

Appendix I: Small group discussion techniques

Appendix J: AOCD team's list of activities

Appendix K: Reflections on the team's field experience

Appendix L: References on Islam

Appendix M: Glossary of terms

Appendix N: Thank you to donors

EXECUTIVE STATEMENT

From September 2004 to April 2005, six first year Master of Public Health students from the School of Public Health, University of North Carolina at Chapel Hill, completed an Action-Oriented Community Diagnosis (AOCD) of the Islamic Association of Raleigh (IAR), under the guidance of Dr. Ahmad-Rufai Abdullah. A purpose of the AOCD is to develop a partnership between the student practitioners and the community. This AOCD examined what life is like for Muslims living in the greater Triangle area. The AOCD used both primary data, collected through interviews and focus groups with thirteen service providers and twenty five community members, as well as secondary data, to identify the strengths and needs of the IAR community.

The strengths of the community included a highly diverse population, a wide variety of services available to the community, a leadership body that is responsive to community needs, a very active core of volunteers, and a strong sense of identity and purpose. The areas of concern and several of the corresponding action steps were:

- Social and welfare services: create a resource booklet, increase awareness of the IAR food pantry, hire a full time psychologist, raise additional funds.
- Relations with non-Muslims: hold a workshop on how to relate to non-Muslims, volunteer in non-Muslim organizations, build bridges with other communities.
- Youth: have Muslims youth spend time with other Muslims, hold parent-training groups, have workshops for Muslims youth who are unsure of their religion.
- Volunteerism: formalize volunteer requirements, make announcements about volunteer opportunities during Friday lectures, post opportunities on IAR website.

The findings were presented to the community at a community forum, held at the IAR on April 22, 2005, for discussion and to determine specific action steps.

PROJECT OVERVIEW

During the fall of 2004, a team of public health graduate students from the University of North Carolina at Chapel Hill was invited by Dr. Ahmad-Rufai Abdullah to conduct an Action-Oriented Community Diagnosis (AOCD) with the Islamic Association of Raleigh (IAR) community. The goal of an AOCD is to view the world through the eyes of those involved in the community. An AOCD attempts this by using natural networks within the community to identify strengths and needs in conjunction with secondary data, and then encouraging the community to identify specific action steps to address and resolve the issues uncovered through this process.

The Preceptor's Role

Dr. Abdullah serves on the Executive Committee of the IAR. As preceptor, his responsibilities included introducing the team to the IAR community, serving as the team's liaison to the community, and orienting them to the community culture and decision-making structure. His role as a community leader, and his support for the AOCD project facilitated the team's entry into and collaboration with this community.

The Team's Role

As outsiders conducting an AOCD, the team's responsibilities included: collecting secondary data; collecting and analyzing primary data, in the form of individual interviews and focus groups; and organizing and facilitating a community forum, during which time the community comes together to address the team's findings and identify action steps to address needs [for a more detailed description of the team's methods, see section 4]. Because an AOCD relies heavily on interaction between the team and the community, a warm reception and acceptance by the community is essential. It is necessary for both the team and the community to become comfortable with one another, to ensure openness and trust.

In order to gain entrée, the team participated in a formal introduction to the IAR community, led by Dr. Abdullah. The team was given a forty-five minute presentation by the Da'wah committee, the official outreach arm of the IAR. The presentation covered the history of the center, as well as details on the history and practices of Islam. It is emphasized that the IAR is not only a place of worship, it is also the community's center, offering a variety of services and activities. The team was invited to attend and observe many of these activities, including Jummah prayer on Friday afternoons, Friday night program presentations, and religious classes for both Muslims and non-Muslims. Through these activities, the team had the opportunity to engage with community members and learn more about the structure and organization of the community – both necessary components for conducting a thorough and accurate AOCD.

Definition of the Community

The Muslim population in the greater Triangle area of North Carolina is extremely diverse. Estimates place the number of Muslims living in the Triangle at over 10,000, originating from approximately 70 countries, of which 20 percent are estimated to be American-born African American.¹ While religion is not captured in census data, 2,577 people living in Raleigh claimed descent from an Arab nation, as well as 749 from Nigeria, and 62 from Sudan. Furthermore, according to 2000 census data, 2,130 people in Raleigh reported speaking Arabic at home, and 320 reported speaking Urdu at home. The Muslim population in Raleigh has experienced tremendous growth in the last decade: of foreign-born Asians living in Raleigh, 2,338 arrived between 1980 and 1990, and 5,241 between 1990 and 2000; of foreign-born Africans in the city, 736 arrived between 1980 and 1990, and 2,462 between 1990 and 2000.² Beyond this information, the diversity and growth of the Muslim population in Raleigh is clear, yet difficult to quantify.

Muslims at the IAR belong to various Islamic sects, including Sunni, Shi'ite and Sufi. All sects are united under the common threads of Islam, such as the belief in Muhammad (pbuh) as the last prophet and the Qur'an as the holy book. However, differences exist in the various sects' interpretation and practices of the religion. [See Appendix L].

The Action-Oriented Community Diagnosis team was invited by Dr. Ahmad-Rufai Abdullah to work with the Islamic Association of Raleigh (IAR) community. The IAR campus consists of a mosque (henceforth referred to in Arabic as the 'Masjid'), three Islamic schools, and a community center. It is located in Southwest Raleigh at 808 Atwater Street. The IAR serves an estimated 1,500 Muslims - most of whom are Sunni - and has a core membership of approximately 300 members who pay dues. These members as well as non-members help organize and initiate the activities and services offered by the IAR. Members of the IAR elect the Majlis As-Shura, which in turn appoints the Executive Committees – governing bodies that make decisions regarding the operation of the IAR [see Appendix G].

For the purposes of this AOCD project, we have defined our community as a relational community comprised of people receiving and providing services through the IAR, which includes over a thousand Muslims in the Triangle area with diverse ethnic and linguistic backgrounds.

The History of the Islamic Center of Raleigh

The IAR activities officially began in 1981, when Triangle area immigrant Muslims formed the Islamic Association of North Carolina. Friday prayers were held first at an apartment complex in Raleigh, and later in Southwest Raleigh on the campus of North Carolina State University, where many members of the original IAR founders studied. Prayers on major holidays, such as Eid al-Fitr at the end of the fasting month of Ramadan, were held in parking lots. The NC State University chapter of the Muslim Students' Association (MSA), along with the local Muslim residents, began fundraising for a Masjid in 1984, also gathering funds from outside sources in Kuwait and Saudi Arabia. In 1985, construction began on the original Masjid, built on a plot of land adjacent to NC State University in the Historic Method neighborhood. In 1986, the IAR hired a full-time Imam from Syria, Imam Baianonie, who continues to be the religious leader.

By 1988, a second floor had been added to the original Masjid structure, and the IAR expanded its services to include the Al-Furqan Sunday Islamic School for Muslim children,³ which by 2004 had expanded to include 300 students.⁴ In 1992, the IAR began the Al-Iman school, a full-time Islamic school offering kindergarten classes, which eventually expanded to eighth grade.⁵ In 2004, the school ranked eighth out of 81 schools in Wake County in end-of-grade testing, and ranked first in math and reading in middle school end-of-grade testing.⁶ Further focus on young people in the community led to the creation of the Youth committee to organize activities for young people in 1993. As the community expanded and members became more settled in the Triangle area, a need for funerals and burials that followed Islamic tradition led the IAR to decide to purchase land in Wake County for a Muslim cemetery, and the

formation of a cemetery committee to negotiate services with funeral homes and to ensure proper burial for community members⁷.

By 1999, the IAR had grown so significantly that the IAR purchased adjacent property and built a new Masjid with a prayer hall that could hold both men and women (referred to as brothers and sisters), and a gymnasium. They also opened the Al-Maida kitchen and allowed Al-Iman School to use the entire old building for its classes. In 2000, another educational opportunity, the Al-Bayan school for Qu'ran memorization, started. Membership had expanded to the point that Friday prayers, which are required to be performed at the Masjid for brothers and encouraged for sisters, had to be performed in shifts to accommodate all participants, and to allow for adequate parking.⁸ Currently, the IAR is in the midst of an expansion project that will increase the size of the current IAR Masjid from 15,000 to 48,000 square feet. Construction for the project began on March 7, 2005, and already 1.2 million dollars have been raised for the \$3.2 million project.⁹

Location of Community Center

The neighborhood in Southwest Raleigh in which the IAR is located is a historically African-American community with strong historical roots. At the end of the civil war, the city of Raleigh was a popular city for freed slaves, and, as a result of the influx of new residents, property values increased. To help offset the rising prices, two freedmen purchased 69 acres of land three miles outside Raleigh, and subdivided it into housing sites affordable for the newly freed slaves, many of whom worked as farmers. The settlement was known as "Slabtown" or "Save-Rent" until 1890, when it was renamed Method by the railroad company whose tracks bordered the edge of the community. Today, some current residents live on property that has been in their family for over a century.¹⁰

The IAR rests on a plot of land in the middle of a block in this neighborhood, now known as Historic Method. Because of the historical roots of the surrounding community, the growth of the IAR and the related expansion of its building have not been without controversy. In 2003, when the IAR received permission to expand its facilities from the Raleigh City Council, the decision was protested by the Method Civic League. The League, founded in 1937, cited ongoing traffic problems caused by worshippers on Friday afternoons and complained that the IAR did not communicate its plans with the surrounding neighborhood residents.¹¹ The City Council upheld its decision, and some arrangements were made to alleviate the on-street parking situation. However, because there was no working relationship with the IAR, it was difficult for the neighboring African-American community to open its doors, as indicated by this statement, made by the interim president of the Method Civic League: “[The IAR] broke our trust. It makes me wonder what’s really going on. What are they up to?”¹² Though there was no formal contract between the IAR and the Historic Method neighborhood, the tensions increased IAR community awareness that outreach to the surrounding neighborhood was necessary, as well as underscored the importance of participating in local government.

MAJOR THEMES

In order to gain an understanding of the community, team members conducted interviews and focus groups with many IAR service providers and community members. From the interviews and focus groups multiple themes emerged about both the strengths and the needs of the community. The most dominant of these themes were presented to the Forum Planning Committee, whose members chose the most appropriate ones to address at the community forum. These chosen themes were then discussed by the community during small discussion groups at

the community forum, held on April 22, 2005 [see Section 4c for further detail on the community forum].

The AOCD process generally classifies service providers as community outsiders who maintain relationships with the community for professional reasons. However, due to the wide variety of services available through the IAR, the team identified service providers as those people who hold leadership positions within the IAR, such as Shura and Executive Committee members [see Appendix B]. Community members were identified by the team as anyone who has an association with the IAR, whether as a volunteer with a committee or as someone who simply seeks prayer space or an Islamic education at the Masjid. The researchers' perspective comes from the team members' observations reported and documented in their field notes. [See the sections 4a and 4b for further detail on primary and secondary data collection]. Action steps to address the needs associated with each theme were designated by the small discussion groups at the community forum.

Overarching Theme: Physical Space

There is a limited amount of physical space to accommodate the rapidly growing community.

Service Provider Perspective

People want more time, space, and hours for the community center to be open, but we are restricted. We cannot build all that we want.

-Service provider

Most service providers brought up the IAR's physical facilities as both an asset and a limitation of the community. Though it started with one floor of one building, the IAR has expanded to include a second building with a Masjid and a multi-purpose gymnasium, while the original building was converted into a two-story school building. Many service providers brought up this expansion as a strength of the IAR. One service provider described the IAR as an

“oasis,” which also includes a gymnasium and a kitchen in the new building and a school in the old building.

Despite the assets of the physical attributes of the IAR, the expansion has not been sufficient to accommodate the continuously growing community. The IAR’s physical structure was mentioned by many service providers as a weakness: “In terms of problems I think just the physical facility is too small than what we need to serve the community.” Space is a dominant concern, especially on Fridays and during holidays, such as Eid. One service provider shared his feelings with us: “I would really hope that this expansion project would be in a bigger place where the people would enjoy their time more. You’ve been there on Friday nights and seen how it is. It’s too congested on Friday nights.” Due to the space limitations, Jummah prayer has been divided into three shifts in an effort to lessen some of the overcrowding. Others mentioned that the available services and facilities draw new Muslim families to the area, further accelerating the growth of the community and creating unexpected demand for more space.

This spring, the IAR will begin a second phase expansion project - one that service providers are hopeful will help alleviate space constraints and parking problems. Because the size of the IAR was mentioned as a limitation of the community, the expansion was brought up often and usually in a positive light.

Community Member Perspective

We have intentions and we have plans, and because of the lack of physical facilities, we can’t implement them.

-Community Member

The community members of the IAR generally recognize the incredible growth the community has experienced within the past decade. But, as one community member mentioned, “if there are more people, there are more problems.” Among the problems of having a booming

community is the issue of limited physical space. Like the service providers, community members were honest about the need for expansion due to the current physical constraints at the IAR. Some community members seemed to understand that one expansion project could not satisfy such a growing community. One member explained, “the expansion project we’re embarking on is going to help a lot, but no sooner do we expand and then we just fill it up again, because we’ve been doubling every so many years.”

The expansion project was still felt to be necessary and looked upon favorably, despite questions of how well it could accommodate the IAR community in the near future. In one focus group, a community member reminded the others to keep the problems of physical space limitations in perspective: “...you gotta realize twenty-five years ago...there wasn’t even a Masjid here...the community, for what they’ve done in the time period they’ve done it in, is a miracle.”

Researcher Perspective

The Eid prayer was held at the Durham Marriot because the IAR could not accommodate the amount of people that usually come to Eid prayer. There was traffic in the immediate area but they had men with orange flags directing people to parking.

-AOCD Team Member

Community members and service providers stressed to team members the explosion in the number of community members who use the IAR, and the team noticed the need for physical space the IAR community faces first-hand. When two team members visited the Al-Furqan school, they witnessed many children attending classes in the six trailers behind the school building. The number of children enrolled at the IAR schools exceed the main building’s capacity, forcing the school to utilize modular units.

The first Jummah prayer observed by the team occurred during the month of Ramadan. There was difficulty fitting all of the brothers (for whom prayer at that time is compulsory) into

the Masjid, and many men spilled into the gym for prayer, which is typically reserved for use by women and children during that time. On several other occasions, team members found themselves in major traffic in the IAR's parking lot. Some community members explained that some people must park in the NC State campus lots when they come to pray at the Masjid. Members of the safety and security committee are frequently visible at heavy prayer time, directing traffic in the crowded parking lot.

Team members further cited the limited potential for further physical expansion due to the surrounding neighborhood. They noted that the IAR is located in the midst of a residential block, with many houses and apartment complexes directly bordering the IAR campus. The parking lot, school buildings, playground, and Masjid consume all land space available on the IAR's current plot, such that further expansion outwards seems impossible without acquiring and demolishing neighboring homes.

Forum Action Steps

The Forum Planning Committee decided to make physical space an overarching theme to be incorporated into each small group discussion as opposed to a theme on which a group discussion would be focused. This decision reflected much consideration, and the conclusion that although the limited physical space is an important issue, there is little community members can do to change the situation. Physical space also relates to the other themes addressed at the community forum, and so it was suggested as an overarching theme for community members to keep in mind during their discussions. However, physical space became overlooked as a theme during the small group discussions and was not visible in any of the action steps decided upon by the groups.

Theme #1: Social and Welfare Services

There is a lack of social and welfare services for people within the community, including counseling services and services for people with financial difficulties.

Service Provider Perspective

We have shortcoming in, for example, shelters in social welfare. If someone is evicted, we have a problem on our hands. If [there is] spousal abuse, something of that nature, we have a problem on our hands.

Sometimes we do pay the rent [for those facing economic hardship], but we tell them that if we pay the rent we do not have that much money. If we do pay the rent, we pay for the month, and if you come back to us, even the next month, we cannot help you.

- Service Providers

When queried about the types of jobs community members tend to hold at the IAR, service providers were likely to mention positions requiring a high level of education, such as doctors, engineers, and professors. However, some service providers did explain that not all community members hold such jobs. As in any community, some members have no financial worries while others may have many. At the IAR, one service provider told us, “there are a lot of people who are below the poverty line in our community. There are people who are a little bit above that are really struggling.” To help these members the IAR operates the Social and Welfare Committee, which provides financial assistance and food to community members in need. However, because resources are limited and the committee relies almost entirely on volunteers and donations, they often are unable to do the amount of work that is necessary. One service provider spoke of the importance of the Social and Welfare Committee, and identified some of its limitations because “[the IAR] still does not grasp the entire system on how to direct every and each one to go and acquire the information and the help from a certain system or group.” This service provider felt that improving upon this roadblock would help the functioning of the IAR’s Social and Welfare Committee.

In addition to financial assistance services, some service providers cited the need for the IAR to provide counseling services. One service provider described this need: “community members deal with problems with their children, teenagers, drugs, and psychological problems. We need a social service department which will hopefully be developed in the future.” Under the current system at the IAR, any concerns similar to those mentioned in the previous quote are directed toward the Imam. Though respectful of the Imam’s wisdom and advice, some service providers mentioned that the IAR needs an official counselor, or at least a system through which people can be referred to these professional services. One service provider explained that “counseling is not addressed. There is no counseling whatsoever. We need a social service department.” Whether for financial or counseling reasons, it is apparent that there is a call for increased or new services.

Community Member Perspective

...More basic services, like employment services, or homeless shelters or something. It would be nice to just have basic services for people in the community. It’s like we were talking about, a lot of people here are very, very well qualified, and that are doing great, and there are others who aren’t.

- Community Member

Like service providers, community members also identified mainly highly educated occupations when asked about the typical jobs held by IAR community members. However, though no community members specifically mentioned the Social and Welfare committee by name (indicating a need for more advertising of the IAR’s existing services), some suggested the IAR should be providing social and welfare services. The services most frequently mentioned included employment services and shelters for those without homes. Some mentioned that these services should be for IAR members only, while others thought they should be provided to the community at large. Additionally, community members identified that the IAR alone can not

help solve financial difficulty, and community members must also look outwards: “Welfare is not just in the mosque, you’d have to apply somewhere else, too - we don’t have that much money!” This notion was brought up in service provider interviews, although service providers tended to suggest that the IAR establish relationships with these outside resources, whereas community members did not.

Researcher Perspective

I do not think there are many similar [mental health] services available, and I would be interested to learn more about [the] practice, if there is a lot of demand for such services, and the view of mental health services in Islam.

-AOCD Team Member

The team became aware of the presence of the Social and Welfare committee at the IAR soon after the initial introduction to the community during conversations with several service providers who frequently mentioned these services during informal conversation. Although team members were not able to observe the activities of the committee, some details were obtained during these conversations. Two team members were informed that the committee, although it operates with limited funding, works hard to make the most of the money allotted for the welfare needs of both members of the IAR community and neighboring community residents.

From mingling with sisters on Friday evenings, team members learned that some community members struggle with basic food and shelter needs as well as specific healthcare needs like health insurance and medical prescriptions. Though team members cited these concerns in their field notes, they also noticed that the IAR makes an effort to address these needs through events such as the IAR and Historic Method neighborhood-sponsored health fair. Two team members attended the health fair, which provided health information on a variety of topics, including depression and diabetes, blood pressure and vision screenings, and free products to both IAR and neighborhood community members.

Forum Action Steps

Both the brothers' and sisters' small group discussions on social and welfare services were large and animated. The sisters' discussion group included the head of the IAR food pantry, as well as a woman who was working on the creation of a free health clinic for the Muslim community. The women's group suggested the following action steps: creating a resource booklet with numbers and names of service providers; increasing awareness of IAR food pantry while decreasing the stigma of using the service; creating a free clinic with medical services for families; and identifying people in the community professionally trained as counselors, including marriage and family counselors, while acknowledging the stigma associated with accessing mental health services in the community. Volunteers agreed to take on each action step.

The men's group identified the following as action steps: getting more funding from local government for social services; hiring a full time counselor/psychologist; getting outside help from the unemployment commission; offering more financial support to community members, including raising immediate fund for families in need, and raising funds for the social and welfare committee. Finally, they recommended promoting motivation and self-confidence for people in the community facing economic hardship.

Theme #2: Relations with Non-Muslims

There is a need to increase non-Muslims' understanding of Islam and the Muslim community, especially among the residents of the surrounding neighborhood.

Service Provider Perspective

Before 9/11, all our focus was on issues within the community. After 9/11, we found out that that is not the right way; we still have the need inside, but also we need to fulfill the need outside, be part of politics, part of the whole community.

When we started the IAR 15 or 20 years ago, we were preoccupied with being settled. But we should be cognizant of the surrounding community and participate in the community we live in.

- Service Providers

Over the past four years, the IAR has made an increased effort to reach out to non-Muslims in the neighborhood as well as in the Triangle area. The Da'wah (or Outreach) committee is in fact focused specifically on outreach activities, offering lectures about Islam for non-Muslims, visiting churches and schools, and initiating what one service provider termed an "open door policy," opening the Masjid to all people, regardless of their religion. Almost all of the service providers cited the Da'wah committee when speaking about relations between the IAR community and non-Muslims, agreeing that the Da'wah committee has been a success, and has fostered good relationships with non-Muslims.

Some service providers cited the events of September 11, 2001 as the point in time when the Muslim community realized the importance of reaching out to non-Muslims. As one service provider put it, "we had to give a greater priority to opening up to the people around us and showing them who we are. Let people come and visit us and show them what we are doing here and how we can contribute to the community at large." One service provider mentioned that the media spotlight put on Muslims after September 11, 2001 also revealed how little non-Muslims knew about Islam. Another service provider spoke of bringing non-Muslims to the IAR: "[non-Muslims] feel that they have kept themselves away for some reason or another. Maybe they listen to the media or they were told by friends this was not a place to go or whatever...it just makes me happy as a Muslim that people are starting to understand."

The extent of the IAR's consciousness of the need to reach out to non-Muslims is visible in new community projects. The IAR is considering opening a free health clinic, where

physicians within the community volunteer their time in order to offer free health services to both Muslim and non-Muslims in the area. Many service providers stressed that the clinic would be open to the non-Muslim neighbors, as a way to bridge gaps. One service provider quoted the prophet Muhammed (pbuh) to stress the importance of reaching out to surrounding community: “your neighbors should not go hungry at night when you are full-bellied.” Establishing such a clinic and making it available to neighborhood residents might also help alleviate tensions between the neighborhood and the IAR community that have developed over the expansion of the IAR and issues with overcrowding and parking as mentioned previously.

Community Member Perspective

One guy said, “Are you a Muhammeden? You’re going to hell!” ...After that, he started asking questions, but if I had walked away, he wouldn’t have learned about things and it would have been really bad.

- Community Member

During discussions about the need for increasing non-Muslims’ understanding of Islam, many community members spoke of their personal relationships with non-Muslims. One member explained, “I’ve always had best friends who were non-Muslim. And I’ve always been in neighborhoods with non-Muslims...it was never a problem. I was open about my religion, and they just accepted it.” The idea of being “open” about one’s religion in order to encourage positive relations between non-Muslims and Muslims was echoed by other community members, many of whom cited the Da’wah committee as a way to do so.

Like the service providers, community members saw the Da’wah committee as one of IAR’s biggest strengths and successes. They also mentioned that it serves a need that was not fully realized until after September 11, 2001. However, some community members admit there is still much work to be done to create positive relations between Muslims and non-Muslims. They

emphasized that this must be seen as a personal responsibility, a distinction service providers did not make, as evidenced in the statement, “we are obligated to provide and communicate with our neighbors.” Overall, community members agreed with service providers that open outreach to non-Muslims is essential to reduce prejudice and misunderstanding, and that this importance has increased since the domestic terrorist attacks in 2001. However, community members emphasized the personal responsibility of each Muslim to engage in such outreach, in addition to the activities of the Da’wah committee.

Researcher Perspective

A woman in the audience raises her hand and says that she thinks Americans think that Allah is something different from God, and the man replies that he thinks that is true and wrong.

- AOCD Team Member

The team noticed that there are many misunderstandings and questions regarding Muslims and Islam coming from the non-Muslim population. From the experience of team members, however, non-Muslims can learn and clarify misconceptions about Islam simply by interacting with Muslims on a day-to-day basis.

Members of the IAR community made a deliberate effort to reach out to non-Muslims, by both explaining Islam and openly answering all team members’ questions regarding the religion and its practices. Furthermore, community members welcomed the team into the IAR community on each visit. Women frequently introduced themselves to the team, graciously offered to answer questions, and asked about the team’s perspective. Each team member mentioned the hospitality and openness shown by the IAR community, and several reference occasions when they observed other visitors similarly embraced and welcomed into the Masjid. One team member described this, saying, “I have noticed at each event I have attended within the community that people, usually the women, are extremely friendly and welcoming, at least a couple people

approaching us to offer help, answer questions. They usually specifically ask if I have questions about the religion/practices, but general help is offered as well.”

Team members noted the Da’wah committee’s willingness to educate all visitors to the IAR. In addition to the introduction to the IAR community, the team members have been encouraged to attend other Da’wah committee presentations to students at local universities, and to visit with committee members who host classes on Islam for non-Muslims on a weekly basis. Like community members and service providers, the team noted this committee as an asset of the IAR. Anyone who wishes to visit the IAR or needs information should initiate contact with the Da’wah committee.

Finally, team members noted that the AOCD process itself facilitated interaction between Muslims and non-Muslims. Each team member highlighted the feeling that outreach is a priority in the IAR community, and that during visits people seemed particularly interested in the AOCD project because it brought non-Muslims to the community center.

Forum Action Steps

The small discussion groups for relations with non-Muslims were the largest groups for both the sisters and the brothers. Both the sisters’ and brothers’ discussion groups came up with action steps that reflected the importance of Muslims’ outreach to non-Muslims. However, both groups also recognized the importance of looking inward at their own prejudices and dedication to Islam before such an effective outreach is possible.

The sisters decided on the following action steps: having more interaction with non-Muslims; disposing of their own ideas and prejudices of non-Muslims; educating Muslims on how to relate to non-Muslims and their responsibility to relate to others, starting with a workshop; volunteering in non-Muslim organizations; reducing prejudices among Muslims by

having “American” Muslims working with “non-American” Muslims; getting involved in the political process.

The brothers chose these action steps: educating the community about non-Muslims; becoming involved in outside communities; building bridges with other communities; using media to disseminate information; removing a Muslim’s fear of governmental inquiry, which may stand as a barrier to interaction with non-Muslims; “living” Islam as a model Muslim. These action steps show that the sisters and brothers involved in the discussion groups are thinking of ways to foster positive relations between Muslims and non-Muslims; if these action steps are carried out, hopefully such relations will come to pass.

Theme #3: Youth
It is challenging for youth to maintain their cultural
identity in a non-Muslim environment.

Service Provider Perspective

Our kids have to have their identity and to grow up in society, be a part of society and at the same time not lose their identity.

- Service Provider

The youth of the IAR have become a major concern of many service providers. As one service provider put it, “there are concerns for [Muslim] children being raised in the US and the different morals here.” Though the IAR oversees the recently restructured Youth committee and provides recreational activities for the youth (including basketball and soccer in the community center gym, a yearly camping trip, and an annual “Youth Day”), many service providers were honest about the limited extent to which these services are able to address the challenges that Muslim youth face in American society. Currently, the IAR’s structure refers youths struggling with problems to the Imam, because counseling is not available. As mentioned previously, the Imam, while widely respected for his wisdom and expertise in many matters, may not be

equipped to handle the specific problems of these youth. One service provider suggested, “we should look for an alternative way to address [youth drug problems], like having a psychologist to be clear and talk about issues concerning drugs.”

One of the greatest concerns stems from the influences Muslim youth experience in the public school system. A number of service providers presented a fear that Muslim youth in the public school system are more likely to misbehave, by engaging in activities such as drinking alcohol (forbidden for all Muslims, including adults) and using illegal drugs. One service provider discussed the role of the physical space at the IAR in preventing such behavior: “The purpose of the gym was to help the youth feel comfortable in the Masjid. When youth are pushed out with non-Muslims they may start drinking.” Furthermore, the full-time Islamic school offered by the IAR is not large enough to provide education to high school-age students, forcing them to enter the public school system after the eighth grade.

Several service providers also identified the concern of Muslim youth losing their identity as Muslims while living as Muslim-Americans. One service provider expressed the desire to “redefine the idea of youth in the community...for youth to function as Muslims in the US and face Islamic issues.” Some service providers recognized that some of difficulties facing the youth concern their parents as well. One service provider felt it was most important to address the cultural gap between parents and children involved in the IAR. This interviewee cited past IAR-sponsored workshops that educated parents on what to expect when raising a Muslim child with American cultural influences.

Community Member Perspective

The parents didn't grow up here. They don't know what their kids are facing. Lots of kids' parents don't know what kids are feeling. Or what's going on in their life outside the mosque or outside the community, like drugs and stuff. They won't tell their parents about that.
- Community Member

The community members of the IAR echoed many of the opinions of the service providers regarding the youth of the community. Community members frequently referenced the many activities the IAR provides for the youth, including the gym, youth programs, and Youth Day, while also recognizing the unique challenges Muslim youth face growing up in a non-Muslim society. The community members spoke honestly about IAR youth's struggle maintaining this balance: "They lose their religion. They get confused with the way religion and the way the life is here. The way the culture comes together. They see things at their school, and they don't know what to do."

Because some of the community members were significantly younger than the service providers, we heard opinions and ideas about youth that were previously not expressed. For example, one community member felt that "[the IAR] forgot about the 18-22 year old generation, left to college MSA circles...the mosque is more focused on the children." This sentiment was not heard from any service providers, adding a different perspective on the issue.

Researcher Perspective

They were talking about things that I would have talked about at that age. But there's this added dimension of having to attend public school while wearing hijab, and having to avoid boys, which seems to be a problem in some ways. They talked about how boys would try to get them to talk to them, even though it wasn't right. They also mentioned having people pull up their hijab.

-AOCD Team Member

The team's first visit to the IAR campus occurred on the annual Youth Day. Games and activities for youth of all ages dominated the IAR campus on that afternoon. But even the physical layout of the grounds demonstrates that youth are a high priority in the community—the original Masjid building currently houses the school, a large playground covers a considerable section of the IAR's constrained plot, and the largest space in the new building houses the gymnasium. Every Friday evening, the team witnessed many young people, from toddlers to

teenagers and college students, playing basketball, talking, and eating together in the gym. On several evenings, despite the parking problems due to congestion, large sections of the parking lot were cordoned off for overflow basketball games.

Dr. Abdullah echoed the service providers' perspectives, explaining that in the construction of the newest IAR building, the first and most important aspect was the gym. The gym was intended as a place for young people to congregate and have fun, so they are not tempted by the negative behavior sometimes associated with teenagers. The Youth committee and the Halaka Program (a group discussion of topical issues) organize events, which provide Youth Day, arts and crafts projects, field trips, dinner outings, and other activities observed by the team during various visits to the IAR.

During meetings with high school students and while visiting MSA meetings, team members noted young Muslim-American identities seem to interweave aspects of traditional Muslim society (wearing a hijab, praying, men sitting separately from women) and aspects of Western society (wearing popular styles and talking with members of the opposite sex). Young adults, particularly those who regularly participate in activities planned by the youth committee at the IAR, seemed to feel very deep concern for other young Muslims growing up in a non-Muslim society. Young people mentioned their exposure to the differences between their families' conservative values and typical Western behavior, which they face frequently, especially in public school or university settings. Since the IAR Al-Iman school does not have the capacity to offer high school courses, it is inevitable that young Muslims in the IAR community will encounter these cultural differences.

Forum Action Steps

The Youth discussion groups involved both adults and youth, and led to creative action steps, many of which are concrete and specific. The action steps focused on guiding Muslim youth through their teen years and facilitating better relations between Muslim youth and their parents, who are often foreign-born. There was also an emphasis on fostering an understanding of and love for Islam within Muslim youths.

The brothers decided on the following action steps: identifying problems with the Muslim youth; enhancing relationships and interactions between Muslim youth and their parents; educating parents of Muslim youths about youth issues with guidelines for any problems, suggested in brochure form; having Muslim youth spend time with other Muslims; building strong fundamentals in children; expanding visions for a child's future; giving Muslim youth more of an understanding of their religion; establishing a love for Islam in the youth.

The sisters chose the following action steps: starting a "buddy" program of youth advisors for Muslim youth; having a counseling program for Muslim youth; having trained college-level counselors for high-school level Muslim Student Association members; having workshops on American youth culture for Muslim parents; having more small discussion groups between Muslim youth and their parents; having parent-training groups for Muslims on how to deal with their children; having a program for parents of middle school Muslim children; having workshops for those Muslim youth who are unsure of their religion; having socials to bring Muslim youth to the Masjid or to neutral places; having presentations to promote Muslim awareness at high schools and colleges. The facilitator of the sisters' discussion group will head the Youth committee next year, and she plans to discuss the feasibility of implementing each action step with the committee members.

Theme #4: Volunteerism
**Volunteerism and participation are great strengths of the community,
but demand often exceeds the supply.**

Service Provider Perspective

When your resources are limited, [you depend] on volunteers and in most cases, when you depend on volunteers, you did not [sic] get the results that you wish and hope for.
- Service Provider

One service provider characterized the importance of volunteers for the IAR by saying, “to some extent this Masjid was built on volunteering from day one and it’s still going strong.” Because they constitute 95% of those managing the IAR, volunteers are considered by some to be the greatest asset of the IAR. Service providers (11 of 13 of whom were IAR volunteers themselves) spoke of these volunteers with high regard, recognizing both their commitment and their importance to the functioning of the IAR. Many service providers stressed that volunteering for the IAR was not done for any earthly reward. As one service provider noted, “[the volunteers] volunteer their time and their hearts to Allah.” Services providers also spoke of wanting to give back to the community, and they do so by contributing their time and effort.

Several service providers recognized that despite the importance of the IAR volunteers, the community is still in need of more helpers. Concerns about finding more volunteers had multiple facets. They included improving the participation of everyone involved in the IAR, not just relying on the same volunteers (who tend to be the small core of dues-paying IAR members) for everything. As one service provider noted, “It’s a very strong community, it’s a very strong center but it’s easy to lose it. I think everybody needs to work on it.” Challenges also arise in getting volunteers to give their time on a daily basis, and not just on the weekends. Because the volunteers are unpaid and must maintain external jobs, this is indeed a challenge. Service providers also noted the difficulty in getting sustained and professional help from volunteers:

“one of the challenges really is to make sure you get the professional work done by volunteers you’re not paying nothing [sic], and keep them motivated.”

Lastly, as one service provider mentioned, “the volunteers are running the show.” Though certainly a strength, in that the IAR is built upon the spirit of community members giving back to the community, these volunteers do not always have the professional background that may be required to execute their roles. One service provider was very candid about this issue: “...in general we have a long way to go to get the results that we would hope and would like to see. Because you cannot ask every professional to come in and volunteer their time. We take whoever volunteers to come in and provide their services.”

Community Member Perspective

We have our problems and our downfalls, but we’ll get better. The more people take over responsibility, the more things will get better.

-Community Member

The IAR community members felt similarly to the service providers about the issue of volunteerism within the community, recognizing the IAR’s dependency on volunteerism as both a strength and weakness. One community member said of the core group of volunteers: “Most of the people who work there are not given a salary. It’s hard to find people dedicated to it, with the time it takes...they have to give up time with family. [The] same people run almost everything, designate their life to the mosque.” This sentiment echoes that of service providers, who recognized the need for more and a greater variance of volunteers at the IAR. Similarly to the service providers, some community members mentioned the rewards of volunteering: “We believe in paradise, that we are going to be asked at Judgment Day, so anything that we are doing at the Masjid, I am doing to help and get some reward from God.” Overall, community members

and service providers agreed on the difficulties of finding and keeping an adequate number of volunteers.

Researcher Perspective

The sense of responsibility that these community members have to the center and their fellow community members in need is quite unique and refreshing to see. This was exemplified by the giving to these two charities, as well as the amount of volunteer work the community engages in throughout the center.

-AOCD Team Member

As discussed earlier, because the IAR community is very self-sufficient and does not depend on funds from outside sources, the community runs completely on donations of time and funds from its members and volunteers. The team members saw the same group of people repeatedly, handling many different volunteer positions, including helping the school staff, monitoring the library and interacting in outreach activities, such as the health fair. A handful of people volunteer on several different committees, devoting numerous hours to the IAR community not only volunteering, but attending prayer on a regular basis as well. Some team members noticed that those who volunteer regularly seem to take their tasks very seriously, appearing at the Masjid on almost every occasion the team visited. Some people who pray at the IAR do not volunteer at all, and one team member noted a few familiar faces among a “sea of unfamiliar people” at Jummah prayer.

Four team members attended the Janazah (funeral services) workshop, hosted by Dr. Abdullah, chair of the Cemetery committee. The workshop was designed to train more community members to serve on the Cemetery and Funeral committee, which oversees the Islamic practice of washing, shrouding, and burying a body within 72 hours of death. The team members noted that during the workshop, Dr. Abdullah’s urgings suggested that, although community members had been trained, they did not always follow through with their

commitment to the committee. When called upon for services after a death, some volunteers were unavailable, or had not updated their contact information and could not be reached. Due to the urgency of the Islamic burial preparations, the committee members did not have time to locate the absent members, and instead were forced to turn to those committed members, increasing the burden of those who are always readily available. This example illustrated to the team the need for an increase in not only the number, but in the commitment of those agreeing to serve the IAR community.

Forum Action Steps

The Volunteerism discussion groups were the smallest at the community forum, yet both the sisters' and brothers' groups thought of concrete action steps to help people involved in the IAR become more inclined to volunteer to help the IAR function smoothly. These action steps addressed the lack of an official volunteer committee as well as a convenient way of learning about volunteer opportunities.

The brothers decided upon the following action steps: establishing a volunteer committee to handle recruiting, training, motivation, retention and follow-up, and rewards; formalizing volunteer requirements, including scheduling; formalizing means to communicate, including the IAR website, email, and messaging groups.

The sisters discussed the following action steps: making volunteerism the topic of brothers' and sisters' lessons at the Al-Iman school; making announcements about volunteer opportunities during Friday night lectures; posting volunteer opportunities on the IAR website and on the bulletin board at the Masjid; breaking down volunteer jobs based on what skills are required; improving timeliness by starting and stopping on time. Interestingly, the sisters also brought up as an action step 'volunteering in the community outside of the IAR' as a form of

Da'wah. Although this action step seems out of the context of the theme around which the discussion took place, and is a more appropriate action step for Theme #2, its appearance in this discussion group reflects the importance many IAR members place on Da'wah, and how it plays a significant part in every aspect of their lives.

METHODOLOGY

A variety of research methods were used in the AOCD of the IAR community, including the collection of secondary data, field observations (recorded by team members on each visit in the form of field notes), and semi-structured interviews and focus groups with service providers and community members, to inform the themes described in section 3 above.

Secondary Data

Secondary data are information collected from existing sources, such as population surveys and newspapers. This AOCD used sources that were identified by research and suggestions offered by the team's preceptor and by service providers, including information from the IAR website, IAR-published documents, local newspaper articles, U.S. Census data, and reference books. These data were used to help inform the "outsider's" conceptualization of the community and to inform the team's initial definition of the community. [See Appendix C].

Limitations of Secondary Data Collection

A major limitation in the collection of secondary data was a lack of population level data tied to religious affiliation. Specifically, Public Law 94-521 prohibits the United States government from asking a mandatory question on religious affiliation and no question on the US census form collected information about religion.¹³ This, in addition to the geographic dispersion of the IAR community, limited the usefulness of census data (census data does not include information regarding nation of origin or language spoken in the home).

The IAR collects demographic information on approximately 300 members who pay dues to the IAR organization. There is no formal data available regarding the demographics of those who attend the center for services, such as prayer, school, classes, or facilities uses. Access to the information collected by the IAR is restricted, out of concerns of privacy for those members. Due to these constraints, collection of secondary data was restricted to the public documents listed above, which are limited in their specificity to this particular population, especially the population-level data related to immigration, employment, economic issues, health status and services, vital statistics, and general demographics.

Primary Data

Primary data are information collected from community members and service providers, or through field observations. Primary data serve to triangulate information collected through secondary data sources, to add depth of meaning to the cultural context of the community, and to serve as a source of information where little or no secondary data exist. Primary data included team transcripts obtained through semi-structured interviews with 13 individual service providers and 4 individual community members, and 4 community member focus groups (with 5, 5, 4, and 7 participants, respectively), for a total of formal contacts with 38 individuals. Team members' field observations were recorded in written field notes by each team member after attending community events [see Appendix J and Appendix K].

Collection of primary data consisted of five stages: gaining entrée, interview guide development, participant recruitment, the interview process, and analysis of primary data.

Gaining Entrée

Under the guidance of our community preceptor, the team conducted a two-hour “windshield tour” of the community, which included a walking tour of the IAR campus, an

abbreviated Da'wah presentation, and an introduction to several influential community members. A second windshield tour was subsequently conducted, which included a driving tour of the area surrounding the IAR and visits with several service providers and community members. The two windshield tours served to orient the team to the physical layout of the community, to understand the historical context, and to learn about social and cultural norms of the IAR community. The process of gaining entrée continued with regular visits to the community including, but not limited to: attending prayer services, Jummah, and Friday evening programs; attending UNC MSA meetings; a tour of Al-Furqan Sunday school; attending several Iftars and Eid celebrations during Ramadan; and participating in various women's and youth group activities.

Interview Guide Development

The team developed four semi-structured interview guides for community member and service provider interviews and focus groups [see Appendix A]. The guides contained questions regarding the strengths, challenges, and goals of the community, as well as probes to allow for further exploration of a particular topic. The guides were pre-tested with Dr. Abdullah in order to assess flow, relevance, and cultural sensitivity. The interview guide enabled the team to maintain continuity of the topics covered in each interview, and prevented interviewer bias.

To obtain informed consent, fact sheets were developed, which included information about the interview process, the rights and risks of the interviewee, the role of the interviewer, and the confidentiality of data obtained. Consent forms were signed by each participant prior to their participation in either focus groups or individual interviews [see Appendix A]. The development of interview materials was based on templates created from past AOCD documents. All materials were submitted to and approved by the Institutional Review Board (IRB) at the School of Public Health [see Appendix E].

Participant Recruitment

Dr. Abdullah served as the team's initial contact to all community members and service providers and helped to compile a list of service providers and key community informants who have extensive ties within the IAR and can reflect upon broad community opinion. He obtained their permission to be contacted via email or telephone by a member of the team in order to schedule an interview [see Appendix F]. Additionally, several community members approached team members with an interest in participating in the project and were subsequently contacted by the team to schedule an interview. As additional service providers were identified through the interview process, they were contacted by Dr. Abdullah to obtain permission for the team to schedule an interview. Interviews were conducted at a time and place convenient for the participant, with the majority of participants choosing to be interviewed at the IAR.

The Interview Process

A total of 4 community member interviews and 13 service provider interviews were conducted, as well as 4 community member focus groups, totaling 38 individuals [see Appendix B]. Interviews lasted between 20 and 90 minutes, and typically took place in the IAR school building. At least two team members were involved in each interview, with one serving as the interviewer, and one or two as note taker(s). The role of the note taker was to record verbal and non-verbal language of the participant. Each interview began with an introduction of the participating team members, the purpose of the interview, and the rights of the interviewee. Participants were asked to read the fact sheet and to sign the consent form if they agreed. Before the interview began, permission was sought to tape record the interview; tape recording began only after verbal consent was given. [Only one service provider refused tape recording]. At the end of each interview, participants were asked if they would like to participate in planning the

community forum. If they agreed, participants were told they would be contacted at a future date to arrange the initial forum planning committee meeting.

To ensure confidentiality, each interview was assigned a number, used to catalogue transcripts and audiotapes. No identifying information was attached to either the tape or the interview notes, and the data were stored in a locked filing cabinet at the UNC School of Public Health when not in use.

Data Coding

Each interview was written to near-transcription level by the note taker based on interview notes and audio recording, if available. After several interviews had been conducted, two team members created a preliminary codebook based on recurring topics in the interviews. They revised this codebook as necessary throughout the process [see Appendix H]. Transcripts were then coded twice by the designated team coders to ensure consistency in the coding process and in the identification of recurring themes. The interviews were then entered into a Microsoft Access database to aid in analysis.

Limitations of Primary Data Collection

While the team gathered much useful primary data, challenges were encountered, including: cultural and language barriers; gaining access to a variety of people across socio-economic status; the community's lack of clarity regarding the AOCD; and the post-September 11th climate, as it affects access to outsiders and the surrounding community.

Within the IAR, men and women do not interact socially, as this is their interpretation of the guidelines of the Qur'an. Therefore, during participant observations the all-female team was limited in its interactions with men. This precluded finding male interviewees outside of the

names provided by the preceptor and those offered by other interviewees. The team would have benefited from being gender-balanced.

The team also faced a language barrier during the collection of primary data. None of the team members spoke languages dominant within the IAR community, such as Arabic or Urdu, so no interviews were conducted with those who do not speak English or who have limited English skills. However, as the team does not know what portion of the community does not speak English, it is unclear how great an effect this limitation presents.

In addition, the team was not able to interview many people who are not regularly involved in IAR activities, such as those who attend solely for prayer on Fridays or only on major holidays, such as Eid. These people may have been newcomers or working-class people who do not have as much time to come to the IAR, and could have offered a very different perspective from those who regularly volunteer and participate at the Masjid, and those of higher socio-economic status.

In addition, Muslims attending the IAR do not have a specific geographic locale. Therefore, it was difficult to identify service providers outside of the IAR. Members of the IAR live and work throughout the Triangle, so there is no set of service providers that community members typically use, and many mentioned simply utilizing service providers within the community. The team spoke with their preceptor and members of the community about contacting state and local agencies. After many discussions, it was decided not to contact agencies such as the State Bureau of Investigation, as it might make the team's role unclear and may create suspicion about the purpose of the AOCD, potentially compromising the ability to gain entrée. This might be related to the post-September 11th climate and the fragile nature of relations with government agencies, in particular law enforcement.

The team was also unable to gain access to people in the surrounding Historic Method community. Though the team identified a few members of the IAR community who do live in Historic Method, they were not able to find specific contacts for potential interviewees. It was later decided that, because many of the strengths and needs identified through primary data collection focused on internal IAR issues, neighborhood residents were beyond the scope of this AOCD project.

Though interviewees read the fact sheets provided by the team, some participants did not fully understand the purpose of the AOCD, or why they were being interviewed. The team explained the purpose, but due to lack of understanding of their roles and intent, as well as the often-stated feeling to educate non-Muslims about Islam, some effects of social desirable responding may have been present when answering questions. Service providers occasionally provided official responses associated with their formal positions at the IAR, and less about their individual perspectives on certain issues. Community members may have thought the team members were there to learn about Islam and thus may have not identified all of the community needs. Although the team believes everyone was truthful, interviewees might not have been as candid as possible. As a result, the identified community needs may be a limited list.

Though the team had a relatively high response rate, approximately 5 people did not return requests for interviews and 1 person turned down the request, possibly due to the lack of clarity in the AOCD purpose. In addition, because the Muslim population in America has been under close watch since September 11th, this may have led to hesitation in speaking to the team, as they are identifiably outsiders and have a high profile affiliation with a state university. People also may have simply been too busy to grant interviews. There is no way to determine the reasons for their lack of response, and no way to determine the effect on the resulting data.

Forum Planning Process

The community forum phase of the AOCD process requires that researchers bring their findings back to the community and present them in a manner most appropriate for that community, and then prompt discussions. These discussions are meant to lead community members to address community needs. The forum represents both the culmination of the team's activities and data collection, while simultaneously giving the community ownership of the team's findings. Therefore, community attendance and participation in the forum is key for success.

The forum planning process began in late January, when the team worked with Dr. Abdullah to select a date and time that would maximize community involvement. It was agreed that Friday night was the most opportune time, because the IAR holds weekly programs and presentations each Friday between the Maghrib and Isha prayers [see Appendix M]. After coordination with the IAR, the team reserved the Friday night program on April 22nd, 2005 for the community forum.

An AOCD community forum is a collaboration between the researchers and the community. Therefore, the team intended for community members and service providers to play an active role in the forum planning process. At the close of each interview, the interviewer asked the interviewee if he or she would like to participate in planning the community forum. Twenty interviewees agreed to help plan the forum, and many more indicated others who might be interested. Six weeks before the forum, two AOCD team members contacted those who had indicated interest in organizing the Forum Planning Committee (FPC). In addition to the two AOCD team members, the team's preceptor, one female service provider, two female community members, and two male community members agreed to participate in the FPC.

The FPC held 3 meetings at Al-Iman school on the campus of the IAR. Meetings occurred weekly on Sunday afternoons during the month prior to the decided forum date, Friday. During the first meeting, logistical tasks, such as securing audiovisual equipment, donations for food, and advertising, were assigned. The second meeting was devoted to discussing the themes to be presented at the forum. The FPC agreed that there would be adequate time, space, and facilitators for eight small discussion groups – four each for brothers and sisters. It was decided that separate gender groups were necessary to ensure cultural sensitivity and the open participation of all interested community members. Therefore, only four themes would be considered during the forum. To choose these four themes, the AOCD team members presented the original seven themes identified through interview coding to the FPC, which narrow the themes from seven to the four that were discussed during the small group sessions at the forum. The FPC based its choice of these four themes on the importance and changeability of each one. After much discussion, the four themes were chosen, and Physical Space was designated an overarching theme to be considered in each small group [For further detail on the chosen themes, see section 3].

The FPC anticipated large numbers of participants, so the team considered several large group empowerment techniques prior to the third FPC meeting. However, due to issues of time and space constraints and the need for separate groups for brothers and sisters, the team ultimately decided to utilize the ORID process for small group discussions [see Appendix I]. The team believed that, even with large numbers of participants, ORID would maximize the time allotted for discussion and be the most efficient route to well-developed action steps. The team developed triggers and ORID questions for each of the four themes to be presented at the third FPC.

The third meeting consisted of a review of each theme's trigger, and an introduction to the ORID technique that would be employed to guide the small group discussions. An AOCD team member explained and demonstrated the ORID technique for the FPC, the members of which participated in the process as the community members would during the forum. Since the team contained no men who could facilitate the ORID process on the brothers' side, it was decided that community members would facilitate the brothers' small groups. In order to be consistent between the sisters' and brothers' groups, the FPC decided that community members facilitate every small group. The FPC selected facilitators for each theme from among themselves, and one AOCD team member was assigned to participate in each of the sisters' small groups. The team contacted a male MSA member, who agreed to act as a facilitator for the brothers' Youth discussion group – the last group without a facilitator from the FPC. All facilitators were trained, and a time was arranged for final questions and a practice session of the facilitation several hours before the forum.

The community convened for the forum, held in the Masjid at the IAR, on Friday, April 22, 2005, between Maghrib and Isha prayers (8:20pm until 10pm). Programs were distributed to participants as they entered the Masjid by volunteers from UNC and several youth volunteers from the IAR [see Appendix D]. The presentation consisted of a welcome by Dr. Abdullah, a presentation given by AOCD team members that included a thorough explanation of the AOCD process, a discussion of the community strengths and needs, and a presentation of the themes, the small group ORID discussions, and report backs on the action steps developed by each of the small groups. The evening concluded with Isha prayer and refreshments donated by local businesses [see Appendix N]. Approximately 250 people attended the introductory presentation and 119 people participated in the small group discussions.

Limitations of Forum and the Forum Planning Process

Time constraints formed a limitation of the forum and the forum planning process. The forum was held between Maghrib and Isha prayers, so the forum needed to be conducted in exactly one hour and forty minutes. The agenda allowed for only 30 minutes of small group discussions and 25 minutes of report backs. Although all small groups were able to create and report back action steps for their themes, the team felt the community would have benefited from additional discussion time, time to assign individuals the responsibility of executing specific action steps in all the groups, and time to compile and compare the brothers' and sisters' action steps. This would have helped to ensure the action steps would be owned by the entire community, rather than divided by gender.

Another limitation of the forum was that "outsider" service providers offering counseling and other social services outside the IAR were not present. At the beginning of the forum planning process, the FPC decided against inviting service providers not directly connected to the IAR, because they felt many of the themes dealt with internal issues, unrelated to the outside perspective. However, social and welfare services developed as an important theme to community members, who frequently mentioned the need for outside connections during the small group discussions. The creation of action steps would have benefited from the participation of external service providers, not typically present in the community.

Although the logistics of maintaining gender separation proved a continual challenge throughout the forum planning process, the AOCD team, with the help of the FPC, was culturally sensitive when planning the forum. The FPC suggested separate brothers' and sisters' small group discussions, so that no community members would feel uncomfortable or unable to participate because of cultural beliefs. For the presentation, the team was prepared to use two

separate projectors to ensure that both brothers and sisters could see clearly, as a divider usually separates the brothers and the sisters in the prayer hall. However, on the night of the forum, the large volume of participants required the removal of the divider, and so only one projector was used. Furthermore, at the last minute, the refreshments for the sisters needed to be moved from the lobby of the Masjid (where brothers would be eating) to the gymnasium, where children and teens were playing basketball. Prior to the forum, the team had discussed last-minute changes that might arise, and came up with contingency plans to ensure a smooth and successful forum.

CONCLUSION AND RECOMMENDATIONS

The AOCD team had a wonderful experience working with the IAR community. Based on the findings of the team, and the results of the community forum, the team concluded that the IAR community is a very capable community, with official members who are responsive to the needs of the community and community members that have a strong sense of identity. During the forum it became apparent to the team that the community had indeed taken ownership of the AOCD's findings, as community members were avidly discussing the themes and assigning each other responsibility for specific action steps. The team's main recommendation to the community as it carries out the action steps created during the forum is to involve as many people who are a part of the IAR as possible, regardless of the extent to which they participate or the frequency with which they attend the IAR. The team's main goal for the IAR is to see many of the action steps, created by community members as well as service providers, carried out. This goal has already started to become a reality; as a member of the Executive Committee and an established leader within the IAR community, Dr. Abdullah has volunteered to ensure the initiation and sustainability of the action steps determined through the AOCD process.

-
- ¹ Yonat Shimron. 2003. "Holy Feast in Anxious Times," *Raleigh News and Observer*, 12 February 2003, B1.
- ² In populations over 5 years old. U.S. Census Bureau. 2005. *American Fact Finder*.
http://factfinder.census.gov/home/saff/main.html?_lang=en&_ts=
- ³ Islamic Association of Raleigh. 2005. "IAR Brief History,"
http://www.islam1.org/iar/services/archives/2004/12/21/iar_brief_history.php#more
- ⁴ Islamic Association of Raleigh. 2005. "Yearly Progress Report." Raleigh, NC.
- ⁵ Islamic Association of Raleigh. 2005. "IAR brief history,"
http://www.islam1.org/iar/services/archives/2004/12/21/iar_brief_history.php#more
- ⁶ Islamic Association of Raleigh. 2005. "Yearly progress report." Raleigh, NC.
- ⁷ Islamic Association of Raleigh. 2005. "IAR brief history,"
http://www.islam1.org/iar/services/archives/2004/12/21/iar_brief_history.php#more
- ⁸ Islamic Association of Raleigh. 2005. "IAR brief history,"
http://www.islam1.org/iar/services/archives/2004/12/21/iar_brief_history.php#more
- ⁹ Islamic Association of Raleigh. 2005. "Yearly progress report." Raleigh, NC.
- ¹⁰ Linda Simmons Henry and Linda Harris Edmiston. 1993. *Culture town: life in Raleigh's African American communities*. Raleigh NC: Raleigh Historic Districts Commission Inc.
- ¹¹ Sarah Lindnfeld Hall. 2003. "Mosque expansion supported" Raleigh NC: News and Observer 12 June 2003, B3.
- ¹² Yonat Shimron and Sarah Lindenfield Hall. 2003. "Growing by Faith," *Raleigh News and Observer*, 8 July 2003, A1.
- ¹³ US Census Bureau

Appendix A: Interview guides, recruitment consent forms, and fact sheets

Community Members Interview Guide

Introduction: Hello, my name is _____. I'm going to be leading our interview today. This is _____, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in your community and your opinions concerning the strengths of your community and the challenges it faces. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. Please remember that you do not have to answer any question that you are uncomfortable with and that there are no right or wrong answers

General Information about the Community

1. Please describe your role in the Islamic Association of Raleigh. (Probe: How long have you been a part of IAR?)
2. Describe the community.
3. How are most Muslims in the area associated with the IAR?
4. Do most members of the IAR participate in activities at the community center?
5. What do people involved in IAR do for a living?
6. What do members of the IAR do for fun?
7. How are members of IAR involved in local politics (probe: school boards, city council)
8. How do people of different ethnicities interact at the community center?
9. How do Muslims associated with the IAR interact with non-Muslims in the area? (Probe: do they experience any prejudice?)

Assets and Needs of the Community

10. What are some of the best things about the community center? (Probe: resources, agencies, social gatherings/support, physical environment)
11. What do you think are the major issues community members face? (Probe: children, income, safety, housing, health, cultural barriers, prejudice)
12. What do you think are the needs of the community? (Probe: New committees? Services? Facilities?)
13. Which needs do you feel are the most important for the IAR to address?
14. What do you wish could happen for the IAR in the next 5-10 years?

Problem-Solving and Decision-Making

15. What kinds of community projects have been started during your involvement with IAR? How would you explain their success or lack of it?
16. If you were going to try to solve a community problem, whom would you try to involve to make it a success?

Services and Businesses

17. What services/ programs do community members use most at IAR?
18. For what specific services do community members seek Muslim providers outside the IAR? (probe: doctors, lawyers, mental health providers, food, clothing stores, income taxes, education, child care?)

Recommended Individuals to Interview

19. Is there anyone else whom we should speak with about the IAR? (Probe: service providers, residents)
20. Describe the specific person or organization.
21. Why do you think their opinions and views would be helpful for us to hear?
22. Are you willing to get permission for us to contact them?

Recommendations for Community Forum

23. We plan to conduct a forum at the IAR on April 22 to share the information we have gathered with members of the community. Would you be interested in helping us plan this event?
24. Do you have any ideas regarding how to get people to attend? (Probe: format, who to invite, how to publicize, who should serve on planning group.)
25. Who else do you think should help us coordinate this forum?

Additional Information

26. Is there anything else you would like to share about the IAR?

Thank you again for your participation.

Service Provider Interview Guide

Introduction: Hello, my name is _____. I'm going to be leading our interview today. This is _____, who will be taking notes and helping me during our discussion. We'll be here about 60 minutes to talk to you about what role you play in the IAR community, and about your opinions concerning the strengths of the community and the challenges it faces. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. Please remember that you do not have to answer any question that you are uncomfortable with and that there are no right or wrong answers

Involvement with the Community

1. How are you involved with the IAR?

Roles and Responsibilities of Service Providers

2. What do you see as your role in the IAR?
3. What responsibilities do you feel you have to the IAR?

Services and Businesses

4. How long have you worked for or volunteered for the IAR?
5. Why did you choose to work or volunteer here?
6. What services do you provide to IAR community members?
7. Who do you think in the community is in the most need for the services you provide?
8. What services are under-utilized?
9. What other needs do members of the IAR have that are currently not addressed by the services available?

Life in the Community

10. How are most Muslims in the area involved in IAR?
11. What do people involved in the IAR community do for a living?
12. What activities does the IAR provide for recreation?
13. How are IAR members involved in local politics (school boards, city councils, etc.)?
14. How do people of different ethnicities interact within the community center?
15. How do Muslims involved in the IAR interact with Muslims not involved with IAR?
16. How do Muslims involved with the IAR interact with non-Muslims in the area? (Probe: do they experience much prejudice?)

Assets Found in the Community

17. Please describe the community center.
18. What are some of the best things about the IAR community center? (Probe: resources, agencies, human interactions, and physical environment)
19. What do you think are the major issues/problems IAR community members face? (Probe: financial stability, safety, health, cultural barriers, prejudice)
20. Which problems do you feel are the most important for the IAR community to address?

Problem-Solving and Decision-Making

21. What kinds of community projects have been undertaken during your time working with IAR members? How would you explain their success or lack of it?
22. If you were going to try to solve a community problem, whom would you try to involve to ensure success?

Recommended Individuals to Interview

- 23. Are there people or organizations with which you think we should speak that you would be willing to gain permission for our team to contact?
- 24. Describe the specific person or organization.
- 25. Why would you think their opinions and views would be helpful for us to hear?

Recommendations for Community Forum

- 26. We plan to conduct a forum this spring to share the information we have gathered with IAR members. Would you be interested in helping us plan this event?
- 27. Do you have any ideas regarding how to get people to attend (time, place, and publicity)?
- 28. Who else do you think should help us coordinate this forum?

Additional Information

- 29. Is there anything else you would like to share about the IAR?

Thank you again for your participation.

Focus Group Guide: Community Members

Introduction:

Hello, my name is _____. I'm going to be leading our focus group today. This is _____, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk with you about living in your community. We are interested in your opinions concerning the strengths of your community as well as the challenges it faces. Your insights and opinions on this subject are important, so please say what's on your mind and what you think.

We ask that you do not discuss what you have heard in this room after the focus group is over. Please remember that you do not have to answer any question that you are uncomfortable with and that there are no right or wrong answers. At this time, we will hand out a focus group confidentiality statement. If you agree with the statement, please sign the form.

1. Describe the Muslim community or communities you are involved in.
2. What activities does the community offer? (Probe: recreation activities, volunteer services, schools, community services, access to resources)
3. What services does this community provide? (Probe: schools, cafeteria, activities for students, committees)
4. What services do you think are most important?
5. What are some of the things that you like about being involved in your community?
6. What are some of the concerns or problems that have come up with in your community? (Can you think of some challenges you have experienced being a member of this community? Discrimination? Fitting in?)
7. When there are problems within the community, how are they handled (Who resolves conflicts?)
8. Describe your relationships with non-Muslims.
9. Is there anything else that you want to share about being a member of this community?
10. Do you ever visit the IAR? Other Mosques in the Triangle?
11. We are going to be conducting a community meeting at the IAR on April 22, where we will present our findings and discuss them with the community. Do you have any suggestions? (Probe: format, who to invite, how to publicize, who should serve on planning group).

Thank you again for your participation.

Would you like to participate in an AOCD of your community?

Consent Form for Community Members



WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community. The purpose is to better understand the experiences of members of your community.

WHY ARE YOU PARTICIPATING IN AOCD?

You are invited to participate because we want your ideas on your community's strengths and needs. Someone in your community identified you as a person who can talk about the views of your community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life in your community. An example of a general question is, "What is it like to live in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 90 minutes of your time. If you agree to participate in the interview we will record your response on a piece of paper. Also, if you do not object, we would like to tape record the discussion to make we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at anytime.

If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCD

project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of your community. You will not be paid to participate in this interview. There are no costs for participating in the study other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

Any information that you provide will remain confidential. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study. However, there is no guarantee that the information cannot be gotten by legal process or court order.

To ensure “confidentiality,” you can pick a made up name, if you wish, to use during the project so that nobody will see your real name connected with the study.

Information such as age and sex may be gathered during the interview. These descriptive characteristics are collected only to help summarize our data. When we report the data, all identifying information will be removed. Your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 when the study is over.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time. Choosing not to participate will have no effect on your relationship with IAR or UNC-CH.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. Although you may not experience any direct benefits, your participation may help to make things better in your community over time. You can say yes or no to our request. Your decision to take part in this study will not influence any of the services you receive or might receive.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?

This project is being conducted by six graduate students from UNC-CH School of Public Health under a faculty advisor, Dr. Eugenia Eng.

The principal investigator is Sarah Lillie. You can call Sarah at the UNC – School of Public Health. The number is 919-966-3919 or 1-866-610-8272 (toll-free). If you ever have questions about this project, please call Sarah.

You may also reach our faculty advisor, Dr. Eng, at 919-966-3909.

If you wish to know more about the IRB process or you have questions about your rights, you can write the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics:

School of Public Health, CB#7400,

UNC Chapel Hill, Chapel Hill NC 27599-7400. Or call, collect if necessary, 919-966-3012.

HOW CAN I GET INVOLVED?

If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

This project has been approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics.

Agreement Statement:

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(your signature and date)

(team member signature and date)

Thank you!



UNC
SCHOOL OF
PUBLIC HEALTH

Would you like to participate in an AOCD of your community?

Consent Form for Service Providers



WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community. The purpose is to better understand the experiences of members of your community.

WHY ARE YOU PARTICIPATING IN AOCD?

You are invited to participate because we want your ideas on your community's strengths and needs. Someone in your community identified you as a person who can talk about the views of your community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life in your community. An example of a general question is, "What is it like living in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 90 minutes of your time. If you agree to participate in the interview we will be recording your response on a piece of paper. Also, if you do not object we would like to tape record the discussion to make sure we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at any time.

If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the community that you serve. You will not be paid to participate in this interview. There are no costs for participating in the study other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to the community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

To protect your privacy, any information you provide will remain confidential. All of the information you provide will be stored only with an identification number, not with your name. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum.

Information such as age and sex may be gathered during the interview. When we report the data, all identifying information will be removed so your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisors. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 at the conclusion of the study.

Every effort will be taken to protect the identity of the participants in the study. However, there is no guarantee that the information cannot be obtained by legal process or court order.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time. Choosing not to participate will have no effect on your relationship with IAR or UNC-CH.

WHAT WILL YOU RISK BY BEING IN THIS PROJECT?

The risk to you for participating is minimal. However one potential risk may be that if you say any bad things about the community or the services you provide in the community and that information is divulged, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at the School of Public Health. In addition, your name will never be attached to anything you say.

WHO IS IN CHARGE OF THE PROJECT? HOW CAN I CALL THEM?

This project is being conducted by six graduate students from UNC-CH School of Public Health under a faculty advisor, Dr. Eugenia Eng.

The principal investigator is Sarah Lillie. You can call Sarah at the UNC – School of Public Health. The number is 919-966-3919 or 1-866-610-8272 (toll-free). If you ever have questions about this project, please call Sarah. You may also contact Dr. Eng at (919)-966-3909.

If you wish to know more about the IRB process or you have questions about your rights, you can write the Public Health Institutional Review Board, Office of Human Research Ethics:
School of Public Health, CB#7400, UNC Chapel Hill, Chapel Hill NC 27599-7400. Or call, collect if necessary, 919-966-3012.

HOW DO I GET INVOLVED?

If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

This project has been approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics.

Agreement Statement:

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(your signature and date)

(team member signature and date)

Thank you!



UNC
SCHOOL OF
PUBLIC HEALTH

Would you like to participate in an AOCD of your community?

Focus Group Fact Sheet for Community Members



WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community.

WHAT WILL YOU BE ASKED TO DO?

If you decide to participate, you will be asked to participate in a 90 minute focus group, or discussion. We want to learn about your opinions and thoughts about the strengths and challenges of living in your community. There are no wrong answers. Your participation is limited to this one focus group, and you will not be contacted for further sessions.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

A written and verbal summary of the issues that are discussed in these focus groups and in individual interviews will be made available to community members, leaders and service providers who are interested. We hope that this information will help improve the health status of your community. You will not be paid to participate in this focus group. However, refreshments will be served.

WHAT WILL YOU RISK BY BEING IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. Although you may not experience any direct benefits, your participation may help to make things better in your community over time. You can say yes or no to our

request. Your decision to take part in this study will not influence any of the services you receive or might receive.

WILL THERE BE ANY COSTS TO YOU?

The only costs for participating in this focus group are the time and expense for traveling to and from the discussion group and the time spent during the discussion group.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL

Participation is entirely voluntary, and you are not required to give your name or reveal any personal information. You may use a fictitious name if you wish. To respect your confidentiality and that of others, we will ask participants not to discuss the information shared in the focus group.

Information from this focus group discussion will remain anonymous because no names will be collected. Identifying information, such as age, sex, ethnicity, and number of years residing in your community, will only be used to describe the group and will not be linked to any particular thing that you or others say during the group discussion.

All notes and audiotapes containing your interview responses will be stored in a locked cabinet and will be destroyed in May 2005 at the conclusion of the study.

CAN YOU REFUSE OR STOP PARTICIPATION?

Taking part in this project is up to you. You can choose not to answer any question or stop taking part in the focus group at any time. Choosing not to participate will have no effect on your relationship with IAR or UNC-CH.

TAPE-RECORDING

It is important to accurately record the information shared during these discussions. With your permission, I will tape-record the focus group. You have the right to stop the tape-recording at any time. The tapes will be recycled or destroyed after their use for this project is complete.

WHO ARE THE PEOPLE RUNNING THIS PROJECT? HOW CAN I CALL THEM?

This is a student project that is being conducted by six graduate students from UNC-CH School of Public Health under the guidance of a faculty advisor, Dr. Eugenia Eng.

If you have any questions or concerns about this project or would like to receive information on the progress of the project, please feel free to contact the Principal Investigator, Sarah Lillie, or any team member, at (919)966-3919 or 1(866)610-8272 (toll-free number).

You may also contact our faculty advisor, Dr. Eng, at (919)966-3909.

This study has been reviewed and approved by the UNC-CH Public Health Institutional Review Board, Office of Human Research Ethics, a group that makes sure that study participants are treated fairly and protected from harm.

If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the Public Health Institutional Review Board, Office of Human Research Ethics: University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone, collect if necessary, (919)966.3012.

AGREEMENT STATEMENT

By participating, you agree to:

- (1) keep everything that is shared in the focus group confidential and not share it with anyone outside of this focus group; AND**
- (2) have the focus group tape recorded with the ability to stop the tape recording at any time.**

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(your signature and date)

(team member signature and date)

AOCD Team Members:

Sarah Lillie
Emily Burrows
Malea Hoepf
Aisha Moore
Christina Rowland
Caroline Whalen



UNC
SCHOOL OF
PUBLIC HEALTH

Would you like to participate in an AOCD of your community?

Focus Group Fact Sheet for Service Providers



WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of individuals who live in your community.

WHAT WILL YOU BE ASKED TO DO?

If you decide to participate, you will be asked to participate in a 90 minute focus group, or discussion. We want to learn about your opinions and thoughts about the strengths and challenges of living in your community. There are no wrong answers. Your participation is limited to this one focus group, and you will not be contacted for further sessions.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

Although you may not experience any direct benefits, your participation may be beneficial to community improvement efforts. In addition, a written and verbal summary of the issues that are discussed in these focus groups and in individual interviews will be made available to community members, leaders and service providers who are interested. We hope that this information will help improve the health status of your community. You will not be paid to participate in this focus group. However, refreshments will be served.

WHAT WILL YOU RISK BY BEING IN THIS PROJECT?

The risk to you for participating is minimal. However one potential risk may be that if you say any bad things about the community or the services you provide in the community and that information is divulged, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at

the School of Public Health. In addition, your name will never be attached to anything you say.

WILL THERE BE ANY COSTS TO YOU?

The only costs for participating in this focus group are the time and expense for traveling to and from the discussion group and the time spent during the discussion group.

TAPE-RECORDING

It is important to accurately record the information shared during these discussions. With your permission, I will tape-record the focus group. You have the right to stop the tape-recording at any time. The tapes will be recycled or destroyed after their use for this project is complete.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL

Participation is entirely voluntary, and you are not required to give your name or reveal any personal information. You may use a fictitious name if you wish. To respect your confidentiality and that of others, we will ask participants not to discuss the information shared in the focus group.

Information from this focus group discussion will remain anonymous because no names will be collected. Identifying information, such as age, sex, ethnicity, and number of years residing in your community, will only be used to describe the group and will not be linked to any particular thing that you or others say during the group discussion.

All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2005 at the conclusion of the study.

CAN YOU REFUSE OR STOP PARTICIPATION?

Taking part in this project is up to you. You can choose not to answer any question or stop taking part in the focus group at any time. Choosing not to participate will have no effect on your relationship with IAR or UNC-CH.

WHO ARE THE PEOPLE RUNNING THIS PROJECT? HOW CAN I CALL THEM?

This is a student project being conducted by six graduate students from UNC-CH School of Public Health under a faculty advisor, Dr. Eugenia Eng.

If you have any questions or concerns about this project or would like to receive information on the progress of the project, please feel free to contact the Principal Investigator, Sarah Lillie, or any team member, at (919)966-3919 or 1(866)610-8272 (toll-free number).

You may also contact Dr. Eng at (919)966-3909.

This study has been reviewed and approved by the Public Health Institutional Review Board, Office of Human Research Ethics, a group that makes sure that study participants are treated fairly and protected from harm.

If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact -- anonymously, if you wish -- the Public Health Institutional Review Board, Office of Human Research Ethics: University of North Carolina at Chapel Hill, CB # 7400, Chapel Hill, NC 27599-7400, or by phone, collect if necessary, (919)966.3012.

AGREEMENT STATEMENT

By participating, you agree to:

- (1) keep everything that is shared in the focus group confidential and not share it with anyone outside of this focus group; AND**
- (2) have the focus group tape recorded with the ability to stop the tape recording at any time.**

By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(your signature and date)

(team member signature and date)

AOCD Team Members:

Sarah Lillie
Emily Burrows
Malea Hoepf
Aisha Moore
Christina Rowland
Caroline Whalen



UNC
SCHOOL OF
PUBLIC HEALTH

Appendix B: Interviewee and focus group characteristics

Interviews

ID #	Date	Type	Gender
1	2/9/2005	Service Provider	Male
2	2/13/2005	Service Provider	Male
3	2/17/2005	Service Provider	Male
5	2/18/2005	Community Member	Male
7	2/18/2005	Service Provider	Male
8	2/19/2005	Service Provider	Male
9	2/20/2005	Service Provider	Male
10	2/21/2005	Service Provider	Female
11	2/24/2005	Service Provider	Male
12	2/25/2005	Community Member	Female
14	2/26/2005	Community Member	Male
15	2/28/2005	Service Provider	Male
16	2/28/2005	Service Provider	Male
17	2/26/2005	Community Member	Male
18	2/27/2005	Service Provider	Male
19	3/9/2005	Service Provider	Female
20	2/27/2005	Service Provider	Male

Focus Groups

ID#	Date	Type	Gender	Number
4	2/17/2005	Community Member	Men & Women	5
6	2/18/2005	Community Member	Men	5
21	3/4/2005	Community Member	Women	4
22	3/6/2005	Community Member	Men	7

Appendix C: Secondary sources

Ned Glascock. 2001. "Questioning Starting in NC," *Raleigh News and Observer*, 29 November 2001, A1.

Sarah Lindnfeld Hall. 2003. "Mosque expansion supported" *Raleigh NC: News and Observer* 12 June 2003, B3.

Ekram U. Haque. 1992. "Eid Brings Joy to Triangle Muslims," *Raleigh News and Observer*, 15 January 1999, F2.

Linda Simmons Henry and Linda Harris Edmiston. 1993. *Culture town: life in Raleigh's African American communities*. Raleigh NC: Raleigh Historic Districts Commission Inc.

Islamic Association of Raleigh. 2005. "IAR Brief History,"
http://www.islam1.org/iar/services/archives/2004/12/21/iar_brief_history.php#more

Islamic Association of Raleigh. 2005. "Yearly Progress Report." Raleigh, NC.

Lorenzo Perez. 2001. "Muslims Fear Backlash in Wake of Attacks." *Raleigh News and Observer*, 12 September 2001, A11.

Yonat Shimron and Sarah Lindenfield Hall. 2003. "Growing by Faith," *Raleigh News and Observer*, 8 July 2003, A1.

Yonat Shimron and Christina Headrick. 2003. "Area Muslims Strengthen Ties to Community," *Raleigh News and Observer*, 21 March 2003, A13.

Yonat Shimron. 2003. "Holy Feast in Anxious Times," *Raleigh News and Observer*, 12 February 2003, B1.

Yonat Shimron. 2001. "Muslims Look Inward to Reach Out," *Raleigh News and Observer*, 16 November 2001, A1.

Irwin Speizer. 2002. "Muslims Feel They're Targets," *Raleigh News and Observer*, 21 November 2002, B1.

U.S. Census Bureau, 2005. *American Fact Finder*.
<http://factfinder.census.gov/home/saff/main.html?lang=en&ts>

Trish Wilson. 2001. "For Muslims, Attacks Spawn Sorrow, Dread," *Raleigh News and Observer*, 17 September 2001, A1.

Appendix D: Community forum materials

To local businesses for their generous donations!



4131 Western Blvd
919-851-6191

**Ia Shish
Greek and
Lebanese Cafe**

908 NE Maynard Rd
(919) 388-8330

**Al-Ma'ldah
Kitchen**

IAR
919-835-0603



Nur Grocery & Deli
2810 Hillsborough St.
919-828-1523

Alsalam

Mini Mart

4001 Hillsborough St
919-836-1300



210 S Wilmington St.
919-833-9595
www.brassgrill.net

**Almadina
Supermarket**

1019 Method Rd.
(919) 755-6220



NY Pizza
2316 Hillsborough St
919-838-0011



Baba Channouj
Raleigh-Durham-Cary
919-859-7135
www.babaghannouj.net



3940 Western Blvd



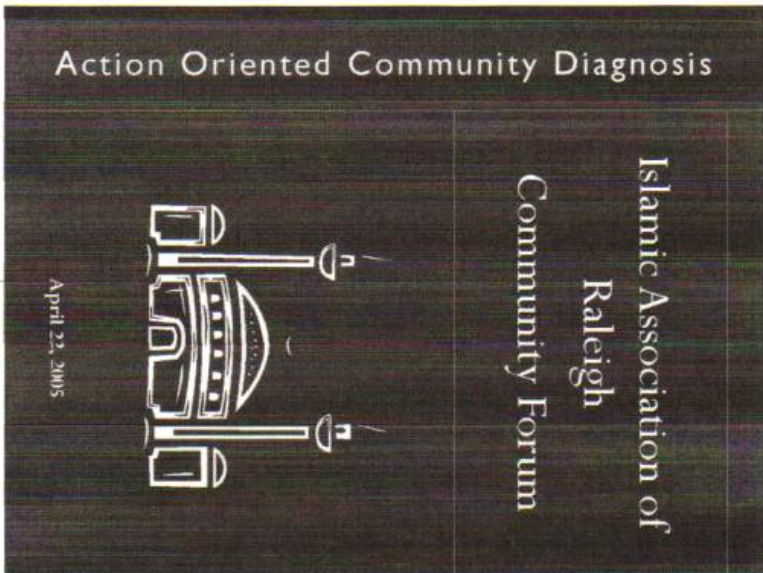
**Neomonde Mediterranean
Grille & Deli**
919-828-1628
www.neomonde.com



**ASAL
DESSERTS**
3817 Beryl Road
919-362-7882
www.asaldesserts.com



2845 Jones Franklin Rd
919-816-0110



Special Thanks

The team would like to thank the entire IAR community for welcoming us and sharing so much of yourselves. Thank you also to all those who participated in interviews and helped in our research.

Thank you to the
Forum Planning Committee,
Ali Omar, Cheryl Boutrid, Hinda
Boutrid, Manal Ibrahim, and Sohrab
Ali, without whose dedication
tonight's program would not have
been possible.

Finally, we would like to extend a special thanks to our preceptor,
Dr. Ahmad-Rufai Abdullah, for his
dedication to our team and to the
IAR community throughout the
entire AOCD process.

Ground Rules:

1. Allow the facilitator to guide the discussion
2. Listen to and show respect for the opinions of others
3. No disruptive side conversations
4. Allow everyone time to voice their thoughts and opinions

Action Oriented Community Diagnosis

What is AOCD?

GOAL:

To educate and mobilize community members to ensure conditions for physical, mental, and social well-being within their community

OBJECTIVES:

- Identify strengths and needs of community
- Bring the community together to discuss needs and create action steps

INTERVIEWS:

- General Interviews and Focus Groups with Community Members and service providers to determine strengths and needs of community

DATA ANALYSIS:

- Transcribe interviews and look for repeated topics and themes
- Designation of Themes based on findings from interviews

Themes Volunteerism

Volunteers are an integral part of this community but there is a need for more people to get involved in the operation of programs.

Quotes:

"We have our problems, and our downfalls, but we'll get better. The more people who take over responsibility, the more things will get better."

"Most of the people who work there are not given a salary. It's hard to find people dedicated to it, with the time, give up time with family. The same people run almost everything, they donate their life to the mosque."

Themes

Themes
Reporting Back

Welcome to the
IAR Community Forum!

Themes

One Representative from each group

- Social and welfare services: *Women*
Social and welfare services: *Men*
- Relations with non-Muslims: *Men*
Relations with non-Muslims: *Women*
- Youth: *Women*
Youth: *Men*
- Volunteerism: *Men*
Volunteerism: *Women*
- Closing
UNC Student Team

Agenda:

- 8:20** Welcome and Introduction
Dr. Ahmad-Rufai Abdullah
- 8:25** Explanation of AOCD process
Presentation of findings
UNC Student Team
- 8:50** Small Group Discussions
Four small men's groups;
Four small women's groups
- 9:20** Small Group Reports
One representative from each team
- 9:55** Closing
- 10:00** Isha Prayer
- 10:20** Refreshments
Served in lobby of prayer hall.

Agenda

Themes

Themes Youth

It is challenging for youth to maintain their cultural identity in a non-Muslim environment.

Quotes:

"They lose the religion. They get confused with the way religion and the way the life is here, the way the culture comes together. They see things at their school, and they don't know what to do."



"I think that it is also very common for any immigrant community to watch the gap between them and the next generation widen. So that's something that communities in general struggle with."


Themes Overarching Theme: Physical Space

There is a limited amount of physical space to accommodate the rapidly growing community.

Physical space was identified as an overarching theme, affecting all issues presented by community members and committee heads.

Please consider physical space when suggesting possible solutions or limitations to other themes.

Themes

<div>Themes</div> <div>Social and welfare services</div>	<div>Themes</div> <div>Relations with non-Muslims</div>
<p>There is a lack of social and welfare services for people in the community, including counseling services and services for people with financial difficulties.</p> <p>Scenario:</p> <p>After 15 years working as a salesman, Arsalan's company has downsized and he has been laid off. Arsalan is trying to find a new job and has had a few interviews, but no job offers yet. Without a job, Arsalan and his wife are struggling to pay their bills and care for their two children. Under the stress of needing a new source of income, they are frequently arguing. Arsalan has yelled at his wife and children and is pulling away from his friends as he becomes more depressed.</p> <p>Arsalan has met with the Imam to seek his advice. The Imam does his best to advise but, as he is not trained in psychology, he is limited in his ability to help Arsalan with his depression. The Social and Welfare Committee helped Arsalan's family pay their electric bill last month but because of limited funds they cannot provide this aid again.</p> <p>Arsalan and his wife are concerned for their family's future, but are uncomfortable seeking help outside of the masjid.</p>	<p>There is a need to increase non-Muslims' understanding of Islam and the Muslim community, especially among the residents of the surrounding neighborhood.</p> <p>Excerpt:</p> <p>"The Council on American Islamic Relations (CAIR), America's largest Islamic civil liberties group, said the movie [Muhammad: the Last Prophet] was an excellent opportunity for parents and children of all faiths 'to learn more about an historic figure like Prophet Muhammad (PBUH) and events that shaped today's world....It addresses the needs of the post 9/11 climate and is a creative and non-political way for the people to know about the history of Islam and the prophet's message.'"</p> 
Themes	Themes

Appendix E: IRB Approval letter



TO: Eugenia Eng
DEPARTMENT: Health Behavior and Health Education
ADDRESS: CB #7440

DATE: 9/20/04
[REDACTED]

FROM: Andrea Biddle, PhD, Chair
Public Health Institutional Review Board

IRB NUMBER: 04-2377

APPROVAL PERIOD: 9/20/04 through 9/19/05

TITLE: Action-Oriented Community Diagnosis
SUBJECT: Expedited Protocol Approval Notice--New Protocol

Your research project has been reviewed under an expedited procedure because it involves only minimal risk to human subjects. It is a block application for the HBHE 240 and HBHE 241 classes, and this approval is for the PI and co-investigators (Kate Shirah, Allison Myers, and Colleen Svoboda); all students assigned in this class will need to provide modifications to this block application prior to commencing their research. This project is approved for human subjects research, and is valid through the expiration date above.

NOTE:

(1) This Committee complies with the requirements found in Part 56 of the 21 Code of Federal regulations and Part 46 of the 45 Code of Federal regulations. Federal Wide Assurance Number: FWA 4801, IRB No. IRB540.

(2) Re-review of this proposal is necessary if (a) any significant alterations or additions to the proposal are made, OR (b) you wish to continue research beyond the expiration date.

Appendix F: Contact email template

Dear _____,

I am part of the team of Master's of Public Health students from the University of North Carolina at Chapel Hill. We are working with the Islamic Association of Raleigh on the Community Health project. This email is a follow up to your conversation with Dr. Ahmad-Rufai Abdullah of Islamic Association of Raleigh who spoke to you about this project. He is our preceptor and has asked us to contact you to set up a time to go through some survey questions. This interview should take about one hour, and can be conducted at IAR campus or at a place of your choice.

We would like to arrange a time that is convenient for you. Please look at the list of times below. If you could respond to this email with two or three time choices and a place that you would be able to meet, I will then schedule one time and send you a confirmation email.

Thank you for your time.

Sincerely,
Caroline Whalen

TIME CHOICES:

Appendix G: IAR Committees and Roles

Shura	20 elected members and Imam. The policy-making body
Executive Committee	Fifteen standing committees, IAR chairperson, vice-chair, secretary, treasurer, responsible for day-to-day activities
Board of Directors	Consists of five members elected by Shura
Al-Imam School Committee	Management of K-8 school
Al-Furquan School Committee	Sunday school activities
Al-Bayan School Committee	Qu'ran memorization school, classes on Tajweed, Tafseer, and Qu'ranic language
Cemetery Committee	Oversees funeral services, cemetery maintenance
Planning and Construction Committee	Oversees expansion project
Da'wah Committee	Provides information to non-Muslims and helps integration of new Muslims into the community
Educational Committee	Library services, educational seminars
Finance Committee	Manages funds of IAR
Management Committee	Responsible for day-to-day activities
Social and Welfare Committee	Collects and distributes zakat and sadaqah, or alms
Youth committee	Plans and manages youth programs
Women's Committee	Organizes activities for women
Legal Affairs Committee	Ensures IAR compliant with municipal, state and local laws
Safety and Security Committee	New committee responsible for ensuring the safety and security of community members and IAR masjid and school
Media Relations Group	Public relations liaison to greater community

Appendix H: Codebook

- 9/11 or national turmoil
- Community Growth
- Community Resources
 - Services
 - People
- Discrimination
- Diversity (ethnic)
- Education
- Finances
 - IAR
 - Personal
- GOOD QUOTE
- History Method
 - Community relations
- Inter-community relations (IAR)
- Jobs
- Non-Muslim perceptions of Muslims
- Outreach
- Physical Space
 - Gym
 - Masjid
 - Parking
- Politics
 - Local
 - National
 - Active participation
- Recreation
- Relationships with non-Muslims
- Security
- Volunteerism
- Youth
 - Activities
 - Problems

Appendix I: Small Group Discussion Techniques

ORID

ORID is a small group discussion method intended to start with an understanding of a situation and end with action steps.

Steps:

1. Use a trigger to begin the discussion, which may be a quote, picture, poem, story, video that portrays the situation the group will discuss.
2. Ask group members ORID questions, which help to guide the discussion from an awareness of what is happening in the trigger, to possible causes, to action steps can be taken in relation to the situation.

ORID Questions:

1. Objective: What words or phrases stood out in this quote?
2. Reflective: What was your first response to this quote? How did you feel when you heard it?
3. Interpretive: What issues does this quote bring up for you?
4. Decisional: What can we do about these issues? What actions can we take? What should be our first step?

Appendix J: AOCD Team's List of Field Activities

Date	Event
October 3, 2004	Windshield Tour
October 19, 2004	Initial Meeting with Members of MSA
October 24, 2004	Meeting with Superintendent of the Al-Furqan School
October 27, 2004	MSA Meeting to break Ramadan fast
October 29, 2004	Jummah Prayer and Tour of Local Businesses
November 4, 2004	MSA triangle Iftar
November 7, 2004	Tour of Al-Furqan (Sunday) School
November 14, 2004	Attend Eid al-Fitr celebration in Durham
November 15, 2004	Attend "Muhammed: The Last Prophet" animated movie
January 18, 2005	Team Meeting
January 19, 2005	Meeting w/HSL Library
January 21, 2005	Telephone call w/Rufai
January 25, 2005	Team Meeting
January 28, 2005	Team Meeting w/ Rufai
February 1, 2005	Team Meeting
February 3, 2005	Team meeting w/ Rufai
February 4, 2005	Evening Prayer/ Meeting with Sisters
February 10, 2005	MSA Meeting
February 11, 2005	Janaza Planning for Death Workshop
February 13, 2005	Team Meeting
February 25, 2005	High School Girls Student Discussion
February 25, 2005	Presentation of Sisters' experiences at Hajj
February 27, 2005	Team Meeting
March 2, 2005	Coffee Hour w/ Dr. Isleem

* does not include interview visits

Appendix K: Reflections on the Team's Field Experience

Al-Maida Kitchen

Our team has had several meals at Al-Maida, the ICR kitchen, and chatted with the staff. The kitchen is open daily for use by IAR members and visitors, and provides catering for larger functions. The IAR added the kitchen to accommodate the members who come to prayers throughout the day or for Friday night activities. The kitchen offers a convenient, inexpensive place to purchase food, so that families do not have to worry about cooking on the evenings they come to events at the IAR, which had been a barrier to participation in the past. We noticed signs in the kitchen indicating that the funds generated by the kitchen go back to the IAR. On our visits, it has been clear that the kitchen was a much needed and appreciated addition to the services offered by the ICR. It is frequently used by many members of the community, particularly the youth, who enjoy their pizza on Friday nights.

Diversity

Team members immediately noticed the ethnic and racial diversity of the ICR. Attendees come from an estimated 70 countries, and ethnicities include Caucasian Americans, African Americans, Africans, Southeast Asians, and Middle Eastern/Arabs. In our experience there are few conflicts between ethnic groups attending the mosque, as the IAR strives to be open to all Muslims. Some community members take part in cultural practices not prescribed in the Qu'ran, but the Imam allows people to continue to practice as they wish. Through volunteering on committees and participating in IAR activities, community members are able to interact on a close level with Muslims of different ethnicities. This allows people to learn more about each other, extend themselves from their social circles, and connect as Muslim *[possibly delete, per Emily's changes]*. The diversity of the IAR also presents other issues that will be described later in this document.

Sisters (Women)

Due to the gender division inherent in Muslim society, the AOCD team found that our experience at the mosque would be very different if there were men on the team. On one visit, we were respectfully redirected from the main entrance to the sisters' entrance, located at the back of the building. The sisters' experiences in the mosque differ a great deal from the brothers'. The mosque has limited space, so during crowded times (such during Jummah), prayer takes place in

the adjoining gym. During lectures or less crowded prayer times, women sit at the back of the mosque behind a divider. Being in or close to the gym can be distracting, as we can hear the games youth are playing on the other side. Furthermore, it is difficult to see the presenters, and, as a result, challenging to actively participate in discussion.

The women's committee of the IAR makes a special effort to give women access to the resources of the IAR. Recently, the library was made available to women during special hours for only the sisters. Additionally, the gym is reserved twice a week for the women, and educational and social activities are provided throughout the masjid.

Again, the sisters' ability and interest in speaking English varies. Some choose to interact primarily with members of their own cultural group (Indian women, Somalian women) unless participating in activities that the women's committee has designed for different cultural groups to interact. As a team, we have limited opportunity to hear the voices of women who are less comfortable speaking English. It's possible that their specific interests will not be addressed through the AOCD project, although team members have specifically asked sisters about the non-English speaking women in the community.

Safety and Security

The IAR's Security committee was formed in response to the events of 9/11. During every visit the team has made, we have noticed that the IAR campus is carefully watched by members of this committee. We have also noted the signs posted around the ICR campus requesting immediate notification of the security committee "at any time day or night" of any suspicious activity or persons. On the occasions we have spoken with security personnel, they have spoken in a professional but friendly manner.

Importance of Learning and Knowledge

As outsiders looking at the website for the Islamic Center of Raleigh, we noticed, above all, the educational opportunities offered by this community. The ICR is home to three Islamic schools: the Al-Iman full-time school for children, the Al-Furqan Sunday school for all ages, as well as Al-Bayan, the Qur'anic memorization school. The emphasis on Islamic education extends into the greater Muslim community with classes on Islam, Arabic language, and Arabic studies offered through North Carolina State University, UNC Chapel Hill, Duke and other institutions. Team members visiting the Muslim Student Association at UNC found that meetings emphasize continued learning of Islamic issues, as well as current events impacting the Muslim and non-Muslim world.

While the Da'wah committee provides classes on Islam for non-Muslims, the ICR also provides weekly classes and lectures for Muslims on matters related to Islam, as well as practical matters, such as tax preparation and preparation of wills. Other lectures help community members from different countries to understand their rights in the United States and how to use the resources available to them. As it was explained to the team by the Da'wah committee, part of being a good Muslim is knowing and obeying the laws where one is living.

The team has observed that both young people and adults in the community take interest in continued learning of Islamic customs. Four team members attended a workshop on 'Janaza,' the caring and preparing of the body for burial, led by the chair of the Cemetery committee. The committee relies on volunteers from the community to work with funeral homes directed by non-Muslims and to carry out the tasks required for proper burial. Again, the workshop showed a mix of traditional Muslim practices (sprinkling the body with rose water, shrouding the body), as well as the practical matter of where to buy fabric for the shroud (Wal-Mart or craft supply superstores). Notably, several Muslim college students attended the workshop with adult community members.

Appendix L: Further Reference on Islam

Islam is a religion founded by the Prophet Muhammed in the 6th century c.e. The religion is based around the Qur'an, the collected revelations of the prophet as revealed by Allah, the single deity in the religion. The *Sunnah*, or collected sayings and actions of the prophet as transmitted by his early followers, is also central to Islam. The five pillars, or central tenets of the religion are:

1. *Shahada*, or recitation of the first chapter of the Qur'an, which states “*La ilaha illa Allah, Muhammadur rassola Allah*,” meaning “there is no true god but God (Allah,) and Muhammad is the Messenger (Prophet) of God”
2. Prayer (or *salat*), performed five times per day at dawn, noon, midafternoon, sunset, and night, and is performed facing Mecca, Saudi Arabia, the holiest city in Islam
3. Giving alms (or *zakat*) for those in need is required
4. Fasting during the month of Ramadan, from dawn until sundown
5. Pilgrimage to Mecca is required during a Muslim's lifetime if they are physically and financially able.

For more information about Islam, particularly for cultural information about the Muslim community in Raleigh, one should contact the IAR Da'wah committee for an appointment, and should consult the IAR website (www.Islam1.org).

You may also consult the following for further reference:

Religious issues

The Holy Qur'an

Michael Anthony Sells. 1999. *Approaching the Qur'an: The Early Revelations*. Ashland OR: White Cloud Press.

General

Malise Ruthven . 2000. *Islam: a Very Short Introduction*. New York: Oxford University Press.

Appendix M: Glossary of Terms and Acronyms

Al-Bayan	IAR's Qur'anic memorization and recitation school
Al-Furqan	IAR religious school, held on Sundays
Al-Iman	IAR's full-time k-8 school
AOCD	Action-oriented community diagnosis
Da'wah	Committee devoted to outreach to non-Muslims and support for newly converted Muslims.
Eid al-Fitr	Also referred to as Eid; the celebration marking the end of the fasting month of Ramadan
Halaka	
Hijab	Headscarf worn by Muslim women; can also refer to modest clothing, often a long, loose robe.
IAR	The Islamic Association of Raleigh
Iftar	Meal eaten at sundown after a day of fasting during Eid; also refers to the meal eaten at the end of Ramadan
Imam	Spiritual leader of an Islamic community
Isha	Last prayer of the day, performed 1-2 hours after sunset
Janaza	Islamic funeral preparation and ceremony
Jummah	Friday prayer, which is required for men and recommended for women to be performed at the masjid
Maghrib	Evening prayer, beginning 10 minutes after sunset
Majlis al-Shura	Elected governing body of the IAR
Masjid	Muslim place of worship; also called a mosque
MSA	The Muslim Students' Association; a national organization with local chapters at UNC Chapel Hill and NC State University
Qur'an	Holy book of Islam
Shura	See Majlis al-Shura

Appendix N: Thank You to Contributing Businesses

Almadina Supermarket
Al-Ma'idah Kitchen
Alsalam Mini Mart
Asali Desserts
Baba Ghannouj Mediterranean Bistro
The Brass Grill
Domino's Pizza
I Love NY Pizza
La Shish Greek and Lebanese Café
Neomonde Mediterranean Grille & Deli
Nur Grocery & Deli
Subway
USA Baby