

TEACHING WITH LOVE AND COMMITMENT: THE INSTRUCTIONAL PRACTICES OF  
AFRICAN AMERICAN FACILITATORS ENGAGED IN PREVENTION SCIENCE  
PROGRAMS

by

TRACY NICOLE ANDERSON

(Under the Direction of Juanita Johnson-Bailey)

ABSTRACT

The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

Semi-structured interviews were conducted with twenty-four African American facilitators who were implementing one of two preventive intervention programs.

The data revealed two major emergent themes. The first theme was teaching is a commitment to my community. The three primary categories of this theme were families and communities are interdependent and interconnected entities, family and community members have a responsibility to give back to the community, and families and communities are strengthened by a common faith. The second major theme was teaching is a reflection of me and my people. The four primary categories in this theme were: when I see my people, I see myself;

when my people see me, they see themselves; teaching my people enriches my life; and I teach my people with honor and respect.

There were three major conclusions from this study: (a) the facilitators considered their involvement in implementing the preventive intervention programs as another way to demonstrate their commitment to serving and improving their communities; (b) the facilitators have a sense of resiliency born of their lived experiences as African Americans raised in insulated and protected environments; and (c) the facilitators used their cultural identities to adapt their assigned curricula so that the programs would be more relevant to their African American participants.

**INDEX WORDS:** Adult Education, Community-based Programs, Facilitators, Informal Education, Lay Educators, Prevention Science Programs

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## DEDICATION

I dedicate this dissertation to my parents, Charlie and Mattie Anderson and my nephew and niece, Daylon and Joi Anderson. To my parents, Momma and Daddy - I could not have achieved this milestone without your encouragement, support, prayers, and love. Thank you for always believing in me, even when I had my doubts. I include Daylon and Joi (who are only 7 and 4 years old at this writing) because I want them to know that with faith, hard work, perseverance and the support of family and friends, they can achieve anything in life.

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## CHAPTER 1

### INTRODUCTION

A glance through the headlines of the local newspaper or a brief viewing of the evening news will inevitably yield stories that indicate that our society is in a state of crisis in a number of areas. Americans are facing disturbing social issues such as increased crime, violence in schools and institutions of higher learning, poverty, drug abuse, gang activity, teenage pregnancy, and illiteracy. On the health front, obesity is becoming increasingly problematic, which in turn contributes to other chronic diseases such as cardiovascular disease, diabetes, stroke and hypertension (Ogden, Carroll, McDowell & Flegal, 2007). Rates of HIV and AIDS continue to be high; over a million individuals are infected with HIV (as of 2003) and nearly 37,000 individuals with full-blown AIDS (as of 2006) (McQuillan & Kruszon-Moran, 2008). While some of these areas of crises involve national (i.e., governmental) intervention, the social and health issues are beginning to be addressed through the growing arena of prevention science.

Prevention science as a field of study can be traced to a 1976 meeting of the National Institute of Mental Health. At this meeting, researchers and practitioners were introduced to the idea that primary prevention should be used in the treatment of mental health (Eddy, Smith, Brown & Reid, 2005). The field has now grown to include prevention and intervention in the areas of physical and behavioral health as well. Prevention science researchers conduct studies that involve developing and empirically testing prevention and intervention programs that can then be used to address societal issues. Prevention programs are those designed to prevent an issue from occurring whereas intervention programs are those that are designed to intervene.

Prevention science research programs are often referred to as preventive intervention programs and are embedded within the overall research study.

The increase in empirically tested preventive intervention programs has led scholars to begin identifying characteristics of model programs. Effective programs: (a) use a research-based framework that involves families, peers, and community entities (b) are long term, age specific, and culturally appropriate (c) focus on the development of the participants (d) aim to establish policies, institutional practices, and environmental supports (e) strive for effective implementation and ease of use and (f) incorporate and adapt evidenced-based programming to meet local community needs (Botvin, 2004; Nation et al., 2003). All of these characteristics work toward effective implementation and sustainability of the programs. Effective implementation includes the selection and training of program facilitators (i.e., the individuals who teach the programs) as well as providing ongoing support and evaluation (Botvin, 2004; Nation et al., 2003). The value of prevention science is summarized in the work of Kumpfer and Alvarado (2003) who posit that prevention science research and the resulting programs can be powerful and cost-effective tools for reducing social and behavioral problems when implemented properly with the right populations.

Although the “right” population may depend on the issue at hand, African Americans in general are an ideal population to target in prevention science research efforts. The history of African Americans in the United States has been riddled with violence, oppression, discrimination and inequality at all levels. Despite desegregation and the progress that has come through the civil rights movement, Cook (2005) suggests that enduring inequalities are tied to a specific historical moment, “the deep meaning and continuing legacy of *Plessy v. Ferguson* are the justification and sanctification of grave racial inequities, racism, and other terrible injustices

in the whole enterprise and process of the American social order, institutions, culture and life” (p. 6). One manifestation of this legacy may be the well-documented disparities between African Americans and other ethnic groups, particularly whites.

These racial disparities are widely publicized in a variety of areas, including health, crime/punishment, economics, and education. The recent focus has been on health disparities in particular (Farquhar, Michael, & Wiggins, 2005; Read & Emerson, 2005; U.S. Department of Health and Human Services, 2004; Williams & Jackson, 2005). According to the *2004 National Healthcare Disparities Report*, African Americans had a poorer quality of healthcare than Whites (U.S. Department of Health and Human Services, 2004). Williams and Jackson (2005) report inequities in the death rates of Blacks and Whites in the areas of homicide, heart disease and cancer. These higher rates are consistent across almost all diseases compared to other U.S. racial groups. Williams and Jackson (2005) also look beyond the health disparities to several related social factors that affect these disparities, such as socioeconomic status (SES), institutional racism, residential segregation, and medical care. Institutional racism plays a significant role in perpetuating racial differences in SES by limiting access to socioeconomic resources and opportunities. Residential segregation affects access to education, employment, recreational and social opportunities (Read & Emerson, 2005; Williams & Jackson, 2005). Medical care, influenced by the SES disparity, contributes to reduced levels of insurance coverage for African Americans (Read & Emerson, 2005; Williams & Jackson, 2005) which results in less health monitoring and poorer management of health problems.

While these health and social disparities may make African Americans an ideal population to target for prevention science research, researchers know that African Americans are less likely to participate in research than their White counterparts (Murry et al., 2004;



Washington, 2006). The reasons that African Americans may be reluctant to participate in research include an overall distrust of the research process, structural and contextual factors, and a lack of understanding of the cultural relevance of the research and potential benefits for their community (Murry et al., 2004). There are both historical and contemporary reasons for this general distrust, which include a reliance on folk beliefs to understand and make decisions about health, as well as previous recorded abuses (e.g., the Tuskegee Syphilis Experiment). According to Armstrong, Crum, Rieger, Bennett and Edwards (1999), African Americans are more likely than Whites to believe that researchers will experiment on them without their consent and lack confidence in the research process in general. Structural and contextual factors include childcare issues and transportation. Recognition of these barriers and creating ways of addressing them are crucial in recruiting and retaining African American families (Murry et al., 2004). Finally, African Americans need to recognize the relevance and benefit of the research to themselves and their communities. Prevention science researcher must ensure that prevention science research and the embedded programs are culturally relevant by emphasizing this need in all phases of planning and development. This emphasis can be incorporated in the design of the research in terms of recruitment strategies, the development of program materials, randomized control trials, testing culturally adapted versions of evidence-based programs, and dissemination studies to test effectiveness (Kumpfer, Alvarado, Smith & Bellamy, 2002; Williams & Jackson, 2005). Involvement of members of the target community are essential in ensuring the success of the research project and associated preventive intervention programs as well as the sustainability of the prevention efforts after the research project is completed (Eddy et al., 2005; Spoth, Greenberg, Bierman & Redmond, 2004). To this end, prevention scientists strive to educate the

target populations and community stakeholders on the importance and significance of research for their communities (Castro, Barrera & Martinez, 2004).

Despite these obstacles, researchers are finding ways to successfully implement prevention research in African American communities. This success is dependent upon involvement from the target population and community stakeholders, as well as collaboration with community agencies and institutions throughout the research (Ball, Pelton, Forehand, Long & Wallace, 2004; Dittus, Miller, Kotchick & Forehand, 2004; Hicks, Alleh, & Wright, 2005; Keyserling et al., 2002; Murry et al., 2004). This level of involvement addresses issues of knowledge about the research and prevention efforts, the benefits to the community, the distrust that the target population might possess, and the concern about sustainability. A common theme in the literature for general prevention efforts is securing community buy-in. Community stakeholders are influenced by a set of values and beliefs and a body of knowledge, which are shaped by education, race, religion and geographic community among other affiliations (Farquhar et al., 2005).

One strategy for incorporating community stakeholders in prevention science efforts with African Americans is recruiting these stakeholders to serve as program facilitators. These are the individuals who are trained on the curriculum and who will be instrumental in determining any adaptations needed to ensure sustainability in their communities. Facilitators are particularly important to prevention science programs because effective implementation is crucial to the research component of prevention science. Nation et al., (2003) assert that a “high quality, research based program can produce disappointing results in dissemination field trials if the program providers are poorly selected, trained or supervised” (p. 454). This focus is not limited to those in prevention science. D’Eon and AuYeung (2001), who work with continuing medical

education specifically state, “a poor leader can make the learning experience tedious and fruitless, whereas an effective facilitator can engage, challenge, and energize participants” (p.33).

The literature pertaining to the influence of program facilitators in successful prevention programs is not abundant. A search across disciplines will yield some literature suggesting that the issue of proper implementation is dependent, in part, on several facilitator characteristics (D'Eon & AuYeung, 2001; Dusenbury, Brannigan, Falco & Lake, 2004; Nation et al., 2003). These general facilitator characteristics include the motivation of the individual, attitude about the program being taught, competence, attention to tasks, experience in teaching and relevance of the content to the facilitator (D'Eon & Au Yeung, 2001; Dusenbury et al., 2004; and Nation et al., 2003). The literature is relatively general and does not address issues related to how the similarities or differences of the facilitators as compared to the program participants influence the facilitator's teaching practice or facilitator/participant relationship. This relationship may be significant based on a theory in the health care profession that minority patients feel more comfortable with minority health care providers. The basis of this theory is the assumption that a minority provider can better understand their cultural customs, attitudes and beliefs as they relate to health (Mullins, Blatt, Gbarayor, Yank & Baquet, 2005).

The education literature contains significantly more research on the impact of professional educators' positionality on their practices and classroom dynamics. Positionality refers to how various aspects of an individual (e.g., race, gender, class sexual orientation and physical ability) may affect how one is positioned relative to the dominant culture (Brown, Cervero & Johnson Bailey, 2000; Johnson Bailey & Cervero, 1998; Johnson Bailey & Lee, 2005; Tisdell, 2000). Brown et al. (2000) challenge the myth of the universal teacher, which assumes the following: all teachers enter the classroom on equal terms regardless of their

positionality; teachers' experiences in the classroom are not related to their positionality; and guidelines for effective teaching are the same regardless of the teacher's positionality. Instead, Brown et al. assert that societal relations outside the classroom affect the classroom climate. Tisdell (2000) concurs, asserting that the positionality of teachers and students always affect how classroom dynamics unfold. She goes on to intimate the importance of group identity and worldview by writing that when teachers enter the classroom, they bring their personality, thought patterns, knowledge, feelings and an entire set of values formed by the communities in which they grew up, including religion, social status and ethnic background. Group identity relates to community membership, which includes the community in which individuals grow up, but also the various communities in which people currently live (e.g., residential, occupational, spiritual) (Mordecai, 2006; Sellars, Smith, Shelton, Rowley & Chavous, 1998). An individual's worldview is influenced by both their positionality and their group identity and is manifested through expressions of their personality and thought patterns (Shkedi & Nisan, 2006). All of these variables influence the teaching process (Brown et al., 2000). Because effective programs are to a large extent dependent on effective facilitators, it is important to consider how group identity, positionality, and worldview of the facilitator affect program success.

#### Statement of the Problem

Contemporary society is plagued with a variety of social ills, including substance use and abuse, violence, chronic health issues and poverty. Prevention science is a field of study that can address these concerns through research that involves developing and testing preventive intervention programs. The primary purpose of prevention science research is to empirically test these programs for their effectiveness on impacting the target issues, problems, or behaviors. Once programs are proven to be effective, ideally, the programs are then made available to the

target populations to be sustained within the community. In recent years, prevention scientists have begun to focus their efforts on African American populations by developing culturally relevant programs and conducting studies to test the program effectiveness. This shift in focus is particularly timely considering the many racial disparities that continue to exist. These program and research efforts often incorporate special considerations for African Americans, including the active involvement of individuals from the target communities at all levels in the development and design process (Ball et al., 2004; Dittus et al., 2004; Hicks et al., 2005; Keyserling et al., 2002; Murry et al., 2004).

One level that individuals from the target communities can become involved in prevention science is through program facilitation. Facilitators are the individuals who are selected and trained to teach the program during the intervention phase of the research project. The facilitators play an important role in the overall testing of the curriculum because the effectiveness of the program is based on the outcomes found in the research with the program participants. The curriculum can be great, but if the facilitator does not implement it correctly or fails to engage the participants, the outcomes may not be a true reflection of the program's effectiveness. There is some prevention science literature that describes the general characteristics of effective facilitators, but does not consider cultural influences and how the facilitator's group identity, positionality, and worldview may influence these characteristics. The education literature recognizes these influences on teaching practices as well as classroom dynamics. I contend that these issues are also relevant for program facilitators, particularly those who are implementing programs that target African American participants.

### Research Focus

The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

### Significance

Prevention science as a field of study can be an important factor in reducing social and health problems in our society. A major influence in contemporary society is the increase in ethnic diversity. In the past century, we have shifted from a society that was 90% White and nearly 10% African American to one that is 72% White, 12% African American, 12% Hispanic and 4% Asian and Pacific Islanders (Riche, 2000). A challenge therefore, for prevention science, is to meet the needs of an increasingly diverse populace.

This study specifically focuses on the influence of group identity, positionality, and worldview, on how African American facilitators deliver programs to African American participants. Understanding these influences is important for several reasons. First, the facilitator plays a critical role in the implementation and success of the program. In addition to delivering a specific curriculum, the facilitator is charged with creating a safe and conducive learning environment. This role becomes more complex when the facilitator is implementing a culturally relevant program targeting minority groups. If the ultimate goal of prevention science is to disseminate empirically proven programs, prevention science scholars must be committed to considering the cultural influences of the facilitator.

Second, this study focuses on African American facilitators who implement programs with African American participants. This is significant because involving members of the target community has proven to be effective in increasing the buy-in from the community and may have a positive impact on the receptivity and acceptability of the study within the community (Dittus et al., 2004; Murry et al., 2004). This receptivity and acceptability is particularly important for the involvement of African American participants, who are typically less likely to participate in research (Murry et al., 2004). Additionally, using members from the target community to implement the program may facilitate the ability of the community to sustain the program once the study has ended and the study's resources are no longer available. Another practical implication, perhaps the most important, is that effective programs designed to improve the overall quality of life for African Americans will be more available to this population.

Finally, this study will contribute to both the prevention science and adult education knowledge base. Prevention science scholars understand the importance of cultural relevance in conducting research and creating the programs. This study will provide valuable information concerning cultural relevance in implementation with implications for sustainability. Adult education already has a wide scope, but this study will provide further information concerning issues of positionality, group identity and worldview in teaching practices and classroom dynamics, specifically in a community based context. Prevention science is an unexplored arena in adult education and has implications for its correlation to other informal and community based programming with lay teachers.

#### Definition of Terms

This study encompasses the field of adult education and the multi-disciplined field of prevention science. Many of the terms that are core to the present study are defined differently

in the existing literature. In this study, I used the terms as they were used by the prevention science program planners in their program planning. As such, working definitions for several terms are provided here as a resource to the reader.

*Culturally grounded:* This term is used to reflect the teaching practices and communication patterns that are rooted in cultural knowledge, such as the traditions of story telling and call-and-response as methods of communication among those of African descent (Boone, 2003).

*Cultural knowledge:* This term refers to the learned behavior, beliefs, skills, awareness, consciousness, competence, and ways of relating to people and the environment that members of a cultural group acquire through enculturation (King, 1995; Spradley, 1972).

*Culturally relevant:* This term is used to refer to curriculum and practice that focuses on culture as both object and subject of individual and group learning. Culturally relevant curricula and practice are seen as one way that adult educators can break the destructive cycle of racial, gender and ethnic oppression (Guy, 1999).

*Culturally sensitive:* This term is used in the prevention science literature and refers to research and programs that have been designed or adapted to meet the specific cultural needs of ethnic or minority populations (Botvin, 2004). Designing culturally sensitive research and programs include identifying cultural norms, myths, beliefs and behaviors regarding the specific issue to be addressed/studied (Stevenson & Davis, 1994).

*Rural:* This designation is given by the principal investigators of the prevention science research study based at the public university and described in the general terms of “small towns and communities” (Murry et al., 2005). According to information provided by the state



government's website, seven of the eight counties involved in the study have a population of less than 35,000. The remaining county has a population of 44,700.

Urban: This designation was assigned to the research study based at the public university. The principal investigators of this prevention science study specifically name Atlanta as the city where the project takes place (Sales, Salazar, Wingood, DiClemente, Rose, & Crosby, 2008). Atlanta is the state capital of Georgia and is nestled in Fulton County, which has a population of 816,006.

## CHAPTER 2

### REVIEW OF THE LITERATURE

The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

According to Merriam and Simpson (2000), a literature review summarizes and integrates previous work in the subject area and allows the author to offer suggestions for future inquiries. Literature reviews conducted prior to a research study serves the following five functions: (1) provides a foundation for building knowledge; (2) shows how a study contributes to the body of knowledge; (3) helps conceptualize the study; (4) provides clues to methodology; and (5) offers a collective point of reference for interpreting the study findings. For the purpose of this study, the literature review is divided into three specific areas, racial disparities, prevention science, and adult education (Merriam & Simpson, 2000).

The literature referenced in this section came from a variety of sources. Just as prevention science encompasses several disciplines, the literature pertaining to prevention science came from psychology, child and family development, sociology, health and social work. The literature pertaining to racial disparities came primarily from the health, psychology and sociology fields. Health disparity information came from federal reports from the National

Institutes of Health and Centers for Disease Control. Finally, the information pertaining to adult education came from the education literature. Online searches via GALILEO at the University of Georgia were conducted. ERIC, EBSCO, PsychArticles, PsychINFO and Sociological Collection were the primary databases searched. Various descriptors and combinations for descriptors were used, including: health disparities, African Americans, prevention science, prevention programs, intervention programs, positionality, worldview, identity, group identity, adult education, teaching, learning, classroom dynamics, informal and nonformal education, facilitators, community programs, program sustainability, and fidelity.

### Racial Disparities

The history of African Americans in the United States has been riddled with violence, oppression, discrimination, and inequality at all levels. The institution of slavery reduced those of African descent to chattel: legally defining them as three-fifths of a person (Cook, 2005; Sellers, Smith, Shelton, Rowley & Chavous, 1998). In the 1857 Dred Scott Decision, the Court maintained that Whites did not have to respect the rights of persons of African descent; instead, Whites could extend and take away any rights of their choosing, at will. Less than fifty years later, in the 1896 case of *Plessy v. Ferguson*, the Court ruled that separate but equal facilities were constitutionally permissible for Blacks and Whites. This decision ushered in the Jim Crow era, which endured for over half a century before the 1954 decision from *Brown v. Board of Education* ruled the practice of “separate but equal” unconstitutional. Cook (2005) describes this decision and the hope that embodied Black Americans:

This historic, landmark, controversial, and revolutionary case nullified and reversed so much of the content, character, and spirit of American constitutional history, jurisprudence, and moral philosophy on the

status, rights, and privileges of blacks and helped to catalyze, mobilize, and energize the Civil Rights Movement and the Black Revolution.

(p. 3)

Change and progress have come relatively slow in the 50 years since this decision, possibly because of the lingering effects of the oppression and discrimination Blacks suffered through most of their history in this country. Cook (2005) acknowledges these effects and ties them to the legacy of the *Plessy v. Ferguson decision*. One manifestation of this legacy may be the well-documented disparities between African Americans and other ethnic groups, particularly Whites. Ethnic disparities are widely publicized in a variety of systems, including health, judicial, economics, and education.

#### *Health Disparities*

Health disparities is one of the most explored areas of ethnic disparities (Farquhar et al., 2005; Read & Emerson, 2005; U.S. Department of Health and Human Services, 2004; Williams & Jackson, 2005) and is often discussed in conjunction with other types of disparities. Health priorities were initially identified in 1979 in a report by the Surgeon General which identified two groups with high rates of death that were preventable, one of which was “younger African American adults who were exhibiting death rates that were 2.5 times higher than whites due to strokes associated with hypertension” (Mullins et al., 2005, p.1874). The ongoing severity of this issue continues to be recognized at the federal level. In 1999, Congress requested that the Institute of Medicine (hereinafter referred to as IOM) assess the extent of racial disparities, identify sources of the disparities and suggest intervention strategies (Mullins et al., 2005; Smedley, Stith & Nelson, 2003). The final report concluded that “the sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at

several levels, including health systems, their administrative and bureaucratic processes, utilization managers, health care professionals and patients” (Smedley et al., 2003, p. 1). More recently, the Department of Health and Human Services announced that the *Healthy People 2010* initiative identified the elimination of racial and ethnic health disparities as a priority area of focus (Fleming, Lansky, Lee & Nakashima, 2006).

Health disparities occur in types of disease, treatment, mortality, and access to and quality of health care. In specific diseases, the rate of diabetes diagnoses for African Americans is nearly twice that of White Americans; African Americans suffer the highest rates of cancer; heart disease affects 50% more African Americans than Whites; hypertension prevalence rates are higher (48% versus 28% in Whites); obesity in African American women is 53% versus 39% of White women and; at 49% of HIV infected Americans, African Americans are ten times as likely to develop AIDS (Fleming et al., 2006; McQuillan & Kruszon-Moran, 2008; Ogden et al., 2007; Ostchega, Yoon, Hughes, & Louis, 2008; Washington, 2006). In addition to higher rates of disease, African Americans suffer more consequences (e.g., limb loss, blindness, and kidney disease from diabetes) and die at higher rates from heart attacks, breast cancer and prostate cancer (Smedley et al., 2003; Washington, 2006; Williams & Jackson, 2005). Washington’s (2006) conclusion concerning these disparities echo those of the IOM, “these are dire statistics, born of complex interactions among unhealthy environments, social pressures and limitations, lifestyle factors, and limited access to cutting-edge therapeutic medical research that is meant to help treat or cure a patient with a disorder” (p. 5).

An example of a treatment disparity is that African Americans are less likely to receive needed services, including clinically necessary procedures. When services are rendered, African Americans (as well as Hispanics) tend to receive lower quality of care and clinical services.

Additionally, African Americans are more likely to receive less desirable services (e.g., amputation). The IOM also found that disparities exist across a range of clinical settings (Smedley et al., 2003). Finally, compared to other races, Blacks have the highest disability rates, shortest life expectancies, and the least access to health care (Read & Emerson, 2005).

Health disparities are impacted by other areas of disparity as well. Williams and Jackson (2005) examined several factors related to disparities: socioeconomic status (SES) and residential segregation. Their findings indicate that SES (i.e., education, income and occupation) is a strong predictor of health variations, noting specifically that groups with low SES tend to develop illnesses in their thirties and forties that are not seen in individuals with higher SES until their sixties and seventies. Findings such as this have led some to argue that class rather than race is more responsible for health disparities. While looking at SES alone does lessen the difference, Blacks have worse health than Whites at comparable levels of education and income (Read & Emerson, 2005). Education often determines occupation, which is the primary health care provider for many Americans. As such, SES impacts access to insurance coverage for workers and their families, often contributing to reduced levels of insurance coverage for African Americans (Read & Emerson, 2005; Williams & Jackson, 2005). Williams and Jackson (2005) also note that SES impacts health practices and levels of stress; those at lower levels of SES are more likely to have fewer positive health practices and higher levels of stress. Another significant factor is institutional racism, which plays a significant role in perpetuating racial differences in SES. This powerful form of racism can limit access to socioeconomic goods through residential segregation, which impacts access to education and employment opportunities (Read & Emerson, 2005; Williams & Jackson, 2005). The negative impact of residential segregation can influence health disparities because neighborhoods may not offer safe

alternatives for exercise and local stores may have limited offerings (Dressler, Oths & Gravlee, 2005). Additionally, neighborhood conditions are related to the level of violence experienced and witnessed by residents, which can influence stress levels and overall well-being (Williams & Jackson, 2005).

Iguichi, Bell, Ramchand, and Fain (2005) argue that these health disparities are further exacerbated by disparities in the judicial system. They note that although there was an overall increase in the number of drug offenders entering prison between 1983 and 2001, when broken down by race, most of this increase represents African Americans. Ojmarrh's (2005) meta analysis of race and sentencing research reveals that on average, African Americans are sentenced more harshly than Whites, but that the disparity increases considerably for drug offenses in imprisonment decisions and discretionary sentencing. A felony drug conviction, perhaps any conviction, can affect: access to jobs and therefore employment health benefits; access to public housing; access to some social service benefits (e.g., food stamps); access to many jobs, licenses/permits and military service; access to financial support for higher education; and access to the right to vote in many states (Iguichi et al., 2005). Iguichi et al. (2005) posit that these restrictions, applied after the offender has completed time in prison, might affect the health and well being of the individual, their families and their community at large.

Economic disparity in adulthood is directly related to educational attainment and opportunities. While racial wage inequality exists in all occupations, Bjerck (2007) notes that the inequality is greater in blue collar jobs than white-collar jobs. In white-collar jobs, African Americans are generally paid less than their White counterparts, but this difference can be accounted for by racial differences in academic skills at the outset of each worker's career (Bjerck, 2007). Research shows that Blacks, Hispanics, and American Indians are more likely to

attend lower-quality schools with fewer material and teacher resources and are more likely to have lower test scores, drop out of high school, not graduate from college, and attend lower-ranked programs in higher education. Specifically, African American students have lower SAT scores, are more likely to repeat a grade and to be placed in special education classes (Dabady, 2003; Farkas, 2003). Students who attend resource poor schools are disproportionately members of minority groups. The system of public school financing depends largely on property taxes. Racial segregation in public and private housing markets impacts the financial resources of schools and the opportunities to learn that they purchase (Farkas, 2003; Mickelson, 2003). The preceding discussion outlines the vast issue of health disparities and its relationship to disparities in the judicial system, economics and education. The next section offers theoretical explanation for these disparities.

#### *Theoretical Explanations for Disparities*

Dressler et al. (2005) presents five theoretical models that propose to explain the health disparities between African American and Whites (a) Racial-Genetic Model, (b) Health-Behavior Model, (c) Socioeconomic Model, (d) Psychosocial Stress Model, and (e) Structural-Constructivist Model. Dressler et al. review the studies and results that support the model and offer a critique of each. The first model attempts to explain health disparities by emphasizing genetic variants that may be distributed differently across racial and ethnic groups. The second model emphasizes destructive behaviors that individuals engage in voluntarily (e.g., over eating, little physical activity, smoking, consuming excessive amounts of alcohol). Dressler et al. conclude that a racial genetic explanation for health disparities is weak and while certain behaviors contribute to disease risk, there is little evidence that the racial and ethnic health



disparities can be explained by these behaviors. Thus, they give less credence to these first two models as adequate theories to explain health disparities.

According to Dressler et al. (2005), the final three models offer more promise in explaining health disparities. The Socioeconomic Model builds on the correlation between race and socioeconomic status (SES). As noted previously, some scholars have argued that if you control for SES, the disparities will disappear. Again, while controlling for SES may lessen the disparities, it does not account completely for them (Dressler et al., 2005; Read & Emerson, 2005). Dressler et al. suggests that a promising research direction for this model is examining the effect of residence in low-income communities on health, and how SES may moderate racial or ethnic differences.

The Psychosocial Stress Model considers the effect of institutional and interpersonal racism on health disparities. Researchers have taken four approaches with this model. In the first approach, researchers make a clear distinction between institutional racism and perceived racism. Institutional racism refers to the system of structured inequality that places Black Americans lower on all indicators of economic well being. It results in the limited access of racial and ethnic minorities to resources (e.g., high paying jobs, educational opportunities, housing). Perceived racism refers to the conscious perception of discriminatory acts and practices (in institutional settings as well as in daily life) and the distress associated with that perception. The second approach involves looking at stress in general and the detrimental effects it has on health. The third approach adapts the general models of the stress process to the specific ethnographic realities of African American communities (e.g., living in areas with high crime). The final approach focuses on factors within the African American community, such as meeting the financial needs of contemporary life in the face of limited economic resources

(Dressler et al., 2005). Dressler et al. (2005) posit that this model has a conceptual advance over the previous three models because it attempts to integrate the unique experiences of the African American community and how that experience leads to stressors that are associated with health and disease.

The final model, the Structural-Constructivist Model, takes into account the dual nature of human existence. There is an external social structure that we all have to live within, but for ethnic minorities, there is also the reality of their cultural group with shared understandings about the reality of life as a racial or ethnic minority. The research done within this model acknowledges, “all social, psychological and biological processes occur within this intersection of social structure and cultural construction” (Dressler et al., 2005, p. 241). As with the previous model, Dressler et al. appreciate that this model integrates the unique experiences of African Americans. They give this model more credence because it goes a step further and looks at how goals are culturally constructed and the implications for health when those goals are limited by racial stratification (Dressler et al., 2005).

#### *Section Summary*

Racial disparities are detrimental to the health and wellbeing of all people of color. The enduring legacy of slavery and segregation serve to further confound the problems experienced by African Americans in particular. In this section, racial disparities were introduced as one manifestation of this enduring legacy. The preceding discussion has addressed health disparities in particular and how these disparities interact with, and are impacted by other disparities. The section ended with a description of five theoretical models that attempt to explain these disparities. The most promising of these models is the Structural-Constructivist Model because it integrates the unique experiences of African Americans as well as the cultural construction of

goals and the impact of racial stratification on those goals. While it is important to understand why disparities exist, efforts and attention must also be given to eliminating these disparities. In the next section, the field of prevention science will be introduced as a possible avenue to begin addressing racial disparities.

### Prevention Science

Prevention science is a field of study devoted to developing and testing preventive intervention programs designed to address a variety of health, behavioral and social issues. The idea of prevention in mental, social, and physical diseases has been around for some 200 years (Eddy & Swanson-Gribskov, 1998). Physicians were the first professionals to begin working in prevention, followed by those in social work, public health and sociology. Psychologists entered the arena during the WWII era in their work with veterans (Eddy, Martinez, Morgan-Lopez, Smith & Fisher, 2002). These early efforts laid the groundwork for the field of prevention science, which began to solidify in the mid-1970s, when researchers and practitioners were introduced to the idea that primary prevention should be used in the treatment of mental health (Eddy et al., 2005). The field has since grown to include physical and behavioral health as well. The crux of any prevention science research study is the program that is developed and tested as part of the research. Nation et al. (2003) explain the need for these programs, “the costs of social, therapeutic and rehabilitative services needed to address social and health problems make the search for prevention programs essential” (p. 449).

Prevention science has four primary domains: problem analysis, innovation design, field trials and innovation diffusion (Eddy et al., 2002). Problem analysis involves the identification of modifiable risk factors, which serve as the driving force behind the research study. Innovation design involves the development of a preventive intervention that will impact these risk factors,

which are then tested in field trials. These field trials determine whether the program is efficacious. The final domain, innovation diffusion, involves the dissemination of the efficacious preventive intervention (Eddy et al., 2002). As scientific evidence supporting specific prevention programs increases, the federal government has become involved with this final domain by focusing on efforts to disseminate the most effective approaches (Botvin, 2004). Several federal agencies with missions related to prevention have developed initiatives to influence prevention practice by promoting evidence-based prevention approaches. These agencies include the National Institute on Drug Abuse, the Center for Substance Abuse Prevention, the Centers for Disease Control and Prevention, the U.S. Department of Education's Safe and Drug Free School Program, and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (Botvin, 2004). Specific examples of these empirically tested programs can be found on several federal websites including the Center for Substance Abuse Prevention and the Centers for Disease Control and Prevention.

As more programs are being tested and proven efficacious, scholars have begun to identify characteristics of model programs. These seven major characteristics include: (1) using a research-based risk and protective factor framework that involves a holistic support system; (2) using a long term, age specific, and culturally appropriate program format; (3) focusing on the development of the participants as the central point of the program; (4) aiming to establish policies, institutional practices, and environmental supports as an outcome of the program; (5) having an effective implementation plan as part of the program goal; (6) being simple and flexible in the program delivery; and (7) incorporating and adapting evidenced-based programming to meet local community needs (Botvin, 2004; Nation et al., 2003).

The first characteristic indicates that model programs are those that are based on previous research and involve a system that includes families, peers and community entities. The second characteristic emphasizes the need for the program to be ongoing, developmentally appropriate for the target population and to take into consideration, the cultural factors of the target population. The third characteristic positions the development of the participant as the central focus of the program. The fourth characteristic challenges curriculum developers and researchers to think beyond the study at hand to affecting larger systems. The fifth characteristic, effective implementation, includes the selection and training of program facilitators as well as ongoing support and evaluation. The sixth characteristic, simple and flexible, speaks to the need for curriculum developers and researchers to consider dissemination and community sustainability after the research study is completed. Finally, the seventh characteristic emphasizes the need for programs to be empirically tested and adapted to meet the needs of the specific community (Botvin, 2004; Nation et al., 2003).

All of these characteristics seem to imply that curriculum developers and prevention science researchers should look beyond the development and testing of the curriculum, to the actual implementation of the program and future sustainability. The prevention science literature is currently skewed towards curriculum development and the science behind the research. A reason for the lack of literature on implementation may be that one of the major funding sources of prevention science research, the National Institutes of Health, implies that implementation itself is not a topic for research. While the Institute funds preventive intervention trials, it does not seem to be organized to foster the integration of science based practice into practice settings (Biglan, Mrazek, Carnine & Flay, 2003).

The curriculum development literature contains articles about the development process, accessing the community, recruiting and retaining the families, and selecting and training facilitators to implement the programs. The research literature yields numerous articles detailing descriptions of the sample populations, methodological approaches, theoretical frameworks, findings, and implications for further research. The more sparse literature on implementation and sustainability consist primarily of articles about specific programs and the factors that led to success or failure, and how specific programs have been adapted and disseminated. There is also some literature that provides descriptions of model programs and effective facilitators. While the literature acknowledges the importance of facilitators to the success of implementation, it is limited and often discussed in the context of other factors.

Program facilitators are crucial to both implementation and sustainability. First, because the program facilitators influence how well the participants receive and understand the curriculum content, they can also impact the degree of change that researchers see at the post-intervention data collections. Nation et al. (2003) write that a “high quality, research based program can produce disappointing results in dissemination field trials if the program providers are poorly selected, trained or supervised” (p. 454). D’Eon and AuYeung (2001), who work with continuing medical education, concur, stating “a poor leader can make the learning experience tedious and fruitless, whereas an effective facilitator can engage, challenge, and energize participants” (p.33). Facilitators can also play a vital role in sustainability because they have intimate knowledge about the program and can serve as an advocate and trainer in the community after the research project is completed.

As previously mentioned, the literature pertaining to the influence of program facilitators on prevention programs is not as abundant as other topics. A search across disciplines yields

some literature that suggest that the issue of proper implementation is dependent, in part, on facilitator characteristics, training issues and ongoing support and evaluation (Botvin, 2004; D'Eon & AuYeung, 2001; Dusenbury et al., 2004; Nation et al., 2003). These general facilitator characteristics include the motivation of the individual, attitude about the program being taught, competence, attention to tasks, experience in teaching and relevance of the content to the facilitator (D'Eon & AuYeung, 2001; Dusenbury et al., 2004; Nation et al., 2003). The current research study focused on facilitators of preventive intervention program. This study is different in that it provides insight into the impact of the facilitator's group identity, positionality, and worldview on their instructional practices.

#### *Prevention Science Research with African Americans*

As noted previously, prevention science research can be a powerful tool for addressing societal concerns when implemented with the right populations (Kumpfer & Alvarado, 2003). Although the right population depends on the issue at hand, African Americans in general, are an ideal population to target in prevention science research efforts. African Americans have a long painful history in the United States, which has led to a variety of social, health and economic disparities.

While African Americans may be an ideal population, this population is less likely to participate in community programs, particularly when associated with research (Coie et al., 1991; Murry et al., 2004; Washington, 2006). The reasons that African Americans may be reluctant to participate in research include: a mistrust of the researchers, the research process and the use of the data; structural and contextual factors (e.g., economic hardship); the perception of cultural irrelevance of research and programs; and not understanding the benefits for their communities (Mullins et al., 2005; Murry et al., 2004; Washington, 2006). This general mistrust

is based, in part on, African Americans' long and continuing struggle for equality in this country as well as a history of past abuses. Washington (2006) writes, "historically, African Americans have been subjected to exploitative, abusive, involuntary experimentation at a rate far higher than other ethnic groups" (p. 21). While she is referring specifically to medical research, her point that wariness on the part of African Americans with respect to research is neither a "baseless fear of harm nor a fear of imaginary harms" (p. 21) should be taken to heart by all researchers. Part of the history that Washington refers to includes the horrific Public Health Service Syphilis Study (more commonly known as the Tuskegee Syphilis Experiments). Although the study took place from 1932 – 1971, it has become well known in contemporary society because of the 1997 HBO movie *Miss Evers' Boys* (based on a play that premiered in 1989) and the 1997 official apology on behalf of the United States Government by President Bill Clinton.

It seems logical then, that Armstrong et al. (1999) found that African Americans are more likely than Whites to believe that researchers will experiment on them without their consent and lack confidence in the research process in general. Cultural mistrust is term coined by social and behavioral scientists to describe distrust toward White Americans and their mainstream academic and governmental institutions. Cultural mistrust may manifest as suspicion about the motives of a research study and the belief that one must proceed with caution when participating in research studies (Murry et al., 2004).

Despite the issues that might preclude African Americans from participating in research, there are many who have chosen to participate. Unfortunately, general approaches to studying African American families have focused on dysfunction, deficits, and unfavorably comparing African American families to White families. These approaches tend to treat non-mainstream



behaviors and their consequences as a result of shortcomings of the person or family rather than fully examining the contextual influences (Murry et al., 2004). In a review of the literature on research with African American families, Murry et al. found three contemporary themes. First, the theme of African American families in a state of crisis provides information on what is not working in families (e.g., the absence of fathers, adolescent pregnancy rates). The second theme revolves around African American parenting practices, which tend to be more authoritarian than practices in other ethnic groups. Finally, the theme of individual and development issues has a problem-focused approach to examining African American youth (Murry et al., 2004). Murry et al. advocate approaching research with African American families from a competence-based perspective. Doing so will have implications for the field, but may also increase African Americans' willingness to participate in research and the associated preventive intervention programs.

Other considerations for conducting research with African American families are securing buy-in, conducting culturally relevant research, and addressing barriers to participation. Community buy-in is a common theme in the literature for general prevention efforts, but is particularly important when dealing with African Americans or other populations who are reticent to participate in research. Community stakeholders are influenced by a set of values and beliefs and a body of knowledge, which are shaped by education, race, religion and geographic community among other affiliations (Farquhar et al., 2005). Community stakeholders therefore, are essential in ensuring the success of any research project and associated preventive intervention programs, as well as the sustainability of the prevention efforts after the research project is completed (Eddy et al., 2005; Spoth et al., 2004). To this end, prevention scientists

must educate stakeholders about the importance and significance of research for their communities, particularly minority communities (Castro et al., 2004).

The integrity of the research requires the participation of all those involved, the scientists as well as those who make policy, administer programs, and the families and individuals who participate in the projects (Williams & Jackson, 2005). In order for communities to implement programs properly, community stakeholders must understand the research criteria; and the questions addressed by researchers must be relevant to the needs and goals of policy makers, administrators, and local community leaders (Williams & Jackson, 2005). Involving a wide range of community stakeholders ensures that policy makers and other leaders will make certain that the programs fit into the cultural and economic context of their community (Williams & Jackson, 2005).

Second, it is incumbent upon the researchers to ensure that the research project and the associated program are culturally relevant. In order to assure that prevention studies and programs are culturally relevant, a cultural emphasis is needed in all phases of planning and development. This emphasis can be incorporated in the design of the research; recruitment strategies; the development of intervention and program materials, randomized control trials; testing the culturally adapted versions of evidence-based family programs; and dissemination studies (Kumpfer et al., 2002; Williams & Jackson, 2005).

Finally, minority families are difficult to recruit and retain in programs due to structural and contextual barriers (e.g., childcare issues, transportation). Recognition of these barriers and creating ways of addressing them are crucial in recruiting and retaining African American families (Murry et al., 2004). Coie et al. (1991) estimate that participation of ethnic minority families in programs associated with research is as low as 10%. Thus, designing the research

and curriculum in a culturally sensitive way is vitally important (Keyserling et al., 2002). An example of a culturally appropriate program design issue is ethnic families' general preference of family focused, rather than youth only focused programs. This preference may be due to the collective family identity often found in ethnic families, rather than an individual self-identity (Kumpfer et al., 2002; Mock, 2001). Another example of addressing barriers is based on the theory in the health care professions that minority patients feel more comfortable with minority health care providers. The basis of this theory is the assumption that a minority provider can better understand the patient's cultural customs, attitudes and beliefs as they relate to health (Diala et al., 2000; Mullins et al., 2005; Sanders Thompson & Bazile, 2004; Smedley et al., 2003; Sue, Fujino, Hu, Takeuchi & Zane, 1991). Mullins et al. (2005) further state that minority patients may be receptive to culturally competent non-minority providers who they believe are trustworthy and treat them with respect. Smedley et al. (2003) found that when sociocultural differences between patient and provider are not appreciated, explored, understood or communicated in the medical encounter, the result is patient dissatisfaction, poor adherence, poorer health outcomes and disparities in care. While it is not currently feasible to ensure that all minority patients have access to providers who are culturally similar, authors agree that it is important to begin to actively recruit minority providers and ensure appropriate training for nonminority providers (Mullins et al., 2005; Smedley et al., 2003; Sue et al., 1991).

In terms of preventive interventions, this discussion has implications for selecting the project staff that collect the data from families, as well as the facilitators who implement the preventive intervention programs. Smedley et al. (2003) recommend the use of community health workers (e.g., lay health advisors, neighborhood workers, indigenous health workers, and health aides) who are community members and work almost exclusively in community settings.

These individuals can serve as connectors between healthcare consumers and providers to promote health among groups that have traditionally lacked access to adequate care. Such a system can build on the strengths of community ties to help improve outcomes for its citizens (Smedley et al., 2003). This suggestion ties in with the goal of securing community stakeholders in prevention science projects. The projects described in the next session will provide several examples of how community stakeholders are utilized in prevention science research.

### *Successful Research Projects with African Americans*

Despite obstacles and barriers to recruiting African Americans to participate in research, several prevention science researchers are finding ways of successfully implementing prevention research in African American communities. The following five examples illustrate the various ways that prevention scientists have implemented studies and associated programs with African American populations.

#### *The Parents Matter! Program*

The Parents Matter! Program is a community based, family prevention program designed to enhance protective parenting practices and promote parent-child discussions about sexuality and sexual risk reduction in African American families in Georgia and Arkansas (Ball et al., 2004; Dittus et al., 2004; Murry et al., 2004). The study participants are African American parents or guardians who had children in the 4<sup>th</sup> or 5<sup>th</sup> grade, aged 9 – 12 at the time of recruitment. The project included three intervention conditions. The first condition, the Enhanced Communication and Parenting Intervention, consisted of five 2 ½ hour sessions and focused on general parenting skills and sexual communication skills. The second condition, Brief Communication and Parenting Intervention, consisted of a single 2 ½ hour session in which parents were provided information on general parenting skills and sexual communication skills.

Finally, the General Health Intervention consisted of a single 2 ½ hour session and focused on general child health issues such as diet and exercise (Dittus et al., 2004).

Community leaders, referred to as Community Liaisons, were recruited to serve in key roles on the project team. The primary responsibility of this Community Liaison was establishing and maintaining relationships with community members and serving as the first point of contact for potential participants (Murry et al., 2004). A community advisory board composed of teachers, health officials, church leaders, and parents was formed to ensure that the interventions and assessments were appropriate for the community. These individuals also worked with the Community Liaison to assist with the development of recruitment and retention strategies and identify prospective sites for the intervention (Ball et al., 2004; Murry et al., 2004). Recruitment efforts included going into the local community to distribute flyers, doing presentations at local organizations and attending community events (e.g., health fairs, PTA meetings, and church functions) as well as going door to door in the target community. During recruitment, parents were asked about their availability to attend the intervention sessions (Ball et al., 2004).

African Americans were hired to guide the participants through the consenting process and the computerized measures. This cultural matching was also utilized during the intervention with efforts made to hire African American facilitators who were active in the community. In addition to training on the curriculum and group dynamics, facilitators also received training on diversity and cultural sensitivity (Ball et al., 2004). Prior to implementing the program with study participants, mock intervention sessions were held with actors, then pilot tested with parents and youth who were demographically similar to the target sample. Modifications were made to the curriculum based on lessons learned from these sessions. Participants received

reimbursement for transportation and childcare expenses for each intervention session. To facilitate retention, if a parent missed a session, the project staff sent a post card and made a follow-up phone call (Ball et al., 2004).

### *Health Ministers in Tennessee*

Lloyd, McConnell and Zahorik (1994) implemented a project designed for health promotion and disease prevention activities for African Americans residing in northeast Tennessee. They found that seeking the active participation of the religious community validated their goals and provided a forum for direct access to the community. Pastors at several churches identified lay representatives from their congregations to serve as health ministers for the program. The general criteria used to select the health ministers were a 6<sup>th</sup> grade reading level, comfort with public speaking, the respect of their church community, and service as one of the natural caregivers in the church. These individuals may or may not have had any formal training, education or experience in the health care system, but were recognized in the church as knowledgeable, caring and willing to help.

In addition to these community members, the project included in-service directors representing health and social service agencies in the area. The researchers were concerned that the diversity of the health ministers and professionals would create an obstacle, but found instead that the discussions were enriched by their differences. Despite the educational differences, which ranged from 5<sup>th</sup> grade to master's level, there was a shared understanding of materials and an interest in participating. The researchers attribute this homogeneity to the experiential level of the participants. The fact that the health ministers were African American and understood how it felt to try to gain access to health services made the experience personally relevant (Lloyd et al., 1994). The general nature of the chosen fields of the professional staff implies that they

were invested in the well-being of the community they served. The success of the program would allow greater access to their services for the targeted populations. This group, therefore, also had a vested interest in the program.

*A New Leaf... Choices for Healthy Living with Diabetes*

A New Leaf... Choices for Healthy Living with Diabetes was conducted at primary care practices (e.g., community health centers, a health maintenance organization and the general medicine clinic at the academic health center) in central North Carolina (Keyserling et al., 2000; Keyserling et al., 2002). The target population was African American women, at least 40 years old, who had been diagnosed with Type 2 Diabetes for 20 years or less. Lists of eligible women were generated by the primary care practices and the physicians identified patients considered appropriate for the study. The study had three treatment components: clinic and community based intervention, clinic intervention only, and a minimal intervention group. The clinic-based component included individual counseling by the physician and a nutritionist; the community-based component included 3 group sessions and 12 monthly telephone calls from a peer counselor, and the minimal intervention group received literature. The first treatment component, community and clinic based, utilized peer counselors, who were also African American women with Type 2 Diabetes. These peer counselors called participants monthly to provide social support and reinforce behavior change goals, as well as assisted with group sessions. The second treatment component, the clinic intervention, also had a community counterpart to the nutritionist. This community diabetes advisor, a nonprofessional peer counselor, was also an African American woman with Type 2 Diabetes (Keyserling et al., 2000; Keyserling et al., 2002).

*HIV/AIDS with Urban Faith Communities*

In response to the rapid spread of HIV/AIDS in the African American community, Hicks et al. (2005) conducted a study to identify the factors that influence the church and other faith based organizations' ability to respond to the needs of the community and to provide policy recommendations for HIV/AIDS. The researchers developed nine case examples to study the effectiveness of HIV/AIDS prevention programs within African American communities in Washington, DC.

This study incorporated a participatory approach that depended on the study's informants to shape the study, refine the research questions, establish the formal methodology, collect data and incorporate analytic tools and report mechanisms. It focused on the faith leader's viewpoints about their HIV/AIDS prevention work as administrators (Hicks et al., 2004). The researchers chose to approach HIV/AIDS prevention holistically because of the varied issues related to health behaviors in communities of color (e.g., education, religion, housing, employment) as well as the social and structural challenges and barriers that inhibit the well-being of these communities (e.g., institutional racism).

Based on these case studies, Hicks et al. (2004) found eight key factors in planning HIV/AIDS interventions: (1) the support of the pastor (or leader) of the ministry or prevention program; (2) the program leader (experienced in public health care and long-time trusted members of the community); (3) involving persons living with HIV/AIDS in the process; (4) incorporating the realities and perspectives of the most marginalized individuals (e.g., same sex couples); (5) forging partnerships with HIV/AIDS advocates; (6) community education and awareness; (7) identifying barriers (e.g., social and structural) and; (8) creating a sound strategic



plan (Hicks et al., 2004). These factors rely heavily on the involvement and endorsement of community members, as well as the target population.

### *Poder es Salud/Power for Health*

Poder es Salud/Power for Health is a community based participatory prevention research project implemented for African American and Latino communities in Oregon. The overall goal of the project was to begin addressing social determinants of health and reduce disparities in these ethnic communities. A secondary goal was to build ties between the communities and increase access to social and economic resources for both communities (Farquhar et al., 2005). The project addresses social capital, which is characterized by a sense of trust, shared norms and values, and interconnectedness. Social capital is enhanced over time through positive interaction and assists communities in achieving mutual goals and responding to crises. Communities of color have fewer ties to institutions and individuals who provide social and economic resources and therefore are at a disadvantage, because higher levels of social capital are associated with better health and health behaviors in various ethnic communities.

Poder es Salud/Power for Health relies on three core strategies to enhance social capital in the participating communities: community based participatory research, popular education and community health workers. The researchers chose community based participatory research as the approach in order to identify and build on strengths, resources, and relationships that exist within communities; involve all partners as equals to share in the decision-making power and resources; and create cross-cultural partnerships. A steering committee was formed with representatives from all project partners to provide guidance and oversight to the project. The method used for the intervention was popular education, which is based on the premise that people know a great deal as a result of their life experiences. This method included activities of

brainstorming, socio-dramas, simulations, and problem posing. Community Health Workers were carefully chosen community members who participated in training so that they could promote health in their own communities. These individuals received intensive training on a number of health issues, leadership skills, local politics and governance structure and community organizing (Farquhar et al., 2005). The design of the project allowed the Community Health Workers to work with small communities so that they could focus on issues relevant to that specific community.

### *Program Comparisons*

Overall, these five examples had important common strategies, which may suggest a culturally acceptable and appropriate tactic for prevention science research with African American participants. First, each example includes recruiting key community members in the project. In four of the five cases, the Parents Matter! Program, Health Ministers in Tennessee, A New Leaf Program, and Poder es Salud/Power for Health, a specific individual (community liaisons, health ministers, peer counselors and community diabetes advisors, and community health workers, respectively) were recruited to serve as the main point of the contacts for the projects. These individuals were the “face” of the projects to their respective communities. They recruited participants, advocated for the project, and involved other community entities. In all five cases, community involvement was strong and collaborations were made with relevant community entities and services (e.g., physicians, social services and local police departments). These efforts to engage the community and share ownership of the project may lead to better sustainability of the programs.

In addition to involving of the community, these projects also worked to provide a cultural match between the target population and the individuals representing the program. In

the Parents Matter! Program, community liaisons, facilitators and field interviewers were African American. The researchers in the study also made efforts to ensure that the facilitators were parents themselves or had experience working with families. The health ministers in Tennessee were members of the churches they represented, preferably with some health background. For those that did not have a health background, specific training and ongoing support were provided. In the New Leaf Program, the peer counselors and the community diabetes advisors were African American women with Type 2 Diabetes, a cultural, gender and health condition match to the target population. In the HIV/AIDS in Urban Faith Communities, efforts were made to ensure that the program leaders were long-time trusted members of the community and had experience in public health care. Finally, the Poder es Salud/Power for Health project ensured a cultural match between their community health workers and the target population. In making a concerted effort to match these key players with the target population, the researchers exhibited sensitivity to making the research and prevention process more comfortable for the participants.

Among these five cases, there were varied levels of community involvement in the actual design of the research methodology and preventive intervention program. The HIV/AIDS with Urban Faith Communities and Poder es Salud/Power for Health initiatives both used a participatory approach; this approach invites the target population to help shape the planned study. The Parents Matter! Program included the participants in the design by having a pilot test of the measures as well as the interventions. In the Health Ministers in Tennessee initiative, the health ministers worked very closely with community health providers on issues of training and implementation.

These five cases represent successful examples of prevention research and programs that have been effectively implemented with African American participants. The researchers and program designers employed strategies that have been recommended for this population, namely involvement from the target population, community leaders and collaboration with community agencies and institutions. This level of involvement addresses issues of knowledge about the research and prevention efforts, the benefits to the community, the mistrust that the target population might possess, and the concern about sustainability. These efforts are proof that prevention science can be an effective tool for addressing issues that disproportionately affect African Americans. Further examination of studies that target African Americans and the long-term effects of the prevention efforts will ultimately determine if prevention science research can be a means for moving towards equity.

#### *Section Summary*

This section has defined prevention science as a field of study and outlined the importance of the preventive intervention programs, which are a primary component of prevention science research. I have proposed the need for prevention science with African Americans as a way to address some of the continuing inequities and provided examples of successful initiatives. The next section will introduce adult education and explain the connection between prevention science program implementation and adult education.

#### Relevance of Adult Education to Prevention Science

Merriam and Brockett (1997) define adult education as “activities intentionally designed for the purpose of bringing about learning among those whose age, social roles, or self-perception define them as adults” (p. 8). Johnson-Bailey (2002) adds a contextual perspective to the explanation of adult education:

Adult education is a reflection of the society in which we live. It exhibits our values, reproduces existing systems of power and functions to maintain the status quo. It is based on a hierarchical system where privilege is usually accorded along existing lines of established rights and entitlement. (p. 39)

The major concepts of adult education are andragogy, self-directed learning, transformation theory, and adult development (Merriam & Brockett, 1997). Andragogy was introduced in the late 1960s as a way of differentiating the learning that adults experience versus the learning of children (Merriam & Caffarella, 1999). The five assumptions of andragogy posit that adult learners (1) are more self-directed than younger learners, (2) bring a wealth of experience to the learning situation, (3) enter the learning activity because of a specific need, (4) enter the learning activity for a specific life-related purpose, and (5) are internally motivated. Self-directed learning, which emerged as a major topic in the 1970s and 1980s and is related to the first assumption of andragogy, refers to the idea that adults assume control of their learning. Transformation theory addresses how adults make meaning of their life experiences and how this meaning facilitates growth and learning. Adult development is related to adult education because most adult learning comes as a result of adults responding to life transitions (Merriam & Brockett, 1997). This concept is related to assumptions four and five of andragogy. Although each of these concepts have a specific relationship to adult learning and education, they intersect and influence each other. To better illustrate these concepts, the following sections will examine the role of the instructor, the role of the participant, classroom dynamics and the relevance of the curriculum in adult education.

### *Role of the Instructor*

The role of the instructor in adult education programs is often related to the sponsoring institution. Several adult education scholars have developed detailed typologies concerning the types of institutions that sponsor adult education programs. In general, the institutions fall into four primary categories: independent adult education organizations, educational institutions, quasi-educational organizations and non-educational organizations. Independent adult education organizations have a primary purpose of providing educational opportunities for adults and can be community based, private or proprietary. Educational institutions include public schools and postsecondary institutions that primarily serve youth. Quasi-educational organizations are those that do not have education as a primary purpose, but consider education to be an integral part of their mission (e.g., libraries, museums) and can be private or public institutions. Non-educational organizations are also those whose primary purpose is not educational, but views education as significant to the organization. Educational opportunities in these institutions consist primarily of work-related trainings (Merriam & Brockett, 1997).

As our society becomes more diverse, the composition of adult education classrooms has changed as well. In addition to more racial diversity, we are experiencing greater diversity in age, gender, sexual orientation, physical ability and socioeconomic status (Alfred, 2002). The field of adult education is evolving to meet the needs of these diverse students. Guy (1999) specifically admonishes adult educators to develop new approaches to learning based on the sociocultural experiences and backgrounds of the increasing numbers of racially, ethnically and linguistically marginalized learners.

Unfortunately, our society continues to be one characterized by a hierarchical social class system that is marked by power. Power in its simplest form is the ability to influence and

dominate others (Anderson & Hill Collins, 2004). Anderson and Collins explain further, “this means not just interpersonal power, but refers to the structural power that some groups have because of their position in the class system” (p. 91). Cervero and Wilson (1994) agree that these hierarchical constructs influence the distribution of power, but also state that power is a necessary characteristic of relationships. They make a distinction between social power and organizational power. Social power refers to socially based power relations, including race, class, gender, and sexual orientation. Organizational power refers to hierarchical positions found in organizations (Cervero & Wilson, 2006). Johnson-Bailey (2002) relates these power relationships to the classroom by asserting that classrooms exist in the real world, with preset hierarchical power relations. As such, when we participate in programs or classes as students, instructors, or planners, we bring this historical weight with us (Johnson-Bailey, 2002). In the typical classroom, the hierarchical construct is that the instructor has power in relation to the student. This becomes complex when social positionality is considered.

Positionality is directly related to power and refers to how aspects of an individual affect how one is positioned relative to the dominant culture (Brown et al., 2000; Johnson-Bailey & Cervero, 1998; Johnson-Bailey & Lee, 2005; Tisdell, 2000). Flannery and Hayes (2001) write that these aspects (i.e., gender, race, class and ethnicity) determine placement and relative power; “they are interlocking aspects of experience which entitle certain persons and deny status and power to others” (p. 32). McIntosh (2004), in her discussion about White male privilege, writes that privilege related to positionality is often an unearned power, which is conferred systematically (e.g., gender, race). The markers of one’s positionality are interlocking and multilayered (Johnson-Bailey & Lee, 2005). In the education realm, positionality must be examined from both the educator’s and the learner’s perspectives.

Positionality, particularly with respect to gender, race and class consciousness, shapes our worldview, that is, how we think and act in the world (Tisdell, 2000). This worldview encompasses a set of ideologies, beliefs, values, understandings and assumptions that in turn guide our actions (Shkedi & Nisan, 2006). Although the instructor's worldview reflects their experiences and knowledge, the instructor may not have given much thought to how worldview and positionality affects their practice (Sheared, 1999). Group identity is another issue, related to both positionality and worldview that can impact the adult educator's practice. Shkedi and Nisan (2006) use the classroom teacher to illustrate this point, "the teacher is not a person who engages only in teaching. Teaching is but one specific component in his or her life" (p. 692). Their point is that outside of teaching, the teacher may identify him or herself through any number of other reference groups, which may be based on gender, ethnicity, region, occupation, religion or familial role (Sellars, Smith, Shelton, Rowley, & Chavous, 1998). These identities are hierarchically ordered and depending on the context can shift (Sellars et al., 1998). Recognition of group identity can be both positive and negative. Group identity gives the members a sense of personal belonging (Shkedi & Nisan, 2006) and a sense of pride (Sellars et al., 1998). On the other hand, in certain contexts, group members are likely to devalue members outside the group (Sellars et al., 1998). Each of these related factors, positionality, worldview and group identity, can impact the instructor's teaching practices (Shkedi & Nisan, 2006).

Several scholars offer advice to adult educators about their roles in the classroom, in light of positionality, worldview and group identity. Hart (2000) specifically advises educators who are partial members of a dominant group to take inventory. This inventory includes locating self on the power map (in terms of one's positionality) and examining one's history of group loyalties, including those that have resulted in exclusion, discrimination and violation. Hart's



other piece of advice involves educators striving to see themselves in the other and the other in themselves, an important goal because politically successful interaction requires us to be able to identify with the “other”. hooks (1994) encourages educators to practice engaged pedagogy by bringing their whole selves into the learning environment and examining how they engage with their educational practice. Tisdell (2000) further asserts that by practicing engaged pedagogy, educators involve their affect, passion, bodies, spirituality and critical minds.

In addition to acknowledging and respecting positionality, today’s adult educators are also challenged with understanding the extent to which cultural factors influence learning. Adult educators have to create a responsible learning environment where students can participate without sacrificing their personal and cultural identity (Alfred, 2002). Culturally aware adult educators understand and recognize different ways of knowing and expressing (Russell, 1982). Several scholars have written about various approaches to incorporating culturally relevant adult education.

Individuals whose identity is socially, politically and economically marginalized “are most affected by the cultural mismatch between the learning environment and their own cultural history” (Guy, 1999, p.5). In our hierarchical society, institutions are set up to reinforce those in the dominant culture, who in turn systematically limit the power of women and people of color. Guy (1999) further asserts “majority group members hold the power to define and manipulate social space in ways that secure their sense of physical comfort and safety” (p. 12). Culturally relevant teaching then, is more than just consideration of those who are marginalized in our society, it requires a re-evaluation of educational norms, processes and goals (Guy, 1999).

Teaching in a culturally relevant way requires adult educators to examine the learning environment for the following: communicative processes, instructional practices, classroom

norms and expectations, learning evaluation criteria and instructional content that is potentially culturally incompatible with the learner's culture (Guy, 1999). With these guidelines in mind, Guy (1999) offers some specific advice for culturally relevant teaching. He admonishes teachers to recognize different forms of communication to maximize participation of all students. He also suggest that teachers examine instructional practices to identify the ways in which these practices might exclude students. For teachers who have different cultural backgrounds than their students, Guy (1999) further suggests that they take time to learn about the different cultures. Finally, Guy (1999) asserts that the sharing of power between teachers and students is vitally important in culturally diverse classrooms.

Marchesani and Adams (1992) present four elements of the learning environment as a model for conceptualizing the classroom from a culturally relevant perspective: instructor's cultural identity, learner's cultural identity, inclusive curricula, and instructional methods. First, instructors should examine their own cultural beliefs, assumptions, values, attitudes and behaviors. Second, instructors should find ways to learn who their students are, particularly when their cultural backgrounds differ. Third, instructors should ensure that the curriculum and materials are free of stereotypical material and will not exclude any student. Finally, instructional methods and processes should be such that power and responsibility for learning is shared. Instructors should ensure classroom dynamics allow maximum participation from all students, but avoid requiring only one form of communication (Marchesani & Adams, 1992).

Sheared (1999) introduced the concept of polyrhythmic realities as a way of better understanding the complexity of the learner's lived experience. Polyrhythmic realities represent the intersection of race, gender and class and how the lived experiences of teachers and learners is grounded in how they view themselves in relation to these factors. She goes on to suggest the

following four areas as considerations in creating a more culturally relevant learning environment: (1) curriculum materials should be reflective of the learner's history, culture, language and experiences; (2) the classroom environment should reflect the learner's educational needs; (3) instructors should incorporate role models that reflect the learner's environment; and (4) instructors should find ways to encourage learners to participate and engage in the educational setting (Sheared, 1999).

The preceding approaches provide an several strategies that adult educators can use to teach more inclusively. Although each strategy has its unique aspects, there are several commonalities, including the incorporation of power issues (i.e., instructors recognizing their own power and sharing power with students); instructors learning about the cultures of the students from different cultural backgrounds; the importance of appropriate and relevant instructional practices and materials; and recognizing and accepting different kinds of knowing and ways of communicating. These approaches point to the fact that it is the responsibility of the practitioner to give voice to the silent, to color in those who were and are invisible, and to introduce the perspectives of marginalized groups who have been, and in some cases are still unrecognized.

#### *Role of the Participant*

As previously mentioned, andragogy has been used to differentiate the learning of adults from that of children (Merriam & Caffarella, 1999). The five assumptions associated with andragogy are from the perspective of the adult learner. The first assumption suggests that adult learners are more self-directed than younger learners. Knowles (1984) provides the psychological definition of an adult and expounds on it by adding "when we have arrived at that point, we develop a deep psychological need to be perceived by others, and treated by others, as

capable of taking responsibility for ourselves” (p. 9). Implied in this assumption is that the adult learner is more proactive in seeking out educational opportunities and determining how that learning will occur. Amstutz (1999) expounds on self-directed learning by adding, “the concept suggests that adults can plan, conduct, and evaluate their own learning; individuals select the content, the processes, and the outcomes for themselves” (p. 23).

The second assumption of andragogy posits “adults enter into an educational activity with both a greater volume and different quality of experience from youth” (Knowles, 1984, p. 10). This difference in experience is a result of living longer as well as the many roles that adults play in their daily lives. Adult learners can serve as resources for each other when sharing their prior experiences, and those experiences work to ensure heterogeneity in the learning environment. Knowles (1984) shares that a negative consequence of prior experience is that adults have “developed habitual ways of thinking and acting, preconceptions about reality, prejudices, and defensiveness about their past ways of thinking and doing” (p. 10). hooks (1989) supports the importance of sharing experiences, particularly as it relates to humans connecting with each other. She asserts, however, that it is a difficult task because educational institutions place a higher value on the analytical. While recognizing this difficulty, hooks (1989) states her position:

Yet if we are to reach our people and all people, if we are to remain connected (especially those of us whose familial backgrounds are poor and working-class), we must understand that the telling of one’s personal story provides a meaningful example, a way for folks to identify and connect. (p. 77)

Flannery and Hayes (2001) also agree that adults bring significant experiences to their learning. They express concern however, that when prior experience is acknowledged, it is too

narrow. Specifically, they state, “pertinent experiences in people’s lives have been neglected in favor of convenient experiences that have taken place in classrooms” (p. 38). The authors give specific examples of “learning, unlearning and relearning one’s identity” (p. 38), such as a new mother adjusting to the responsibility of baby or widow who is suddenly responsible for matters previously handled by her spouse. They summarize their thoughts by stating “critical thinking, we suggest, violates many people’s experiences by dissecting them into meaningless parts. For a number of people, experiences speak for themselves; they do not have to be artificially directed through cognitive, linear, verbal processes” (p. 38).

The third assumption of andragogy is that “adults become ready to learn when they experience a need to know or do something in order to perform more effectively in some aspect of their lives” (Knowles, 1984, p.11). This assumption considers the changing of social roles and developmental stages that an individual may go through, but only generally. In reality, these roles and stages are influenced by and differ among cultures, sexual orientation, religious beliefs, class and gender. Merriam and Caffarella (1999) discuss the uneven and unequal levels of participation among different groups in formal adult learning. There are certain adults, for example, who have more access to learning opportunities than others. In this discussion they state, “where one happens to live, what color, age, or sex one happens to be, what one does for a living: all contribute to the participation pattern in adult education” (p. 81). Guy (1999) also speaks to access when discussing how the majority group possesses power that can limit the access of marginalized groups to educational, financial, recreational, and cultural organizations. He further suggests that these limitations serve to hinder political and economic progress for marginalized groups. In addition to these demographic considerations, Merriam and Brockett (1997) add the following issues:

Being a member of a particular social group may affect a person's attitude or interest in education. For example, being a member of a social group that does not value education, inexperience with the education system, or previous experiences that jeopardized self-esteem or self-confidence may lead to a lack of confidence. (p. 198)

The fourth assumption builds on the third in that once the needs of adults are established, "they enter an educational activity with a life centered, task centered, or problem centered orientation to learning" (Knowles, 1984, p. 11, 12). This assumption means that as adults, individuals seek out learning opportunities for a specific purpose, rather than "learning for the sake of learning" (Knowles, 1984, p. 12). Adults tend to approach learning with a specific goal in mind (e.g., gain knowledge about a health issue, increase computer skills for work, or repairing a leaky faucet) rather than seeking knowledge about a subject (e.g., the mating rituals of leopards). The final assumption of andragogy is that the adult learner is primarily motivated internally (Knowles, 1984). Knowles acknowledges that external motivators exist, but "the andragogical model predicts that the more potent motivators are internal – self-esteem, recognition, better quality of life, great self-confidence, and the like" (p. 12).

Learners also have a stake in the relatively new phenomena of culturally relevant teaching. In general, culture is defined as the shared values, attributes, beliefs, behaviors and language use within a social group (Guy, 1999). Guy (1999) asserts that "these cultural values and beliefs and practices are at the core of group life and identity and are powerful factors that shape or influence individual attitudes, beliefs and behaviors" (p.7).

Learning is a central way of combating cultural domination and oppression. Focusing on culture in individual and group learning serves as a way of breaking the destructive cycle of racial,

gender and ethnic oppression. As students understand their culture and its value, they are able to assert a positive cultural identity. Armed with this confidence, students are better equipped to challenge racist, sexist, ethnocentric perspectives and practices (Guy, 1999).

### *Relevance of the Curriculum*

Although adult education is a vast field encompassing a wide variety of topics, most programs fall into one of the following main content areas: human resource development, continuing professional education, basic skills education, citizen education and technology (Merriam & Brockett, 1997). Human resource development refers to educational programs and activities that take place in business and industry. Continuing professional education is linked to human resource development in that it is often a requirement for certain professions (e.g., licensed social workers, therapists, nurses, physicians). Basic skills education refers to educational opportunities that focus on literacy for the illiterate or for individuals whose first language is not English. Citizen education refers to programs that focus on educating the public about current issues and increasing citizens' ability to act on these issues. Technology education is a fast growing content area because of the technological advances that have been made in recent years (Merriam & Brockett, 1997). While these content areas cover most types of adult education, none of these categories neatly encompass programs that address personal growth, family life and recreation. These types of programs are difficult to differentiate from each other and from basic skills and work related content areas (Merriam & Brockett, 1997).

Understanding the different content areas of adult education is important because the content of the program is what drives participation. The fourth assumption of andragogy implies that adults seek specific kinds of learning opportunities. To this end, the individual needs believe that the educational opportunity that is being undertaken is relevant and practical to their

life. Unlike children, adults purposefully enter educational settings. The third and fifth assumptions also address the importance of curriculum relevancy. The third assumption indicates that adults become ready to learn when something more is needed to improve an aspect of their life. In this case, the curriculum is of utmost importance because it is what will draw the student to the program. This particular assumption is also related to the influence of adult development on participation. From this perspective, adults often engage in adult education when they experience major life changes. The fifth assumption of andragogy refers to an internal motivation for educational opportunities. It stands to reason that the curriculum of the educational opportunity plays a role in whether or not the adult learner will be motivated to participate in educational programs. This internal motivation includes the idea that adults engage in educational opportunities for a specific purpose, often based on an internally perceived need or goal. As adults seek educational opportunities based on their own perceived need, the stage is set for the experience to be a transforming one for them. No curriculum writer can guarantee that participants will undergo a transformation, but the curriculum, in conjunction with how the adult learner makes meaning of their educational experience can certainly result in such a transformation for the individual. As previously stated, self-directed learning posits that adults assume primary responsibility for their learning. As such, the curriculum and the educational methods associated with it must allow adult learners opportunities to actively engage in the process (Merriam & Brockett, 1997).

### *Classroom Dynamics*

Classroom dynamics are related to another emerging theme in adult education, the learning environment. The learning environment has physical, psychological and social dimensions. The physical environment refers to the space where the program takes place. The



physical environment can be room size, temperature, lighting, seating type, and use of technology. An uncomfortable physical environment (e.g., temperature) can detract from the learning process (Merriam & Brockett, 1997). The physical arrangement of the classroom (e.g., chairs in a circle versus traditional lecture style) communicates a message to the learner about their role. The psychological environment refers to the climate of the classroom in terms how the instructor and learners relate to each other. Ideally, this environment includes creating a climate where the instructor and the learner are able to engage in open and genuine exchange (Merriam & Brockett, 1997). The social environment refers to the culture of the teaching-learning setting. Social environment considers issues of power and positionality among the instructor and learners (Merriam & Brockett, 1997).

Classroom dynamics are also addressed in the second assumption of andragogy. This assumption (the recognition of the adult learners lived experiences) implies that the educational exchange is richer for adults because of the lived experiences that each participant brings to the classroom. Open discussion among participants and instructor may also facilitate the engagement of the other concepts associated with adult education, self-directed learning, adult development and transformation theory. Within the interactive process among instructors and learners, the adult participant may be able to assert his/her needs and direct their own learning. This interaction allows students to participate at will and therefore considers that individuals are often at different stages in their development. As adults participate in the educational exchange and process the meaning of their experiences, there is potential for transformation.

As mentioned previously, there are inherent power issues between instructor and learner, but power issues are also present among learners. Tisdell (2000) differentiates between power as dominance contrasted with power from within. Dominant power is manifested in structural

power relations based on gender, race, class, sexuality and ableness, and exists in all institutions in our society; dominant power is power of positionality (Tisdell, 2000). She argues that learners who are positionally privileged are more likely to have more power and dominate in the class. Johnson-Bailey (2001) concurs in her observation of classroom dynamics. She posits that a student who has been privileged in life will expect this same privilege in the classroom. Their history of power will advantage privileged students in the classroom environment, which leads to increased participation and self-advocacy. In contrast, a student who has been underprivileged in society will expect the opposite; she is likely to be prescribed by her life position. In the classroom setting, this student will be less likely to participate and advocate for her needs (Johnson-Bailey, 2001).

#### *Linking Adult Education and Prevention Science*

One of the major components of prevention science work is the development and implementation of preventive intervention programs. The educational nature of these programs serve as a logical, albeit unrecognized connection between prevention science and the field of adult education. The bridge that connects prevention science and adult education include the various components associated with the preventive intervention: program facilitation, program implementation, program evaluation, curriculum development, and training. Where the prevention science literature has just begun to address the implementation of programs, adult education has an established record of literature that can be used to further explore these areas. In this section, the steps of program planning and implementation and facilitator training will be examined through the lens of both adult education and prevention science.

### *Program Planning and Implementation*

Program planning refers to decisions and actions that determine the features of a given program, including the program's purpose, content, audience and format (Cervero & Wilson, 1996). There are a variety of program planning models in adult education, most of which offer procedural prescriptions for planning. Traditional models include the following as dimensions of good planning: needs assessment, explicit objectives, content development, instructional methods, and evaluation (Cervero & Wilson, 2006; Sork & Caffarella, 1989). Cervero and Wilson (2006) build on the traditional models by expanding the definition of planning to include "a social activity of negotiating personal, organizational and social interests in context marked by socially structured relations of power" (p. 24).

Program planning can be viewed as the prologue to successful program implementation. Careful planning ensures that the program is logical, appropriate for the intended audience and has a mechanism for evaluation (McIntyre & Jagosh, 1998). In prevention science contexts specifically, this planning is necessary to secure funding and mobilize the resources that are critical to program success (McIntyre & Jagosh, 1998).

It is important to note that the contexts of programming for adult education and prevention science are very different. Prevention science involves research that has as one component, the implementation of a preventive intervention program. A distinction of prevention science research is that investigators submit a proposal for funding that requires a detailed plan for all aspects of the study. As such, there is often a significant time gap between the proposal and the actual implementation of preventive interventions. This context results in some constraints in the planning process that are unique to the field of prevention science.

*Needs assessment.* The first step in program planning is establishing the need for the educational program or as Sork (1997) describes it, justifying and focusing planning. This concept is vague and interpreted differently among scholars, but in general refers to establishing the need for a given program (Cervero & Wilson, 2006; Sork & Cafferella, 1989). The need for a program can be established in a number of ways including: surveying potential participants (randomly or targeted), using the goals and the mission of a specific institution, or relying on some kind of published information (e.g., literature, statistics) (Sork, 1997; Sork & Cafferella, 1989). Cervero and Wilson (2006) acknowledge these methods of ascertaining the need, but go on to explicitly urge planners to include stakeholders at this level of planning because stakeholders can provide insights which will allow planners to better make judgments in their planning.

In prevention science programming, the investigators generally identify protective factors based on previous research studies, relevant literature, or trends and statistics. Once the target issue and population are selected, the prevention science literature suggests that researchers partner with the target communities and incorporate representation in all aspects of the study (Eddy et al., 2005; Spoth et al., 2004). While the initial method of determining needs is acceptable according to general adult education program planning, it does not necessarily have the added value of the stakeholders' perspective. Prevention science researchers do recognize this value and often involve stakeholders once funding has been secured.

*Objectives.* Objectives clarify program intentions by describing the purposes of programs, listing the benefits of participation and explaining the educational processes involved (Sork, 1997). Program objectives are often developed early in the planning process. According to several authors, once the needs are established (whether or not a formal needs assessment is

done), priorities are established, which then determine the program objectives or foci (Cervero & Wilson, 2006; Liddell, Hubbard & Werner, 2000; Sork & Cafferella, 1989). Objectives tend to address the educational purpose of the program or organizational and/or management issues. Sork and Cafferella (1989) define educational objectives as those that focus on the participants' learning as a group, while organizational objectives are related to the maintenance and improvement of the educational function itself or the organization in which the program is housed. Cervero and Wilson (2006) suggest that planners should also consider the political objectives (i.e., the hidden agendas) of the program. Political objectives refer to the political relationships among people involved in the planning and the benefits that they seek to achieve through the program (Cervero & Wilson, 2006; Sork & Cafferella, 1989). Several authors advocate involving learners and other stakeholders in this stage of planning (Cervero & Wilson, 2006; Liddell et al., 2000). Doing so will help the program focus remain clear and likely sustain their investment (Liddell et al., 2000).

In prevention science, objectives are initially determined based on the first domain, problem analysis. This is the point at which researchers identify modifiable risk factors and mediators of those risk factors (Eddy et al., 2002) which are included in the funding proposal. The proposal development process in prevention science ensures that objectives related to educational, behavioral and cognitive outcomes are explicitly expressed. By the time prevention science researchers reach this level of planning, funding has been secured based on the proposal and investigators have less flexibility to make major changes. Unless stakeholders are involved in the earliest stages of proposal development, they may not be involved in the objective creation process. Eddy et al., (2002) remind us that while the field trials will hopefully benefit the community, the primary purpose of the overall research study is to contribute to the general body

of scientific knowledge. For this reason, as well as other logistical reasons, the planners at this stage consist primarily of investigators and research staff.

*Instructional design and implementation.* The planning stage of instructional design and implementation encompasses content, format, scheduling, location, materials, and staff. Negotiating instructional design and implementation requires an awareness of the planner in three dimensions. First, the planner must recognize that people bring management and political objectives along with their educational objectives to the planning process. Second, the planner must also recognize that the power relations in this process influence judgments about the instructional design in a variety of ways. Finally, planners must also recognize that planning is a historically developing process. Planning typically begins with an idea, and planners start making judgments about the design even before they have negotiated a formal needs assessment or developed the educational objectives (Cervero & Wilson, 2006).

In educational programming, the planner is not necessarily the person responsible for developing the content of the program (Cervero & Wilson, 2006; Sork & Cafferella, 1989). Instead, the continuum of planners' responsibility in determining content ranges from the extreme of being completely responsible, to planning with some responsibility, to the other extreme of completely relying on others to develop and implement the program (Cervero & Wilson, 2006). When planners are responsible for the content, they must consider the program objectives, as well as other criteria such as time allotment, space, equipment, materials, the background and experiences of the participants and the knowledge level of the instructor (Cervero & Wilson, 2006; Sork & Cafferella, 1989).

There is some debate concerning the tension of adult educators as facilitators of the learning process (i.e., helping learners become more self-directed) or teachers of specific content

(i.e., focusing on learners gaining new knowledge and skills) (Sork & Cafferella, 1989).

Planning for adults can also be restrictive because of political considerations (e.g., obtaining approval from administration), management objectives (e.g., increasing revenue) and conflict in values or objectives (e.g., between the planner and organization) (Cervero & Wilson, 2006).

Cervero and Wilson (2006) point out that this process is also continuous, “the selection and organization of content does not end once a course outline or lesson plan has been written; rather, teachers and learners are constantly negotiating the content to be learned and how it is organized” (p. 166).

Another important area of planning is the selection and preparation of instructional leaders. Cervero and Wilson (2006) write, “leadership is vital in every human endeavor, and educational programs are no exception. Along with instructional formats, techniques, and materials, instructional leaders are the primary means by which content is conveyed and learned in educational programs” (p. 175). Unlike formal educational settings, adult education settings often do not have a stable body of teachers to draw upon. For this reason selecting instructional leaders is sensitive to power relations in the social and organizational context, the program’s educational objectives, and stakeholders’ political objectives (Cervero & Wilson, 2006).

Again, in prevention science, the funding proposal includes a specific plan for many of the components involved in the design and implementation of the program. Once funded, the investigators are bound by this plan, with the exception of minor changes. Because preventive intervention programs are embedded in research studies, the investigators may also be bound by the institutional review board for their institution. The prevention science literature suggests that curricula be pilot-tested prior to a full-scale implementation (Eddy et al., 2002). As such, some modifications (e.g., content, techniques, format) can be made (though limited by the

investigators' heuristic model and objectives) based on feedback from pilot participants and instructional leaders. Similar to adult education tenets, the format and instructional techniques of preventive interventions are often based on the developmental level of the participants as well as the topical area (Nation et al., 2003). Another similarity between adult education and prevention science settings is that there is no stable pool of educational leaders to draw upon. Prevention science settings face the additional challenge of being a context that often only needs the instructional leaders for a limited amount of time and often relies on community-based individuals, whereas adult education settings may have some stability in ongoing programs and an onsite staff.

The prevention science literature suggests that decisions regarding location and timing be determined with the convenience of the participants in mind (Ball et al., 2004; Murry et al., 2004). An additional consideration for participants is the provision of services to address barriers to participation such as transportation and childcare (Ball et al., 2004; Murry et al., 2004). Prevention science programs also often offer monetary or material incentives for attendance. Funding for the provision for special services and incentives can be requested as part of the proposal, an advantage that prevention science programming has over traditional adult education programs.

*Program administration.* This administrative level of planning refers to marketing, advertising, attending to financial matters, and identifying and scheduling all the tasks involved in implementing the program (Sork, 1997). These are the details that have a bearing on the success of the program as surmised by Sork and Cafferella (1989), "one of the reasons for the failure of well-designed programs is the lack of attention paid by some program planners to administrative details such as advanced publicity and program financing" (p. 240).



This level of planning recognizes that planners must do their work within a specific social and organizational setting to produce educational outcomes while maintaining or transforming their political relations with others in those settings (Cervero & Wilson, 2006). Furthermore, planners work in the confines of an organization, which has complex political interactions external to the planning and the planning situation. These interactions, however, work to constrain or facilitate the planning process (Cervero & Wilson, 2006).

The elements that should be considered at this level of planning are funding issues, marketing, and logistical issues. Planners must consider the financial aspects of program planning throughout the process (Cervero & Wilson, 2006). While a budget may be in place, it is probable that adjustments will have to be made during the process (e.g., changes in the number of participants, the variable costs of materials, adjustments for paying instructional leaders). Depending on the significance of these adjustments, the planning can be hindered or interrupted.

Marketing is another important administrative aspect of program planning. One of the core principles of adult education, andragogy, suggests that people typically participate in an adult education activity because they are interested in the topic or have a specific need for the topic at hand. However, just because people are interested in the program and it is significant to their lives, does not mean that they will attend. Planners have to spend some time getting information about the program to the public or the target population.

Finally, there are many logistical issues that must be addressed in program planning. Logistical issues include the minute and major details involved in arranging and managing the delivery and presentation of the program (Cervero & Wilson, 2006). Logistics can include things like room set-up, program location, equipment, and materials. In explaining the importance of logistical issues, Cervero and Wilson (2006) state “beyond getting the climate

details right, there are also opportunities in managing logistics, because through them the impression, the message, the meaning, and therefore the identity of the program can be created (or lost)” (p. 204). Using program location as an example, they point out that “locating programs is about creating program messages and establishing program identity (p. 204); location therefore, speaks to who and with what entities the program is aligned.

This administrative level of planning is possibly the most constrained in prevention science. As mentioned previously, preventive intervention programs are a component of a larger research study, the details of which are outlined in the proposal. Unlike some adult education programs, prevention science programs usually do not require participation fees. On the contrary, the prevention science literature suggests providing an incentive for the participants for their participation in programs (Ball et al., 2004; Murry et al., 2004).

The target population for preventive intervention programs is determined during the proposal development and is often limited in terms of a combination of one of the following: race, gender, age, socio-economic status, health/behavioral issue, and geographical area. As such, issues related to recruitment, marketing and publicity and location are necessarily limited. Despite these limitations, many prevention science programs involve community stakeholders when developing recruitment strategies and getting information concerning the research study into the community (Keyserling et al., 2000; Lloyd et al., 1994; Murry et al., 2004; Nation et al., 2003).

*Evaluation.* Evaluation of programs is about making judgments about the value or worth of the program (Sork, 1997). It refers to the determination of several things: whether or not people enjoyed the program; if gains were made in knowledge or skill level; and of change in people’s performance (Sork & Cafferella, 1989). There are a variety of reasons that program

evaluations are conducted. According to Cervero and Wilson (2006), the most common purpose of evaluations is to enhance the program quality or judge the impact of the program. They posit that other reasons for evaluations may not be explicitly stated, such as justifying a decision that has already been made, postponing the making of decisions or simply as a formality. Cervero and Wilson (2006) further imply that evaluations can also be used in manipulative ways such as designing an evaluation in order to support a particular outcome.

Cervero and Wilson's (2006) approach to evaluation is built on several concepts. First, planners should recognize and articulate the program's political objectives as well as educational and management objectives. Second, planners should recognize that stakeholders will continue to hold their own educational, management, and political objectives even if they are not on a publicly shared list. Finally, stakeholders will make judgments about whether these various objectives were achieved through the program, regardless of whether planners provide evidence as part of a formal evaluation (Cervero & Wilson, 2006, p. 216). The three elements that lie at the heart of program evaluation are objectives, criteria and evidence (Cervero & Wilson, 2006). Evaluation then, "should be framed around the programmatic pivot of the educational, management, and political objectives, regardless of whether they are formally stated" (Cervero & Wilson, 2006, p. 218).

Evaluation of any type of objective requires that planners determine specific criteria (Cervero & Wilson, 2006). Cervero and Wilson (2006) posit that this determination is inherently political, "managing the politics of the criteria that people use to judge an objective is an extraordinarily delicate task, because those criteria are inescapably based on stakeholders' values about what counts as having achieved an objective" (p. 228). These values, which are individual and private to the stakeholder, cannot be used by planners in the evaluation process. Instead,

planners must make their own judgments based on information available to them to determine evaluation, “while managing the politics of the evaluation process, planners must remember that evidence and criteria do not evaluate programs – people do” (p. 230). Power relations continue to come into play during evaluation because the determination of which stakeholders are involved in the planning process, determine whose evaluative judgments matter (Cervero & Wilson, 2006).

Prevention science research is designed to test the efficacy of a preventive intervention program. As such, a thorough evaluation of the program is vital to prevention science. Preventive intervention programs are often evaluated by program attendance and the level of behavior or knowledge change, as determined by post-test (i.e., post-intervention) data collections. Although attendance is important to both adult education and prevention science, the latter has the additional burden of relying on attendance to test the curriculum that has been developed and funded for that very purpose. The testing of the curricula is done via post-test interviews with individuals who participated in the program compared to those who did not; therefore, change can only be ascertained if the program was attended. Another area of evaluation in prevention science is the measurement of fidelity, that is, how closely the program instructors follow the written curriculum. Again, because prevention science studies are testing the effectiveness of programs, adherence to the curriculum is crucial. The prevention science literature has focused more on reporting outcomes rather than describing the implementation process. This process then, is an area of evaluation that needs to be more fully developed (McIntyre & Jagosh, 1998).

Of the two primary reasons that Cervero and Wilson (2006) give for evaluations, the purpose of judging the impact of the program is most relevant to prevention science. The

different types of evaluations recommended in the prevention science literature meshes well with Cervero and Wilson's (2006) declaration that evaluations be framed around the pivot of educational, management and political objectives and involve all levels of stakeholders.

### *Facilitator Training*

Training unquestionably falls within the realm of adult education. However, when training is mentioned in the adult education literature, it is most often associated with work-related or vocational training. The task of training the facilitators of prevention programs does not fall neatly into the category that is most often discussed within adult education. Trainees are more likely to be community or lay persons, rather than full time employees with the research group conducting the prevention study. Instead, a select group of individuals are recruited and trained to implement a program, often for only a limited time period. This important aspect of training facilitators is an adult education endeavor that has implications during the research study as well as for the dissemination of the program after its effectiveness has been proven.

One benefit of considering this training through the lens of adult education is that the facilitator, as an adult learner, is taken into consideration. The tenets of andragogy can be useful tools in developing the training format. Based on these tenets, the content should include the purpose and significance of the program for which the training is being conducted, acknowledge and incorporate the trainees' previous life experiences, and be personally relevant to the trainees. The concept of self directed learning can be introduced during the training, with the stated expectation that the facilitator will continue to prepare for the implementation after the onsite training and prior to the actual intervention.

The concept of transformation theory is related to the way in which the learner makes meaning of their experience (Merriam & Brockett, 1997). This idea, that the experience of

facilitating the program will cause transformation, is related to the selection criteria of selecting individuals for whom the program has relevance. Assuming this selection criteria is met, chances of transformation is high. Similarly, the concept of adult development is likely to occur as the facilitator, through training, prepares to implement a program that he or she supports to individuals in his or her community. Finally, intelligence and memory will play a role in how well and how quickly the trainees grasps certain concepts and activities, and are then able to relate them during the actual implementation of the curriculum.

### *Section Summary*

This section has provided a review of the literature related to adult education. I have defined adult education and introduced the major tenets thereof. I then addressed the role of the instructor and participant, the relevance of the curriculum and classroom dynamics. With this foundation laid, I linked adult education and prevention science in terms of program planning and training. In preventive intervention programs, the primary actor in the implementation process is the facilitator, the lay instructor, who teaches the curriculum to the target audience. Although it has not been defined as such, most facilitators are engaged in adult education. They may assume the role of “adult learner” or of “teachers” of adults, and in many cases serve in both roles. All facilitators must be trained to teach their assigned prevention program. In these training instances, the facilitators are the learners in the teaching/learning relationship. Facilitators then take this material and implement (teach) these programs to the target populations, thus becoming the adult educator. Preparing this instructor via training, monitoring and support, unquestionably falls within the realm of adult education. This important aspect of training facilitators is an adult education endeavor that has implications during the research study.

## Chapter Summary

The preceding review of the literature was designed to introduce prevention science as a field of study and how it can be used to address racial disparities that disproportionately affect African Americans. With this link established, I have attempted to examine how adult education can positively impact the field of prevention science in the planning and implementation of preventive intervention programming.

Although the goals and purposes of adult education have evolved over the years, two purposes that have remained central to the field are individual development and social change (Merriam & Brockett, 1997). These two purposes blend well with the idea that prevention science programming can be a tool to combat social ills that plague our society. Adult education then, has the potential to advance the goals of prevention science.

## CHAPTER 3

### METHODOLOGY

The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

This chapter describes the methodology used to explore these questions. The chapter is divided into the following seven sections: the research design, sample selection, theoretical framework, data collection, data analysis, validity and reliability, and researcher subjectivities.

#### Research Design

This study was conducted using a qualitative research approach, which “involves the scrutiny of social phenomenon” (Esterberg, 2002, p. 2). Those who conduct qualitative research seek to understand social processes in context, focusing on the subjective experiences of both participant and researcher (Esterberg, 2002). Although qualitative methods vary, they share some common characteristics. First, all qualitative methods have the view that reality is constructed by individuals as they interact with and in their social worlds (Merriam & Simpson, 2000). The purposes of qualitative research are to gain an understanding of how individuals make sense of their lives, to describe the process of how they make meaning, and to describe individuals' interpretation of their experiences (Merriam & Simpson, 2002). A third



characteristic, which explains the focus on the researcher's subjectivity, is that the researcher is the primary instrument for data collection and analysis. Unlike traditional positivist research ideology that recommends that researchers remain objective and approach participants with professional distance, qualitative interviewing can be thought of as a relationship between individuals who create meaning together about a particular topic (Esterberg, 2002). Fourth, qualitative research tends to involve the researcher entering the field to collect their own data, as the instrument for data collection. Finally, qualitative research is mostly inductive, allowing the researcher to uncover new meaning and develop new hypotheses (Merriam & Simpson, 2000). The use of the qualitative approach in this study allowed an opportunity for greater exploration of the facilitators' specific experiences, feelings, and history, in a way that is richer and deeper than a likert scaled survey would have been able to elicit.

#### Sample Selection

The two basic types of sampling in research studies are probability and nonprobability. Probability sampling, which is most often used in quantitative research, allows the researcher to generalize the results (Merriam, 1998); that is, to have findings that hold up beyond the specific research subjects and the setting involved (Bogden & Biklen, 1992). Conversely, nonprobability sampling allows researchers to solve qualitative problems, those that describe various occurrences, the implications of the occurrences and the relationships that link the occurrences. Purposeful sampling is the most common form of nonprobability sampling; it is "based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned" (Merriam, 1998, p. 61). The power then, of purposive sampling, lies in selecting information-rich cases from which a great deal can be learned.

The success of this study was dependent upon obtaining such information-rich cases, and therefore involved a purposeful sample. I was specifically interested in African American facilitators of prevention science programs that targeted African American populations. As such, I was only interested in collecting data from this narrow category of individuals and therefore a purposeful sample best met my research goals. Within in this purposeful sample, I desired diversity in the areas of gender, age, and varied levels of education and socioeconomic status. I wanted to include men and women to ensure that the sample was as broad as possible. The advantage to having a sample that varied in age allowed for greater diversity in perspectives and experiences. Levels of education and socio-economic status are indicators of positionality and as such, the inclusion of these criteria allowed greater representation to specifically address one of the research questions. I also desired to include individuals who taught different types of programs associated with different types of institutions. I believed that in order to truly compare the study participants on an individual level, I needed to be able to rule out any phenomenon associated with a specific program or type of sponsoring institution.

For this study, my sample included 24 facilitators from two types of institutions. There were four participants from a private university. They taught the BELIEVE Program, an HIV risk prevention program that targeted sexually active African American girls and young women, aged 14-21, who sought care at one of three urban sexual health clinics. The facilitators from this program were all female, between the ages of 28 – 35, with master's degrees, and working in professional positions with incomes in the \$40 - \$69,999 range. The other 20 facilitators worked with a public university to teach the Emerging Adults Program, which targeted African American families with a child in the 11<sup>th</sup> or 12<sup>th</sup> grade, living in one of eight specific rural counties. The program primarily addressed the future orientation of teens and preparing them for

adulthood. This group of facilitators was more diverse: 16 females and 5 males; age range of 26 – 67; educational attainment with ranges from high school graduate to doctorate; and income ranges from less than \$20 - \$49,999.

### *Site Selection*

The sample selection for this study included determining the types of institutions to include, identifying preventive intervention programs, gaining access to the participants, determining the desired number of participants, and the rationale for these selection processes. First, preventive intervention programs are embedded within prevention science research. As such, I reasoned that I should seek out universities that have a reputation for conducting prevention research. For comparison purposes, I wanted to use institutions that were within the same state. I also needed to select institutions that had prevention science research projects that would be in the intervention stage during the timeframe that I would be collecting data (November 2007 – January, 2008). I selected the land grant state university, a large well-known private university and an HBCU as potential sites. As an employee of the land grant institution, I was aware of a project that was underway that would allow for the data collection within my timeframe. I learned that a prevention science research study targeting African American women was being conducted at the private institution during a workshop led by the principal investigators. I contacted these individuals and learned that they would be implementing booster sessions of one of their preventive intervention programs beginning in December of 2007. After visiting the websites of the HBCUs in the state, I found that very few were engaged in prevention research. I found a couple of projects listed on the website of the HBCU with a medical school. I made numerous attempts to contact the HBCU, but was unable to speak to anyone directly about the study and I received no response to my emails.

With my two sites selected, I moved forward with contacting the principal investigators to gain entrée to the sites. The researchers from both institutions requested a written research plan that included my purpose and specifics related to the support I needed from their staff. Because of my employment status at the public institution, the principal investigator had to amend his IRB to add me as a co-investigator on the research project. Both PIs provided me with letters of support and gave me permission to contact their staff about gaining access to the facilitators. At my institution, I was allowed to contact the facilitators directly. At the private institution, I sent my recruitment materials to the intervention coordinators and they distributed the materials to their facilitators (see APPENDIX A for a copy of the recruitment letter).

### *Participant Selection*

Within qualitative research, the quality of the data is more important than the number of study participants. I understood that I needed to continue interviewing until I reached a point of data saturation, when no further information or insights were being elicited through the interviews (Ezzy, 2002). I initially recruited 23 facilitators from the public university and 4 facilitators from the private university. Three of the facilitators from the public institution, who initially agreed, did not follow through with the interview. The final sample then, included 20 facilitators from the public institution and 4 facilitators from the private institution. I actually reached the point of data saturation by the 17<sup>th</sup> interview. The remaining interviewees (18 – 24) provided their own perspectives, but the topics and concepts were reminiscent of the previous participants. I felt an ethical obligation, however, to interview everyone who had initially agreed.

## Theoretical Framework

Critical Race Theory (CRT) originated in the 1970s in legal scholarship as a response to stalled progress of civil rights litigation. The original topics encompassed in CRT included issues such as affirmative action, race-conscious districting, and disproportionate sentencing of racial minorities in the criminal justice system (Taylor, 1998). Taylor (1998) writes that “as a form of oppositional scholarship, CRT challenges the experience of whites as the normative standard and grounds its conceptual framework in the distinctive experiences of people of color” (p. 122). The five elements of CRT are: (1) the intercentricity of race and racism with other forms of subordination; (2) the challenge to traditional claims that educational institutions make toward objectivity, meritocracy, color blindness, race neutrality and equal opportunity; (3) the commitment to social justice for race, gender and class oppression; (4) the recognition that the experiential knowledge of people of color is legitimate, appropriate, and critical to understanding, analyzing, and teaching about racial subordination; and (5) the transdisciplinary perspective (Solórzano & Yosso, 2002; Yosso, 2005). These elements of CRT have now expanded into other fields such as education, sociology and women’s studies (Taylor, 1998).

In the education field, CRT is discussed primarily in terms of K-12 or higher education and research within these groups. Solórzano and Yosso (2002) advocate a critical race methodology within research. This methodology is a theoretically grounded approach to research that:

- (a) foregrounds race and racism in all aspects of the research process (b) challenges the traditional research paradigms, texts, and theories used to explain the experiences of students of color; (c) offers a liberatory or transformative solution to racial, gender, and class subordination and (d) focuses on the

racialized, gendered, and classed experiences of students of color. Furthermore, it views these experiences as sources of strength and (e) uses the interdisciplinary knowledge base of ethnic studies, women's studies, sociology, history, humanities, and the law to better understand the experiences of students of color.

Chapman (2007) adds that CRT allows scholars to question social, educational, and political issues by focusing on the voices of participants and respecting the multiple roles held by scholars of color when conducting research. Chapman also posits that scholars of color have a unique vantage point for conducting and interpreting research that focuses on the experiences of people of color.

CRT provides a framework in which to theorize, examine and challenge the ways race and racism implicitly and explicitly impact on social structures, practices and discourses. Yosso (2005) introduces the idea of using this framework to examine the idea of cultural capital. The traditional definition of cultural capital theory places value on White, middle class values that is generally represented by one's accumulated assets and resources. Redefining cultural capital through CRT, which allows the focus to be on the experiences of people of color in critical historical context, reveals accumulated assets and resources in the histories and lives of communities of color. This community cultural wealth includes knowledge, skills, abilities and contacts possessed and utilized by Communities of Color to survive and resist oppression. Yosso (2005) identified six forms of cultural capital: (1) aspirational capital refers to the ability to maintain hopes and dreams for the future even in the face of real and perceived barriers; (2) linguistic capital refers to intellectual and social skills attained through communication experiences in more than one language and/or style; (3) familial capital refers to cultural knowledge that is nurtured among kin and carries a sense of community history, memory and

cultural intuition; (4) social capital refers to the networks of people and community resources; (5) navigational capital refers to skills of maneuvering through social institutions; and (6) resistance capital refers to knowledge and skills fostered through oppositional behavior that challenges inequality.

Critical Race Theory is an appropriate theoretical framework because this study prioritizes the voices and lived experiences of African American facilitators. The sample is unique because it is purposeful in the selection of facilitators who implement preventive intervention programs with African American participants. While this insulated teaching/learning context does not necessarily focus on racism, the context is impacted by the effects of racism in the lives of the participants (facilitators and group participants). Within this learning environment, and the stories of the facilitators, I was able to examine the unique cultural capital of this particular community of color.

#### Data Collection

Qualitative inquiry is generally based on three types of data: interviews, observations and documents (Patton, 2002). Interviews are most often open ended questions and probes to elicit information concerning a person's experiences, perceptions, opinions, feelings and knowledge. Observations are descriptions of activities, behaviors, interpersonal interactions or any other observable human experience. Documents include written materials and records, correspondence, official publications and reports, personal journals, letters, art, photographs and written responses to open-ended surveys (Patton, 2002). In qualitative inquiry, any of these three types of data can be the sole data source or they can be combined to serve as two or more data sources for a study. In this study, I collected data using interviews and observation. These two methods of data collection are explained further in the following sections.

### *Interviews*

Qualitative interviews occur on a continuum in the degree of structure, ranging from very structured to very open-ended (Bogden & Biklen, 1992), depending on the researchers' epistemological perspective as well as the methodology. These interviews are primarily considered structured, semi-structured or unstructured (Esterberg, 2002). Structured interviews tend to be more rigid and impersonal, as researchers have a predetermined set of questions and generally do not reveal personal information about themselves (Esterberg, 2002). When a researcher controls the interview too tightly, the subject is less able to tell her story in her own words (Bogden & Biklen, 1992), which is in direct contrast to the philosophy of qualitative research. Semi-structured interviews are less rigid; researchers have a general set of questions, but have the latitude to probe for deeper explanations and understanding (Esterberg, 2002). With a semi-structured interview, the researcher can be fairly confident in getting comparable data across participants but at the expense of getting an understanding of how each participant may feel about/ process/experience the topic at hand (Bogden & Biklen, 1992). In unstructured interviews, the research questions arise naturally from the situation and context at hand. This type of interview is often conducted in a field setting and may include an observation component (Esterberg, 2002), where the researcher encourages the participant to talk about a specific situation and probes for deeper understanding (Bogden & Biklen, 1992).

For this study, I conducted face to face interview with the participants using a standard semi-structured interview approach. This was an ideal method because it called for the creation of an interview guide with the specific questions and sequence prior to the interview. This guide ensured that all facilitators were asked the same questions, thereby providing complete information for all research participants across the topics of interest (Patton, 2002). Another



advantage to using the semi-structured interview was that it allowed for comparisons during data analysis as well as organizing the data (Patton, 2002). While I had an interview guide, this method was flexible enough to allow probing for more detailed information as needed. I also collected data using a self-report demographic questionnaire, which solicited the following information: date of birth, marital status, number of children and their ages, educational attainment, current student status, parents' educational attainment, employment status, occupation and income range. The interview guide addressed topics such as the facilitators' background (education, occupation, community involvement) and their experiences with prevention program implementation

I sent an email to all of the participants to inform them of my planned timeframe of conducting the face to face interviews. I listed my schedule for January and February of 2008 and asked them to contact me with their preferred date and time. Several facilitators corresponded with me via email to arrange the time and place of their interviews. I made phone calls to the facilitators who do not use email and to those who did not respond to the email. I was initially able to schedule all of the interviews during the initial time frame. Due to a conflict in schedule and one bout of the flu, two interviews were rescheduled in early March. I conducted the interviews over the course of 16 days during the months of January through March. I traveled to locations out of town for all but two (who chose to come to my office) and scheduled two interviews on six of the days and three on one day. On the remaining nine days, only one interview was done per day. On the days where more than one interview was scheduled, I spaced the times so that I could have time to reflect and rest before the next interview.

The interviews varied in length, though most were between 45 minutes to an hour. The range of times was as short at 35 minutes and as long as 1 ½ hours. I asked the facilitators to let me know where they wanted to conduct the interview. With the exception of one individual, the interview sites were chosen by the facilitators. Eight interviews took place at the facilitators' workplace, seven in their homes, three at local libraries, two at a church, two in my office, one at a local coffee shop and one at the intervention site. Upon arrival at the interview site, I took a few moments to break the ice by asking about them and the recent holidays. I began the interview by reminding them of the purpose of the study and reviewing the information on the consent form (which had been signed prior to the observation), then explaining how the interview would progress and entertaining any questions. I requested their permission to start the digital audio recorder and asked them to complete the Demographic Questionnaire (see APPENDIX B). Once they finished with the questionnaire, I proceeded through the interview guide (see APPENDIX C for the complete Interview Protocol). After asking the questions on the interview guide, I presented 3-4 statements concerning my observation of their session and asked them to comment (see APPENDIX D for examples). I ended each interview by asking the facilitator for closing remarks. After thanking them for their time, I stopped the recorder and gave them their incentive for participating. While the facilitators were completing their demographic questionnaire, I tried to write a description of the interview site. During the interviews, I made notes of things that stood out in the interview, the facilitator's body language or other things that could not be captured on tape, and questions, points or further probes that I wanted to revisit.

The audio-taped interviews were then transcribed verbatim. I did one third of this transcription and employed assistance for the remaining interviews. To ensure accuracy, I

reviewed each the transcripts while listening to the recording. The transcription process began about two weeks after the initial interviews took place and was completed by the end of March. Each line of each transcript had a unique number for ease of identification during analysis.

### *Observation*

The primary purpose of using observation as a means of data collection is to allow the researcher to describe the setting, the activities that take place in the setting, the individuals involved, and the meanings of what the researcher observes, from the perspective of those being observed (Patton, 2002). There are several advantages to using observation as a form of data collection. First, the researcher is able to record and better capture the context of the setting or situation. Second, observation gives the researcher an opportunity to experience the setting and the people in the setting first hand, decreasing the need to rely on his or her own assumptions and preconceived notions concerning the setting. Third, observation allows the researcher to see things that a participant in the setting might not see and therefore be unable to address in an interview. Fourth, the researcher may learn something that an interview participant might not bring up. Fifth, observations allow the researcher to form his or own perception, rather than having to rely solely on others' perceptions. Finally, having the opportunity to observe a setting first hand, gives the researcher first hand knowledge to draw upon during analysis (Patton, 2002).

I had an opportunity to observe 20 of the facilitators implement a session of their specific program. Because of scheduling conflicts, I had to watch the remaining four facilitators via video tape. The observations lasted 1 ½ - 2 hours and often included the observation of more than one facilitator per session because the programs are designed such that facilitators worked primarily in teaching teams. These observations allowed me the opportunity to experience how

the facilitators present information and how they attended to the participants in their groups, as well as how the group members reacted to the facilitators.

Typically, I arrived at the intervention site about 15 minutes prior to the start of the session. This gave me an opportunity to get acclimated to the site, organize my materials and scout out a place to sit. The facilitators of the BELIEVE program introduced me to their groups and explained that I was there to observe them. Very few of the facilitators of the Emerging Adults Program introduced me. Because of the set up of the rooms, in most settings, I was seated uncomfortably close to the group participants. For each observation, I drew a diagram of the room set up and referred to the participants by assigning them a number. As the session progressed, I noticed how the facilitator delivered the content, addressed and responded to the participants as well as how the participants responded in return, or not. I also tried to capture the messages sent by the facilitators' body language. For the facilitators that I was unable to observe live, I watched a video tape of their session and took notes from what I was able to see. I was able to capture the essence of their interactions, but unable to accurately capture the dynamics between facilitator and participant. After the observations and in preparation for the interviews, I identified three to four things from my observations to ask the facilitators to reflect upon at the interview.

#### *Field Notes and Researcher Journal*

Field notes are an essential element in qualitative research (Patton, 2002). According to Patton (2002), taking field notes helps to pace the interview by providing nonverbal cues about what is important. Condensed field notes are those that are taken during the interview and consist of phrases, single words and unconnected sentences (Spradley, 1980). I used field notes to document things that could not be captured through the audio-recording of the interview (e.g.,

description of the interview setting, body language and nonverbal cues) as well as to note key phrases, major points and specific quotes. I also used field notes to jot down probing questions or issues I wanted to follow up on during the interview. Immediately following each interview, I reviewed my notes and filled in other details. When I later listened to the audio recording, I was able to locate the observations within the proper context of the interview.

Another technique for documenting the research experience is through a researcher journal. Patton (2002) suggests taking time after the interview to record details about the setting and observations about the interview. He provides the following list of questions that can be used in a post-interview review: “Where did the interview occur? Under what conditions? How did the interviewee react to the questions? How well do you think you did asking the questions? How was the rapport?” (p. 384). Patton (2002) also suggests reflecting on the quality of the data by posing these questions: “Did you find out what you really wanted to find out in the interview? If not, what was the problem? Poorly worded questions? Wrong topics? Poor rapport?” (p. 384). Maintaining this journal allowed me to record my journey through the research process. I used the journal to record reflections about interviews, thoughts about reoccurring themes and topics, frustrations about the process, quotes and notes from authors that seemed relevant for future use, notes about forming categories and themes from the data, and timelines for various components of the process (e.g., transcriptions). Maintaining this journal also forced continuous reflection on my part and exposed me to opportunities to refine the process and serve as source of data during the analysis.

### Data Analysis

Data analysis “is the process of systematically searching and arranging the interview transcripts, field notes and other materials that you accumulate to increase your own

understanding of them and to enable you to present what you have discovered to others” (Bogden & Biklen, 1992, p. 153). It involves organizing the data, breaking it into manageable units, searching for patterns, and discovering what is important and what is to be learned, in order to present to others (Bogden & Biklen, 1992). Qualitative data analysis is difficult because there is no single method, no right way, to organize and analyze qualitative data (Esterberg, 2002). The purpose and intended audience of the research study guides the rigor, duration, procedures and the final report of analysis (Patton, 2002). Qualitative research has a more fluid line between data collection and analysis, where the quantitative tradition has a more defined line (Patton, 2002). The nature of qualitative data collection allows analysis to occur simultaneously. Patton (2002) explains that “recording and tracking analytical insights that occur during data collection are part of field work and the beginning of qualitative analysis” (p. 436). Bogden and Biklen (1992) concur that some analysis must take place in the field because it facilitates the direction of the data collection. The process is dynamic and allows for revision along the way. For final data analysis, qualitative researchers draw from two sources, the research questions that drive the study and the analytic insights and interpretations that emerged during the data collection (Patton, 2002).

Qualitative analysis is primarily an inductive analysis, where patterns, themes and categories in the data are discovered in the data, rather than deductive, where the data is analyzed according to an existing framework (Patton, 2002). Patton (2002) further explains “the strategy of inductive designs is to allow the important analysis dimensions to emerge from patterns found in the cases under study without presupposing in advance what the important dimensions will be” (p. 56). The process of evaluation involves the researcher doing an inventory of the data to define key phrases, terms and practices that are shared by the participants. Patton (2002)

suggests posing questions to the data that identify how respondents define common terms and ideas, and the practices in which they engage.

The first step in the analysis process is organizing the data and developing a manageable coding system (Patton, 2002). LeCompte (2000) offers a five step plan for organizing data that I incorporated into my study: tidying up, finding items, creating stable sets of items, creating patterns and assembling structures. Tidying up refers to organizing and preparing the data for analysis. LeCompte (2000) suggest nine specific tasks in this step: making copies of the data; filing field notes and interviews chronologically; creating other files as needed (e.g., recruitment materials and institution information); cataloging and storing all documents; labeling files and boxes; creating an index of contents; reviewing research questions and comparing to data available; identifying gaps in data; and collecting further data as needed. The second step involves reviewing the data to identify items that are relevant to the research questions. She suggests looking specifically for items that recur numerous times (frequency), those that the researcher expects to see, but never appear (omission), and those that the participants bring up (declaration) (LeCompte, 2000). Once the items have been identified, the third step involves organizing them into groups or categories. These categories are then combined into related patterns in the fourth step. The final step involves assembling all the patterns to build an overall description of the data that has been gathered from the participants.

### *Managing the Data*

My study included three types of data sources, the facilitator interviews (audio-recordings and transcripts), observation, and researcher documents. My process of analysis is based on the model provided by LeCompte (2000). I used most of the suggestions in the first step of organizing the data. I saved the audio data in two places. I have a printed copy of the data and

have electronic copies saved in two locations. I made a file folder for each facilitator and filed the copy of the transcript, the demographic questionnaire, the consent form, typed observation notes and the interview guide, with hand written field notes. The field notes gathered during the actual observations are saved in a separate file, collectively. I also made files for recruitment materials, IRB materials, and blank copies of the interview guide and demographic questionnaire. All files are maintained in a designated file box.

In the second step, I reviewed each transcript and made note of the items (values, activities, practices) that appeared in multiple interviews. One example is that most of the facilitators talked of being involved in a local church. I also made note of the things that the facilitators brought up, or shared that did not specifically address my asked question. For example, an older facilitator expressed frustration and disappointment that young people today do not take advantage of the opportunities for which his generation and those before him sacrificed. Finally, upon reflecting on the data individually and as a whole, I was able to identify things that were omitted or not expounded upon during the interviews. An example is one participant who talked about his parents in strong and positive words, but said virtually nothing of his relationship with his eight siblings (neither in childhood nor as adults).

In the step of organizing the data into groups, I chose to group the data by my three research questions. I created three electronic documents entitled *Positionality*, *Group Identity* and *Worldview*. I then reviewed each transcript again and assigned chunks of data to the three categories, which then I cut and pasted into the designated document. I created a fourth document entitled *Miscellaneous* to place data chunks that seemed significant, but did not neatly fit into one of the other three documents. I completed this process of cutting and pasting data from the transcript to one of the four other documents for each facilitator.



To prepare for the fourth step, identifying patterns, I removed the designations of *Positionality*, *Group Identity* and *Worldview* and stepped away from the data for a day. This advice from my advisor allowed me to separate the responses from these categories that were ingrained in my mind. When I returned to the data, I was able to read through the various responses and determine sets of patterns. I grouped the data by narrow patterns first. I then I read through this patterned data and found ways of grouping the smaller patterns into larger categories. I repeated this process and formed themes from those categories for the final step.

### Validity and Reliability

Validity and reliability are used in research as measures of whether or not the findings can be trusted and believed (Merriam & Simpson, 2000). The definitions of these terms differ between quantitative and qualitative research. In the quantitative tradition, validity is dependent upon careful instrument development to ensure that the instrument measures what it is intended to measure. It must then be administered in a standardized manner (Patton, 2002). Validity in this sense has a focus on the measurement instrument. There are two types of validity in qualitative research. Internal validity can be defined as “the degree to which researchers’ claims about knowledge correspond to the reality (or research participants’ construction of reality) being studied” (Cho & Trent, 2006, p. 320). External validity refers to generalizability, or the degree to which research findings hold up beyond the specific research subjects and setting involved in the study (Bogden & Biklen, 1992). Qualitative researchers approach generalizability in two ways. First, some researchers view generalizability as being able to make universal statements of general social processes. Rather than generally applying their findings to other subjects and settings, they are concerned with identifying other settings and subjects to which the findings can be generalized (Bogden & Biklen, 1992). A second approach involves careful documentation by

the researcher so that others can see how the findings fit into their own contexts (Bogden & Biklen, 1992). In this view, generalizability is the extent to which findings can be applied to other situations and determined by the consumer of the research (Merriam & Simpson, 2000).

Reliability refers to the extent that research findings will be found again (Merriam & Simpson, 2000). Reliability in the quantitative tradition is evidenced by consistency in the results/research findings of different researchers or of the same researcher over time (Bogden & Biklen, 1992). In the qualitative tradition, researchers view reliability as a fit between what they record as data and what actually occurs in the setting under study, rather than the literal consistency across different observations (Merriam & Simpson, 2002).

#### *Strategies to Achieve Validity and Reliability*

There are several strategies to ensure that qualitative research is valid and reliable. To ensure validity, researchers can use triangulation, member checks, peer examination, subjectivity statements and submersion in the research situation (Merriam & Simpson, 2000). Triangulation is the use of multiple sources of data to confirm findings. There are four types of triangulation in qualitative inquiry: data (multiple sources of data); investigator (multiple investigators/researchers/data collectors); theory (multiple perspectives); and methodological (multiple methods) (Denzin, 1978). Member checks involve sharing the data (transcripts) and interpretations with the participant to see if the researcher adequately represented the participants' responses (Hays, 2004). This involvement can include sharing the data transcripts, preliminary observations and/or final analysis of the data with the respondents. The extent to which the respondent's feedback is considered varies, according to individual researcher. Peer examination (also referred to as peer debriefing) involves sharing data and findings with other colleagues for their feedback about the process and results (Ezzy, 2002). A subjectivity

statement allows the researcher to reflect on his or her biases throughout the research process (Peshkin, 1988). Finally, submersion in the research situation refers to collecting data over a long period of time, such that the researcher gains an in-depth understanding of the situation (Merriam & Simpson, 2000). Reliability can be also be ensured using triangulation and peer examination.

#### *Researcher Methods of Establishing Validity and Reliability*

In my study, I addressed validity and reliability issues by triangulation, member checks, a subjectivity statement and peer examination. First, I achieved data triangulation by having two sources of data, interviews and observation. This data is richer and has more depth because I was able to gain different perspectives by including facilitators from two institutions and preventive intervention programs. I incorporated the strategy of member checks by sending each facilitator a copy of her or her transcript and gave them the opportunity to add, clarify or delete any information they initially provided. I identified another scholar who successfully completed a qualitative dissertation and who is currently the dissemination specialist (of effective preventive interventions) at one of the institutions as a peer reviewer. This colleague was instrumental in helping me think through the categories and themes that I saw in the data. As someone external to my dissertation, she was able to offer a different perspective that provided critical feedback. In terms of external validity, I believe that the consumers of my research will include individuals who plan and oversee the implementation of preventive intervention programs. My study will serve as an example of how one set of facilitators experienced their work as implementers of their respective programs. My findings can be a valuable resource as these planners select facilitators to implement programs with the designated target population.

### Researcher Subjectivities

I am currently the Assistant Director at one of the institutions from which I recruited facilitator participants. In the years that I have worked at the Center I have played a role in each of the intervention studies we implemented. As such, I have been involved in the interviewing, selection or training of most of the facilitators. Over the years I have developed a professional relationship with all the facilitators and a personal relationship with several individuals. Additionally, through my work at the Center, I developed a collaborative relationship with the two facilitators from the private university who are employed as full-time health educators. Through the course of our professional collaboration, I developed a friendly relationship with these women as well.

As a researcher, these relationships have given me an *insider* role with the majority of my sample. Criticisms of insider research include the following assumptions: conducting research is easier because there are fewer boundaries to negotiate; the research is an extension of the researcher's own concerns and; subjectivity issues are too great (Obidah, 2003; Johnson Bailey, 1999, 2004). I believe that my insider role was beneficial in my gaining access to the participants and their willingness to participate in the study. A level of trust and confidence already existed with most of the participants. As the researcher though, I was also an outsider. Despite my familiarity with the implementation of preventive interventions, I have never served as a facilitator for this type of program, and therefore cannot speak to the lived experiences of this level of involvement. My outsider role was more defined with the study participants who worked for the private institution because I was not familiar with the curriculum, their facilitator training and the cultural norms and expectations of the researchers.

Prior to my employment at the Center I worked with disadvantaged individuals and families (in a community mental health setting and later with aging services). I have a passion for creating and providing opportunities for those who are not privileged in ways that allow access (e.g., educational, social, financial). As an African American, I am particularly passionate about access and opportunities for people of color. As such, I have been personally invested in the success of my institution's intervention programs and committed to ensuring that the individuals who implement the program to the participants are well trained and capable.

Based on my experiences at the Center, I have made some assumptions about the characteristics, experiences, and motivations of "good" facilitators. Although these subjectivities undoubtedly influenced the data collection process, I hope to have minimized their effects by approaching the interviews with a greater awareness of my familiarity with the individuals, the programs and their teaching style. I was also aware that I needed to review the data multiple times to ensure that I would not compromise the findings by overlooking responses that did not fit into my assumptions, or attempting to lead the respondents by the probes I chose to use.

I further feel that the influence of my subjectivities was minimized by the sample selection, data collection method, and analysis. First, in addition to recruiting facilitators from the institution I currently work in, I also included facilitators from another institution – individuals with whose facilitation style and program I was not familiar. Second, the use of a semi-structured interview guide decreased the probability that I would lead the respondents in a different direction. In the analysis, after I chunked the data, I removed individuals' names and looked solely at the data as to not be influenced by the "person" who was speaking. I also looked at the data collectively and literally counted the recurrences of patterns so that I could ensure that the data supported the themes. I provided each facilitator with a copy of his/her

transcript so that they could add, clarify or change any of their responses. This process returned power to the facilitators so that they could be confident in knowing the words that would be used to represent them. The use of a researcher journal allowed me to reflect on my biases and assumptions throughout the process. Finally, engaging a peer reviewer challenged me to look beyond myself and my opinions to allow the data to speak for itself.

### Chapter Summary

This chapter presents the methodological process used to examine the experiences of African American facilitators who deliver preventive intervention programs to African American participants. I have provided an explanation for use of qualitative inquiry and the various components and strategies found in the literature. I have described my research design, sample selection, theoretical framework, data collection, and data analysis methods. I have also discussed how I addressed issues of reliability and validity within the study. Finally, I concluded the chapter by stating my researcher subjectivities.

## CHAPTER 4

### PARTICIPANT PROFILES

The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

This chapter presents individual profiles of study participants, the facilitators. This information was obtained through the demographic questionnaire as well as interview data. All of the participants are African American and currently living in various areas of the same southern state. Each profile provides demographic information including age, current occupation, educational level, family status and pertinent information shared during the interview. To preserve confidentiality each facilitator was assigned a pseudonym. Table 4.1 provides a demographic summary of the participants.

<b>Name</b>	<b>Gender</b>	<b>Age</b>	<b>Marital Status</b>	<b>Educational Level</b>	<b>Occupation</b>	<b>Salary Range</b>
Alicia	F	34	Single	Master's	Project Coordinator	\$60-69999K
Carl	M	63	Married	Doctorate	Pastor	Less than \$20K
Christine	F	33	Single	Masters - In school	Social Worker	\$30-39999K
Cora	F	39	Married	Bachelor's – in MS program	Case worker	\$30-39999K
Dee	F	34	Single	Some college – in school	Part-time facilitator	Less than \$20K
Donna	F	52	Widow	High school	Part-time – cleaning person	Less than \$20K
Elizabeth	F	46	Married	High school	Property Manager	\$30-39999K
Inez	F	64	Widow	Some college	Retired	n/a
Jack	F	53	Divorced	Bachelor's	Parent Services Coordinator	\$30-39999K
Jalisa	F	26	Single	Master's	Paraprofessional - Education	Less than \$20K
Jonathan	M	34	Single	Some college	Sales Associate	\$40-49999K
Joyce	F	38	Married	Some college – in school	CEO of Nonprofit	Less than \$20K
Keith	M	35	Single	Bachelors - In school	Graduation Coach	\$40-49999K
Lee	M	55	Married	Some college	Elementary school – special coordinator Shift Supervisor – hospital	Did not answer
Lisa	F	35	Single	Master's	Health Educator	\$50-59999
Margaret	F	60	Widow	Some college	Retired	n/a
Mattie	F	61	Married	Master's	Retired	n/a
Nancy	F	38	Single	Bachelor's – in MA program	Program Manager	\$40-49999K
Richard	M	67	Married	Some college	Retired	n/a
Sharon	F	34	Married	Bachelor's	Case Manager	\$20-29999K
Sybil	F	64	Married	High school	Retired	n/a
Tameka	F	37	Married	Bachelor's	Social Service Coordinator & Owner of Personal Care Home	\$30-39999K
Tatiana	F	34	Married	Master's	Health Educator	\$40-49999K
Tia	F	29	Single	Master's	Health Educator	\$40-49999K



## Alicia

Alicia, a tall, vivacious, and energetic young woman, is originally from a metropolitan city in the Midwest. She came to the South for graduate school and remained after securing a position as a project director at a large federal agency. She approached the interview with enthusiasm and was lively and animated throughout our conversation. She is 34 years old and currently single, though she expressed a desire to settle down “with the right man in a healthy relationship with strong respect and communication.” Although she has no children of her own, she has a godson (her best friend’s son), a nephew and has “adopted” the children in her Sunday School class. Her religion is an important part of her identity and she expressed her appreciation of being able to contribute to the Christian and religious upbringing of the children in her class.

Alicia has an older sister and was raised by parents who valued church, community, education and being Black. She felt that she grew up in the “perfect Christian, very humble family.” Both of her parents have a graduate level education and had an expectation for their daughters to go to college as well. Alicia attended an HBCU at her parents’ insistence and continued her graduate education at a private, predominantly white university. Alicia is confident, comfortable in her skin, proud of the woman she has become, and a lover of life. Her short term future plans are to continue her education in the medical field (either medical school or physician assistant’s school).

Alicia has been a facilitator with the BELIEVE program for several years. She identifies very closely with the program and participants and believes in the potential of the program to change the lives of young African American women. In addition to serving as a facilitator, Alicia sees herself as a role model for the young women who participate in the BELIEVE Program.

## Carl

Carl is 64, tall, slim and distinguished looking with closely cropped gray hair and a clean shaven face. He currently resides in a rural community several hours away from the rural community in which he was raised. Carl falls “somewhere in the middle” of his nine siblings. He indicated that he had a good childhood and parents who emphasized the importance of education. He credits his father, in particular, for also instilling in him a high level of self confidence and esteem. After high school, Carl joined the Navy where served until he was able to retire. During those years, he began college and married Mattie. They will celebrate 40 years of marriage this year. They have a daughter and three grandchildren who live in a town several hours away.

After leaving the military, Carl began another career as an educator. He taught math for four years and moved into administration where he retired again, having served the public school system for 18 years. He is now in his third career, currently serving as Pastor of a Christian Methodist Episcopal Church in a nearby rural community. He returned to school and earned a Doctor of Ministry. In addition to his primary responsibility of leading the church, Carl founded a program for young African American men in that community. He wants to ensure that young men are equipped with positive male role models, achieve academic success, graduate from high school, and go on to pursue some type of higher education.

Carl served as facilitator for the Emerging Adults Program for two years. Although the program did not specifically target young men, Carl saw the goal of the program as tying in closely with what he was doing through his program and wanted to be involved.

## Christine

Christine is 33 years old and has the same endearing southern drawl as her older sister, Tameka. She currently lives with her parents in the community in which she was born and raised. Christine describes her family, who all reside in the same community, as being very close. Although her parents did not go to college, Christine shared that they always instilled in their children to go further. She attended a couple of different colleges before finding her niche at the land grant HBCU a couple of hours away. She returned home and began work in the social service field. She currently works for the state agency serving children and families in her home town. Christine is currently pursuing her PhD in an online program in Public Policy and Administration.

Christine is active in her church, works with Tameka at her personal care home, and volunteers with activities that help the needy in her community. She is affiliated with her collegiate sorority and has tried to become involved with more service activities through the newly formed alumni chapter in her community.

Christine served as a facilitator for the Emerging Adults Program for one year, after learning of the program from Tameka. She had previously taught another preventive intervention program and wanted to help bring another positive program for African Americans to her community. She is concerned about young people who are being raised in small communities with few resources, feeling that they are not adequately prepared to leave home and be successful. Christine felt that because of her experiences (namely leaving her community to attend college and returning to the community to work) she could offer parents insight as they prepared their older teens for graduation and beyond.

### Cora

Cora is 39 years old and has an expressive face that shows her every emotion. She currently lives in a rural community adjacent to the rural community in which she was raised. She is the third of five children. Her parents divorced when she was young and her mother worked two jobs to support the family. As such, Cora and her siblings spent a significant amount of time with their grandmother. After high school, Cora began college, but was unable to continue. She joined the workforce where she worked a variety of jobs in the service industry, manufacturing, and social service. During this time she also made several attempts to complete her education. After a series of interruptions, Cora completed her undergraduate studies in 1998. After finishing school she began working with the state agency serving children and families. She is now pursuing her master's degree in Community Counseling through a weekend program. Cora has been married for nine years and has three stepsons. She is active in her church and participates in several community organizations.

Cora served as a facilitator for the Emerging Adults Program for two years. She has worked on other preventive intervention programs and enjoys this type of work. She particularly appreciated that the program brought families together and was instrumental in improving communication between parents and their teens.

### Dee

Dee is 34 years old, with a serious, almost somber disposition that belies her young age. She was attentive during the interview, but relatively serious and sitting with closed body language – arms and legs crossed. Dee currently resides in the community where she was born. Her parents separated when she was young and she lived with her mother in a rural community three hours south of her current town. When her mother remarried, the family moved to a

southeastern state. She has a younger sister who is severely disabled and shared that she grew up quickly because of the support she had to provide in her sister's care. Dee is Lee's oldest daughter and she has three younger siblings on his side. She entered the workforce after finishing high school, married young and had two daughters. Her husband passed away about six years ago. In recent years, she's found love again with fiancé Keith, a childhood friend, and they have 1 ½ year old twins.

Dee recently separated from her position at the local alternative school after experiencing some health problems. She is currently working part-time as a facilitator in addition to being a full-time mother and student. During the interview she expressed her passion for young people, young women in particular. Ultimately, she wants to use her degree in sociology to provide a service to teenage girls who have become pregnant. Dee and her family are active in their church where she works with the youth and serves on a ministry that focuses on mission work in the community.

Dee has served as a facilitator for the Emerging Adults Program for two years. She has also worked on previous preventive intervention programs. One of the reasons she enjoyed teaching the program was having the opportunity to encourage young adults, so that "our kids can say 'we can reach for higher, we can aim for higher'". She feels that what she is able to do through teaching preventive intervention programs is worthwhile to the participants.

#### Donna

Donna is 52 years old and has a wide smile and friendly disposition. She resides in a rural community just 30 minutes east of the formerly rural community where she was raised. She is the fourth of 10 children and the oldest daughter. She married at 16 and during that six year marriage, had her only child, a daughter. Donna has one granddaughter, who she assumed

responsibility for when her daughter was going through some trials. Both her daughter and granddaughter currently reside with her. Donna remarried after 18 years and worked in the ministry with her husband, who was a pastor. After nearly 14 years of marriage, her life was completely turned upside down when her husband passed away, about a year and a half ago. She is in the process of trying to rebuild her life and the ministry. She admits to having some truly difficult days, but feels that her faith will see her through.

The death of her husband forced Donna back into the job market and she is currently earning minimum wage as a “cleaning person” at a local fast food chain. The support of her daughter and witnessing her granddaughter blossom into adulthood has been a source of joy in her life. Donna is a minister and continues to be involved in the religious community by visiting various churches and teaching classes for first time pastor’s wives. Despite recent difficulties, Donna looks toward the future with hope, thankfulness and joy. Her mantra for all the difficult moments, “But God”, is a testament to her faith.

Donna facilitated the Emerging Adults Program for two years. She was interested in the program because of the focus on preparing young people and their parents for life after high school. She shared that ultimately, she felt that she benefited from the program as much as the participants. Her husband passed during the first year of the program and she credits the lessons she learned as a facilitator of the program with helping her through her grieving process.

#### Elizabeth

Elizabeth is petite and shapely, and seems to emanate an air of peace and joy. She greeted me with a warm smile and embrace and was kind enough to prepare coffee for our early morning interview. Elizabeth was born in a metropolitan city, but raised in a rural community about 30 miles from her current residence. She is 46 years old and enjoying motherhood and

marriage, for the second time. She has two daughters, one that she “gave birth to” and one that she “chose” (through adoption). She also has three grandchildren that she “loves to death.” She is relatively recently married to her longtime partner and enjoying family life. Upon marriage, she moved from the community where she was raised and had lived most of her life to the community where she has worked for a number of years. She currently works in a housing community and seems to provide social services to her residents as much as managing the property. Her interview reveals a passion for working with and helping children; somewhat ironic because her professional work has centered on adults.

Elizabeth is the oldest daughter of six children. Most of her family, including her parents and extended family, live relatively close to each other. Her family had their share of obstacles because of her father’s issues with alcohol and drugs, but she feels that her family became closer as they came together during those difficult times. Throughout our conversation, it became apparent that her faith and active involvement in a local church is a driving force in her life and the source of her desire to serve the community. She said that her daughter refers to her as “Mother Theresa” – which, after our interview, seems to be a relatively accurate description.

Elizabeth has been a facilitator for the Emerging Adults Program for two years. She particularly enjoyed teaching the program to the families in the community in which she was raised. Understanding their needs and the limited resources in the community, Elizabeth felt that the program provided essential information and tools for the young adults and their parents. She also felt that the information she taught will benefit her own family with regard to her teenage daughter.

### Inez

Inez is a tall, matronly, 64 year old retiree, who is surprisingly soft spoken, shy and reserved. During the interview, Inez's speech was interlaced with nervous laughter and she seemed concerned with providing "good information" and answering "correctly." She currently resides in the rural town where she was born and raised. Unlike the other older facilitators, Inez did not talk at length about her childhood, though she described it as a good childhood overall. She shared that her parents separated early in her life and that she and her older sister were raised primarily by their grandmother. She became pregnant during her senior year in high school, but was able to finish, and married her then boyfriend. Inez is now a widow, having lost her husband nearly 11 years ago. During their 36 year marriage, they had three other children and she now has nine grandchildren. Her children continue to reside in the community and they remain close.

Inez worked a variety of jobs before settling into a position with the social service agency providing services to the developmentally disabled, from which she retired after 30 years of service. Although she is retired, Inez remains busy. She serves on the board of directors for an agency serving children and their families, and is active in her church, particularly with the "mothers" (senior citizens) of the church.

Inez has worked with the Emerging Adults Program for two years. She was drawn to the program because of the emphasis on working with the family to increase children's success as they leave home. She felt that this was a program that she and her children could have benefited from and wanted to be part of ensuring that other families had the opportunity to participate.



### Jack

Jack is 53 years old and appears somewhat stiff and matronly when you first meet her. However, after a few moments in her presence, you can see that she is larger than life, very animated and lives up to her self proclaimed title of comedian. Jack currently resides in rural community nearly an hour from the rural community where she was raised. She is the oldest of six children and took on a lot of responsibility for her younger siblings during her childhood. After high school, Jack moved to the community where she currently resides to attend college. She married just before graduation and had a daughter shortly thereafter. Jack and her husband had another child, a son, during their 15 year marriage. Jack has become a periodic caregiver for her aging parents and a disabled brother. She continues to maintain close ties with her other siblings and her adult children. She a proud first-time grandmother of a 5 month on granddaughter. Jack has spent her career working in the local school system, primarily as a social worker. She currently works closely with parents, connecting them with local resources and implementing workshops.

Jack has been a facilitator with the Emerging Adult Program for two years. She was also instrumental in recruiting families to be part of the program. She has worked on previous preventive intervention programs and has always enjoyed working with the parents. She viewed her role as a parent facilitator, an extension of the work she does daily with parents in the school system.

### Jalisa

Jalisa is a petite, soft-spoken, baby-faced, 26 year old with a slight southern twang. She continues to reside in the rural community where she was raised. Jalisa's mother was a single mother raising three children. As a family they lived with her grandparents off and on during her

childhood. Jalisa became pregnant during her senior year in high school. She was able to complete her requirements before giving birth to her daughter and graduate on time. She has spent much of the last few years working and attending college. She has worked primarily in the business field and recently began working in the school system. She recently completed her graduate work in education and hopes to obtain a position as an elementary school teacher in the coming school year. Jalisa is a single mother and now that she has completed her degree, is enjoying spending time with her daughter who is 9 years old.

Jalisa has been a facilitator for the Emerging Adults Program for two years. She wanted to be part of the program because she felt that if she had had the opportunity to participate a similar program, she might not have made some of the choices and mistakes that she did. She is committed to ensuring that young women have information to make choices that won't hinder their options and future success.

#### Jonathan

Jonathan is 34 years old with an imposing physical appearance (in stature and build) that completely contradicts his kind smile, playful demeanor, and infectious laugh. He continues to reside in the rural county in which he was born. Jonathan and his mother spent his early years living with his grandmother. He was adopted by his stepfather shortly after his mother married, and he has one younger brother. His parents are now divorced, but he describes their family relationship as close. After high school, Jonathan entered the land grant state university, about 45 miles away from his hometown. He started a business while attending college and realized that he could be an entrepreneur without a college degree. With the exception of several years as a case worker and health educator with a local HIV/AIDS service agency he has primarily worked successfully for himself.

Jonathan is single, but involved in a committed relationship. He has a six year old son, from a previous relationship, who Jonathan says has given him a whole new perspective on life. In addition to spending time with his son and supporting his activities, Jonathan is very active in his community. He serves on several boards and is active in several local political and advocacy organizations.

Jonathan has been a facilitator for the Emerging Adults Program for a year. He heard about the program because he was already employed by the sponsoring institution as a research assistant. He was interested in the program because he viewed it as something that was positive and could help African Americans in small communities like his, where resources were limited. He shared that he “loved” teaching the program and would like to be involved in other preventive intervention programs.

#### Joyce

Joyce is 38 years old and speaks quickly, clearly and confidently, an indication that she has places to go, people to see, and things to do. She is the oldest of four children. Joyce was born and spent much of her childhood in a large metropolitan city about 2 hours west of where she currently resides. She described her childhood as difficult. Her mother was raising four children alone and because of their economic situation, had to move around a lot. Joyce’s mother passed away when she was in high school. She and her younger brother went to live with her grandmother. During that time, Joyce located her father and moved to his hometown where she finished high school and currently resides. She moved out on her own during her senior year in high school and brought her younger brother to live with her until he finished high school.

Joyce entered the workforce at a young age to support herself and her brother. After finishing high school she began working full time in a variety of jobs before joining the staff of

the local 4-H program. She discovered a passion for teaching at the community level. She was called into the ministry and in the years since, has formed her own private non-profit organization that provides educational programs and resources (i.e., food, clothes, an exercise facility, computer lab) to the community. She is also the youth pastor at her church. Joyce is currently in school working on her undergraduate degree in ministry. She has been married for 19 years and has two daughters.

Joyce served as a facilitator for the Emerging Adults Program for two years. She became interested in the program because it was similar to what she was trying to do in the community and saw it as an opportunity to be part of something she could learn from and improve her own programs.

#### Keith

Keith is 35 years old and has a booming bass voice that takes you off guard. His father was in the military and his family moved around a lot during his childhood. Keith claims the Midwest as home, but spent much of his younger life in a rural area about three hours south of where he currently resides. He is the middle child of three and describes his relationship with his older brother as “two peas in a pod.” His younger sister is twelve years his junior and he also has two step-siblings who are teenagers. Keith is a self described lover of basketball. He earned a scholarship to college and had the opportunity to play basketball throughout the United States as well as internationally. After college he entered the workforce and has worked in several social service agencies with a focus on serving children. He currently works in the local high school as a graduation coach for students who are struggling academically. He also coaches the basketball team and has his own basketball camp and skills workshops that he implements in various communities throughout the year.

Keith is engaged to Dee and they have a set of 1 ½ year old twins together. He has two children from a previous relationship and considers himself a father to Dee's two children from her previous marriage. He spoke candidly about his passion for basketball and children. He desires to serve as a mentor and role model for teens, encouraging them to reach for their dreams and push past the obstacles that arise. In his basketball camps, he teaches the kids the skills of basketball but also about teamwork and discipline.

Keith worked for the Emerging Adults Program for a year. He learned of the program from Dee and sought out the opportunity because he wanted to be involved in the program because "It's teaching. It's mentoring. It's giving kids that upper hand in life." The focus of the program fit into his personal goals, his passion for working with youth, and his desire to serve as a role model.

#### Lee

Lee, a 55 year old man, is a charmer from the old school. He has a strong, commanding appearance, yet he exudes a calmness that comes with maturity, self-confidence, and being comfortable in your own skin. He was born and raised in the rural community in which he currently resides. During the interview Lee seemed to enjoy the opportunity to reflect on his childhood, the third child of eleven. He willingly shared stories of his youth and his birth family. Lee indicated that while he worked hard as a youngster (doing chores) it was a lot of fun, "games and being out in the country and running and playing and feeling free." He describes his parents as providers, sharing that their large family always had their needs met. When he graduated from high school, Lee worked with his father building mobile homes. When the company went out of business, he began taking classes at a technical school and began working at one of the state mental hospitals. He eventually left school, but continued working at the hospital and

began a construction company with a friend. After a decade, they dissolved the business and Lee began working in the local school system, where he continues to work in addition to his ongoing career at the hospital.

Lee has been married to his second wife for 27 years and they have three children. Dee is his oldest daughter, from his first marriage. He spoke with a father's pride of his children and their successes. His conversation reveals that he is a "go-to" man in his family (immediate and extended), on his jobs, in his church, and in the various community organizations in which he is involved. Although his children are all adults now, he expresses a continued concern for young African American children and teens, particularly those whose fathers are not in their lives, and desires to be a role model and positive influence their lives.

Lee has worked with the Emerging Adults Program for two years, but stated that he has been involved in other preventive intervention programs as well. He enjoyed teaching the program because it gave him an opportunity to share information and resources with his community. He was able to recount specific incidents in his group that reflected the positive responses from the participants and he appreciated being part of something that changed other people's lives.

#### Lisa

Lisa, is a youthful looking 35 year old, who is petite and thin, with thick curly natural hair. She is originally from the northeast and grew up in a middle class environment which was predominantly white (her father was a professor at a local university). She is the middle child of three girls. After high school, Lisa moved to the south to attend an all female HBCU and decided to remain in the area. She taught school for a year before returning to get her graduate degree at another nearby HBCU. Lisa then spent a few years working at the state agency serving

children and families and an agency serving individuals with HIV/AIDS before moving to her current position at the private, predominantly white university that sponsors the BELIEVE program. She joined the staff in time to work on the development of the BELIEVE program and has had the opportunity to help oversee the implementation. Having served individuals with HIV/AIDS, one of the things Lisa has enjoyed most about working with BELIEVE is the opportunity to educate and provide support to young women so that they will be better able to protect themselves.

Lisa is engaged and includes among her support system, her two sisters, girlfriends from college, and her co-workers. While she doesn't have children, she has plenty of opportunities to spend time with her nephew – who she was planning to take to the movies after our interview. Her affect is serious and reserved, but her conversation reveals that she is down to earth, close to her family and her close-knit circle of friends. She started a book club that meets once a month and does a couple of literacy related community service projects each year.

#### Margaret

Margaret, a 60 year old retiree, is thin, petite and agile. The consummate hostess, she prepared coffee for us with cups on saucers, served with mini éclairs. Margaret seemed to enjoy the entire interview process, particularly the opportunity to share childhood stories and her family history with me. Margaret currently resides in the now suburban community in which she grew up (previously a rural area). She is the oldest of 11 children and was raised primarily by her paternal grandparents because according to them, her parents “didn't have sense enough to raise the first grandchild.” Both of her parents came from large families (7 and 15 siblings) so she grew up with a large extended family. She appreciated the opportunity of growing up in her

grandparents' home and continues to live the lessons they taught regarding education, respecting authority, and family responsibility.

After high school, Margaret had some college experience but due to financial constraints was unable to finish. She returned home and entered the workforce. Her early positions included working in the local school system and with the community health department; she was the first Black person to occupy a position at both of these institutions. She always had a special interest in persons with developmental disabilities and moved into that field when a service center opened in her area. She served this population until she retired last year. She continues to contribute to that agency as a board member and to the field by providing continuing education through a local junior college. Margaret lost her husband three years ago to lung cancer. She has two daughters and two grandchildren that she sees often. In addition to her active involvement in church she has recently formed a youth group within her own family (elementary school aged children) who she is exposing to the rich history of her family, their home community, and African American history. She takes them on trips and monitors their school work. She is determined that this generation in her family will not be lost.

Margaret has been a facilitator for the Emerging Adult Program for two years. She became involved initially to help get the word out about the program. Responding to why she wanted to be involved, she said "You saw what that would mean to our people. And we see our kids every day and what's happening. We know that this was something that was needed." Because she was already sold on the program, when the opportunity to facilitate became available she was excited to join the teaching team.



## Mattie

Mattie is a 61 year old retired educator who is medium height, with golden toned skin that coordinates perfectly with her light, honey blond hair. She is quiet, perhaps a little shy, but proves to be an example of the old adage that still waters run deep. Mattie lives in a rural community a few hours from the rural community in which she was raised. In a soft voice, she shared that she had a good upbringing by “strong, Christian parents” in a rural community a few hours from the rural community where she currently resides. She is the fourth of five children and continues to maintain close relationships with her siblings, particularly her younger sister who lives next door. Her mother was a teacher and this influenced her to enter the same field. Mattie attended an HBCU for her undergraduate degree and one of the public state schools for her Masters. She taught 1<sup>st</sup> grade for the majority of her career, preferring this young age because it was “like starting from scratch.”

Mattie has been married to Carl for nearly 40 years and they have one daughter and three grandchildren, who reside in a city a few hours away. As the first lady of her church, she often accompanies her husband to religious and community events. She also serves as his secretary. Mattie spends her other time exercising, taking a Bible class, and volunteering with the Pre-K program. She continues to have a love for young children and is committed to her volunteer work because she feels that if she were not there some of the children would never see a Black face at the school. She talks about giving hugs and words of encouragement to the children and about how their response to her is indicative of their hunger for attention.

Mattie has been a facilitator for the Emerging Adults Program for two years. She chose to get involved because she saw it as an opportunity to help the community. She feels that her

involvement has helped her to understand the community better and that she will be better able to help meet their needs through her volunteer work and ministry.

### Nancy

Nancy is 38, tall with a medium frame, and speaks in a calm, lilting tone. She currently resides in the rural community in which she was raised. Although her parents were not together during her childhood, they were both an active part of her life. Her mother worked in the production industry for many years before starting a home day care center and her father is a state representative. She is an only child but her parents kept her active in church and other activities during her childhood. She referred to her mother as her “cheerleader and motivator.” After high school, Nancy attended a predominantly Black state college. She was offered a full time job before she finished school, so she worked during the day and went to class at night. The year she graduated was also the year she had her son. She accepted another position and moved to a large metropolitan area. Nancy’s jobs were primarily business related until she accepted a position with the federal labor agency, where she continues to work.

Nancy is single and her son is now 11. She remains close to her parents and spends her free time in activities with her son and participating in church related functions. She has begun facilitating workshops for women through her church association and has enjoyed meeting new people and making a positive impact on their lives. Nancy will be completing her MBA program in a couple of months.

Although Nancy had had a long day when we met for the interview, she immediately perked up when we began talking. Nancy is a self confident woman who knows what she wants and how to go about obtaining it. She has been facilitating the Emerging Adults Program for two years. She has also served as a facilitator in previous preventive interventions, which she

referred to often during the interview. She was interested in working with Emerging Adults Program because of the emphasis on the family unit and supporting children to be successful adults.

### Richard

Richard is a 66 year old retiree with a deep, clear, commanding voice, who is direct and matter of fact in his conversation. He described himself as “a talker” and one who never meets a stranger. During the interview he seemed amused by me, which is indicative of his easy going nature. He is thoroughly enjoying his retirement and proclaimed several times that he is doing exactly what he wants to do in his retirement – traveling, relaxing, working around the house and sometimes, absolutely nothing! Seeking a quieter, slower pace of life after retirement, he and his wife, Sybil, moved 60 miles south of the urban area of their youth, to a more suburban area.

Richard has one brother who lives with his family in the Midwest. His parents, now deceased, were a butcher and a beautician. He described himself as a loner growing up, who finally began to blossom in the 11<sup>th</sup> grade. After high school, he attended college off and on for a few years before entering the work force. He worked at a department store and an electronics firm before joining the ranks of the federal agency he would retire from after 24 years of service. Richard and Sybil have been married for nearly 47 years. They have four children and two grandchildren. He spoke with pride as he shared their educational and professional accomplishments.

Richard worked as a facilitator for the Emerging Adults Program for two years. He described it as an opportunity to get to know his new community better and a way of continuing his service to parents and teens, about furthering their education and finding resources.

### Sharon

Sharon, who is petite with a youthful appearance that belies her age of 34 years, currently resides in the rural community where she was born and raised. Most of her family also live in the area and she describes close relationships with her immediate and extended family. Sharon is the oldest of three siblings. She describes her childhood as good. Her mother worked in a sewing plant before entering the social service field and her father is a mechanic. Sharon went to college in a town a couple of hours from her home town. During her third year, she learned she was pregnant. With the support of her family, she was able to complete her undergraduate degree after having her daughter. Sharon has worked for the state agency serving children and families since finishing school. She has been married for 10 years and now has a second daughter. Sharon reports being very involved in her church and making sure that her daughters have an opportunity to be involved in community activities.

Sharon has been a facilitator for the Emerging Adults Program for two years. She has worked in other preventive intervention programs and appreciates the opportunity to provide needed information to the community. She was specifically interested in this program because she wanted to encourage young people to reach for their dreams and understand that they can succeed despite their current circumstances (living in small towns, being poor, coming from single parent homes).

### Sybil

Sybil is a petite, sprightly, energetic, 64 year old with hair that is elegantly silver and gray. She has a ready smile and an easy laugh. She strikes me as one of those people who would be described as someone who never meets a stranger. Sybil describes herself as fun loving. As such, our interview was filled with animated stories from her life as well as stories

related to the program she facilitated. She seemed to enjoy reflecting on her life and sharing her experiences. She grew up in an urban city, the youngest of nine children. Others described the area she grew up in as a slum area, but as a child she never saw it that way. Sybil married Richard during her senior year of high school, and as a result was not allowed to finish the year with her class; instead she finished school at night school.

She and Richard remained in the urban city of their youth until retiring from the federal government agency they both worked for and moved to a suburban area about 60 miles south. They have four children. Three remain in the city and the other is on the west coast, with their only two grandchildren. Sybil spends her time working around the house, exercising, traveling with her husband, and participating in church activities. She continues to give back to the community by hosting quarterly outings for the mothers (senior citizens) at her church.

Sybil worked with the Emerging Adults Program for two years. She stated that it gave her an opportunity to get to know people in her new community. But it also opened her eyes as to how some people live and the obstacles they face. She appreciated the opportunity to share her life experiences with her groups and felt proud that the participants benefited from participating in the group.

#### Tameka

Tameka is 37 years old and shares the same distinctive southern drawl with her sister, Christine. She continues to live in the community where she was born and raised. She is the older of two daughters and her entire family all live within close proximity. After high school, Tameka went to one of the state universities and returned home to work. She has had a variety of positions in social services. She currently works for an agency that serves families, in a county adjacent to where she lives. In addition to this full time position, she owns a personal

care home in her community. Tameka has been married for one-and-a-half years and has two sons. She serves on the boards of several community service agencies. She is also active in her church and has recently begun working with the youth.

Tameka has served as a facilitator for the Emerging Adults Program for two years. She was particularly interested in the program because of the focus on helping teens successfully transition from high school to the adult world. She spoke of the high teenage pregnancy rate in the community where she works and how she's been trying to talk to young women to encourage them to finish high school so they will have more options. Tameka has also worked on previous preventive intervention programs.

#### Tatiana

Tatiana, 34 years old, is a striking young woman of medium height, slender build, a fair complexion with a spray of freckles on her face, framed by reddish brown hair. She had an unmistakable energy of woman on a mission, which she maintained through the interview. Tatiana was born and raised in an urban city in the Midwest. She was adopted when she was 3 months old, which she describes as "a special privilege". She is the only child of her adopted parents. Her mother is a retired police officer and union representative and her father retired from an auto manufacturer. After high school, Tatiana attended one of the state universities where she earned her undergraduate and graduate degrees. Tatiana began her career in her college town doing community organizing. After five years, she moved to the southern metropolitan city with her then boyfriend, where she now lives. They have been married for four years and have two young children (3 ½ and 10 months).

Tatiana infused our interview with excitement and positive energy. She currently works for the large, predominantly white university that is the sponsoring institution for the BELIEVE

program. Tatiana, along with other colleagues at the university, wrote the program and have been instrumental in overseeing the implementation. She is passionate about ensuring that young Black women love themselves and make informed, smart decisions about their sexuality. Because of her role on the BELIEVE Program she had a genuine interest in our interview and my overall research project.

### Tia

Tia is a bubbly, petite, 28 year old who lights up the room with her smile and personality. Her natural hairstyle was pulled up into a high ponytail, making her look younger than her naturally youthful appearance. She is originally from a city in the Southeast and moved to her current city to attend college at an all female HBCU. Although she left briefly to attend a graduate program in the Northeast, she returned to the place she now calls home and currently works for the sponsoring university of the BELIEVE Program as a health educator. Tia stated that she has always known that she wanted to work with adolescents and children, but not within the confines of traditional education. Tia has spent much of her career working at least two jobs at a time, both primarily with youth. As she talked about the various positions she's had (professional, part-time and volunteer) it is obvious that she has a passion for community education and young people.

Tia is the youngest of three children and although her siblings are 8 and 10 years older, she describes their relationship as close. Her parents ran a newspaper and she spent a lot of time during her middle and high school years working at the family business. Tia has formed a network in the city where she currently resides. This social and support network includes her fiancé, girlfriends from undergraduate years, and the women with whom she works. At the end

of our interview, Tia said that she enjoyed the opportunity to reflect on her experiences. She has a self awareness, maturity and consciousness that belie her young age.

Tia is reflective about her passion for BELIEVE, a program she's worked with as a part time facilitator and now as full-time facilitator. She shared that one reason she connects so strongly to the program is that she could have benefited from such a program in her youth. Unfortunately, she would not have been targeted because she did not fit into the targeted group (i.e., high risk). Tia would like to take the experiences she's had with preventive intervention programming and have an opportunity to work on the other side of such programs – the research, planning and writing. Her short term future goals are to pursue her PhD within in the next couple of years.

#### Chapter Summary

This chapter has been devoted to providing detailed profiles of the 24 facilitators who participated in my study. I have included a table that provides basic demographic information at a glance. I felt that it was important to share some of the details of their lives, personalities, and the reasons they chose to facilitate their respective programs. This information provides a context for their stories, which are presented in Chapter 5.



## CHAPTER 5

### FINDINGS

Prevention science research has, as one of its primary goals, testing the effectiveness of specifically designed preventive intervention programs. The successful implementation of these programs relies heavily on the individuals, the facilitators, who deliver the programs to the target audience. The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

The purpose of this chapter was to describe the findings of this qualitative study. The study included twenty-four African American facilitators who implemented preventive intervention programs with African American participants. I identified the following two themes from the data: (1) *teaching is a commitment to my community*; and (2) *teaching is a reflection of me and my people*. Each theme has several categories, which may in turn be further divided into subcategories. The thematic outline can be found in Table 5.1.

Table 5.1 – Thematic Outline

Themes	Categories and Subcategories
<p>I. Teaching is a commitment to my community.</p>	<p>A. Families and communities are interdependent and interconnected entities.</p> <p>i. Families provide support to each other.</p> <p>ii. Families and communities provide inspiration and encouragement.</p> <p>iii. Families and communities maintain enduring relationships.</p> <p>B. Family and community members have a responsibility to give back to the community.</p> <p>C. Families and communities are strengthened by a common faith.</p>
<p>II. Teaching is a reflection of me and my people.</p>	<p>A. When I see my people, I see myself.</p> <p>B. When my people see me, they see themselves.</p> <p>C. Teaching my people enriches my life.</p> <p>D. I teach my people with honor and respect.</p>

The remainder of this chapter is divided into three sections. The first two sections will describe the themes and associated categories with supporting data, followed by a chapter summary.

#### Teaching is a Commitment to My Community

The first theme, which was expressed by all of the facilitators, was the concept that teaching is a community endeavor. Community in this sense includes immediate and extended family as well as neighbors and other community members and entities (e.g., teachers, school, and church). The data suggests that this sense of responsibility overwhelmingly includes children and youth, yet it extends to the older members of families and the community as well. The data also reveal that the nature of the relationships among family-community members is

enduring over time. This theme is manifested in the following three categories: families and communities are interdependent and interconnected entities; family and community members have a responsibility to give back to the community; and families and communities are strengthened by a common faith. Each of these categories is described more fully in the following subsections.

*Families and Communities are Interdependent and Interconnected Entities*

Within the first theme, *Teaching is a Commitment to My*, the idea that families and communities are interdependent and interconnected was such a varied category that the data fell in three primary subcategories: families provide support to each other; families and communities provide inspiration and encouragement; and families and communities form and maintain enduring relationships. Descriptions of the subcategories and accompanying data are presented next.

*Families Provide Support To Each Other*

The first subcategory within the category, *Families are Interdependent and Interconnected Entities*, revolves around families coming together to provide support to each other. There were many examples of facilitators who made sacrifices to help and support members of their families, as well as those who acknowledged receiving needed support during their own times of difficulty. The types of support that the facilitators discussed included caring for children as well as disabled, ailing and dying loved ones. Donna provided an increasingly common example, a grandparent taking on the responsibility of caring for a grandchild:

And they stay with me. I got my granddaughter first. I came home in 1997 and when I got here, my daughter was going through some things. My granddaughter needed stability so I brought her down for the summer. When I had to go back to

get her records, to put her in school here, she said, “grandma, you taking me away from my Momma?” [Laughter] I said “no, your Mom has to learn some things and you need to be with me for the moment.” And so it ended up that it was a good thing, it was a good thing. And she was with me about three years before her Mom came.

Joyce also shared her story of taking on the responsibility for raising a child. Her situation was unique however, because she assumed the responsibility of raising her younger brother after the death of their Mother. Joyce was a senior in high school at the time. She described this situation in the following excerpt:

My baby brother was the closest to me because when my Mother died I had to raise him... Well he stayed with my Grandmother until after I decided to move out. Like I think I left home in 11<sup>th</sup> grade and I moved out with some other family members here, on my Daddy’s side...I started getting my Mother’s income and I got a trailer. And then he came down and stayed with me. So I was in 12<sup>th</sup> grade and I moved out into a trailer...He was 11, 12. I raised him until he graduated—yes until he graduated and he moved on.

Like Joyce, there were several other examples of facilitators who described having to be a source of support to the family during their younger years. In the following excerpt, Dee talked about how she had to grow up fast and serve as a support for her Mother in the care of her younger sister:

I grew up with my Mom, my stepfather and a younger sister who’s severely handicapped and mentally retarded. It was good childhood. I grew up fast. I had a lot of responsibility because my stepfather was military, so I was like my

Mom's source of support when it came to help with my little sister...It had positive and negative aspects. The positive aspect was growing up early; it caused me to be more responsible, to take things a little more serious in life. And the negative aspect – I think I missed out on a lot as a teenager and I waited so late to go to school. Because I went right into the workforce and I missed out on some of the fun college years I think, by growing up so fast.

Similarly, Elizabeth spoke of providing support to her family, her father in particular, during her youth. While she recognized the importance and value of providing this support, she also talked about feeling conflicted about doing so. In the excerpt that follows, Elizabeth articulated this conflict and how she eventually resolved it:

My family now - we have had some struggles and I think this is one of the things that have really inspired me. My father, who came out of a...my father was just my father, but he had his issues. Okay? My Dad, he was an alcohol and drug addict, plain and simple as that; but he was a provider for the family. As a young woman, I always wondered why he had to result to using or drinking. And of course that put a lot of strain and turmoil in the family throughout the years. But, yeah, it caused the family to kind of grow close together because we were like, "You know, we have to help him." At that time, you couldn't turn your back on your parents. You had to try to help them in every way you can. I think back on the time that I worked for a community substance abuse and mental health facility - that it really helped me to understand what alcohol and mental health was all about. You know, the addiction part of the substance abuse and the dynamics of the mental health piece. And it really helped open my eyes to not look at my

father as this awful person but that he had an illness. He was sick. And so of course learning the things that I've learned from that facility really helped me to help him. And that's why I can look at it today and say that I love him as my father. Because of the things I learned through my first job and being more compassionate to his needs and my Mom, because whatever affected him affected her and the rest of the family.

Lisa represents an example of a young adult who, along with her siblings, provided care for a parent during a terminal illness:

My Mom had moved here to be with us when the cancer came back... And then my older sister became her main caretaker for about a year and a half, but all of us were very involved in that process. My little sister was away in law school, but we all ended up spending about a month and a half taking care of her in the end. It was an incredible experience actually. I mean I wouldn't have wanted it to be any other way...And so I mean for the way it happened, it couldn't have happened better. Unfortunately, it happened, but I think after that experience—through helping her, I think that's when the three of us have formed a friendship that has just been amazing. We started getting along better as adults, but that definitely bonded us. My sisters and I, we talk every day.

Sybil is an example that caring for a parent can become necessary later in life. In the following excerpt Sybil recounted how she and her husband, in their retirement, cared for his Mother when she became sick:

And when I retired we moved on down here, and then we moved back to help his Mom because his Mom got sick. And we stayed there and waited on her for 18

months because she was like a total invalid. She had a stroke and never did recover and when she died, we moved back here.

Where the preceding excerpts focus on support in the context of the family unit, Margaret provides an example from her childhood that characterizes how individuals in communities cared for each other. This example illustrates the value of shared responsibility that the facilitators seem to have internalized. Margaret spoke nostalgically as she shared the following memory:

At school, like with the kids being dropped off—can you imagine that? Dropping kids off and leaving them? No. The kids were left and the older kids were responsible for the younger kids and the boys were responsible for bringing up the wood so that when the teacher got there they could make a fire to heat the building. And I'm just thinking, today, oh my word. No way you could make kids do things like that. The books we had were not new books. They were hand-me-downs. But we treasured those books and we treasured an education. And if somebody sat beside you, whether it was a boy or a girl that was slow, now, you didn't laugh at them. You tried to help them get it, learn it. Sometimes they got it and sometimes they didn't. But they still fit in. Everybody was kind of responsible for everybody. And I remember that. The teachers were—most of the things that I learned and that have helped me make it I learned in elementary school. And I learned from those teachers in the three-room or two-room school building. I really did.

*Summary: Families provide support to each other.* The preceding interview excerpts support this first subcategory, within the primary category *Families and Communities are*

*Interdependent and Interconnected Entities.* The majority of these examples were from the standpoint of the facilitators as adults; however Dee and Joyce are examples that younger members of the family and community also contribute to the provision of support. Lisa and Sybil, who represent a nearly 30 year age difference, illustrate that you are never too young or too old to care for a parent in need. Dee and Elizabeth provided insight to the conflict and results of providing support to family at younger ages. Despite their honesty and recognition of their own sacrifice and conflict, neither woman spoke of their experience with bitterness. Finally, Margaret's excerpt provides a context of how the community of caring and sharing endures through generations. Lisa, Elizabeth and Donna specifically indicated that their roles of support have resulted in closer relationships with their families. This is a reflection of the general sentiment that flowed through the facilitators' stories; supporting family and community is important and necessary and ultimately strengthens the family and therefore the community.

These experiences prepared the facilitators for the roles they would one day assume as deliverers of preventive intervention programs. Through their supportive roles to family and community, they demonstrated characteristics such as commitment, courage, sacrifice, empathy, love, forgiveness and humility. Assuming additional responsibilities within their individual circumstances is a reflection of their capacity to give, handle stress, prioritize, manage and lead. These facilitators came to their individual programs armed with value of supporting family and community and the characteristics and skills that would allow them to create a safe learning environment that honors and respects the learner.

#### *Families and Communities Provide Inspiration and Encouragement*

The second subcategory within the primary category of *Families and Communities are Interdependent and Interconnected Entities* is *Families and Communities Provide Inspiration*



*and Encouragement.* Many of the facilitators talked about how their parents and other community members instilled in them a sense of pride and self-esteem that allowed them to set and reach their goals. Facilitators recounted how their parents, grandparents and community members passed along their wisdom, encouraged their dreams, and challenged them to think beyond the small towns they grew up in, and often, their current economic situation. These words and life lessons that the elders shared impacted the facilitators' decisions, the way they felt about themselves and how they related to other people. Mattie provides an example that may explain the source of her calm, sweet disposition, which in turn influenced how she continues to treat others, particularly, children:

My Mother, the first year I started teaching, my Momma, she had taught, she said "when you go out you have to be firm, but you be sweet too." ... "you treat people like you want to be treated." Then I remember as a little girl, I had the sweetest first grade teacher, she was always so sweet. I just wanted to treat children like I wanted to be treated. I couldn't be cruel to anybody... The reason I stay is because they won't see a Black face or a Black teacher if I don't go. So I spend time telling them, teaching them things. Take a little time with them - - do you remember how the teachers would, you would just walk in the door and they would just hug you and give you that big smile and you could just walk up and grab them? Well, I still do that, they see me come in the door and they just come and grab me and I say "Hello precious, how are you doing? You look so pretty today." For some of them, you'd be surprised, some of these kids coming to school. Parents, just children [themselves]. They don't get the nurturing. Nobody takes time, talks to them. It's kinda sad in a way but I go spend time with them, to

give them that nurturing they need, read to them, tell them, you know, about different things, answer questions.

Mattie's lessons came from her Mother and a former teacher. Margaret also learned many life lessons from her grandparents during her childhood. In the following excerpt she shared her grandparents' messages about education, family and authority:

And education was important. I think my Grandmamma and Granddaddy pushed education even more than my Mom and Dad did. I mean [there] was learning to read. First thing you learn to read is the Bible. And I remember them not holding anybody responsible for you, your behavior, but the heads of the household. You're responsible for your family. You're responsible for your children. And then you, as a child, are responsible for doing these things. I remember that. I remember too you got spankings. But you got the switch. *[Laughs]* And with that little switch, you get your own switch, yeah. And if you didn't bring one that was exactly right they'd send you back till you got it right. *[Laughs]* But then you learned to respect authority because if you followed the rules you didn't have to be punished. And you learned to respect people.

The importance of education, briefly mentioned by Margaret, was an oft repeated topic during the interviews. Sharon provided one such example, explaining how her Mother pushed her to get an education, no matter what. Sharon later shared that she got pregnant in college, but was able to finish because she had family support to care for the baby. In the following excerpt, she shared her family value of education:

My Mom – I feel like we were a close knit family. My Mom encouraged me to go off to college; I mean she really wanted that for me. Well, I wanted it for

myself too, but just basically the way she brought me up is that you need to get an education and don't let anything get in the way of that. You may run across different things that may put up roadblocks, but it's up to you to get past that.

Carl's parents also instilled the importance of education, but as the following excerpt illustrates, the words of Carl's Father also shaped an enduring sense of self pride and esteem:

Well they were just hard workers. My Mother, she took in ironing and stuff and cleaned houses and stuff like that. Dad worked for you know all the white people in their yards, doing stuff like that. But he wanted to make sure that *we* had an education more than anything. I mean when the school doors opened we had to be in school. Sometimes we didn't really want to go but most of the time we were ready to go. *[Laughs]* I can't remember maybe one time that we might have thought about not going. But he knew that education was important and he was not gonna settle for less, because he only had like third grade education. And my Mom had about a seventh grade education...Although he didn't know, he tricked me and my Mom did too because he would tell me "You better get your lesson and I want to see it." He didn't know what he was looking at but he would say, "You did that today? Let me see what you did today." ... The parent plays such a major role because like my Dad—when I think about my Father... I mean if he hadn't ever told me that I was something good and I can do all this, I can do all that, I probably wouldn't have been able—I mean I probably wouldn't have known myself that I could do all that because he gave me that. And that really gave me a high self-esteem...

Like Carl and Sharon, Alicia's parents also encouraged her to further her education. Their efforts to instill a positive self regard included instilling a sense of racial pride. In the following excerpt, Alicia shared how her parents combined the expectation for further education with the desire for continued development of positive racial regard:

Parents were just very involved since they were educated. Since they're educated and they both went to graduate school they were very adamant about us going on to further our education at an HBCU. And that was very interesting to me because they would take us on college trips all the time when we were kids to like Urban League conventions and NAACP conventions just to make us realize that being Black is a great thing and you should be proud of you who are and proud of your race and continue that in your education. And so they were very adamant about, "You're going to a Black college when you do go off to school." And then when you go to graduate school you can decide if you want to go to a Black school, a White school, or whatever.

Nancy's parents were also powerful influences on her life. Her Father did not live in the community in which she was raised, but he was actively involved in her life and ensured that she was exposed to things greater than her small town. Nancy describes her Mother as her biggest "cheerleader and motivator". Nancy spoke of how their encouragement and support resulted in the high level of confidence she has always had:

And I mean I've always believed in myself. I've never doubted myself. I've always been a big girl. [I've loved myself for my size.] I always thought I was just the bomb. I was never a bragger but I love myself. You know I never let anybody tell me that I wasn't. I just knew I was somebody.

*Summary: Families and communities provide inspiration and encouragement.* The preceding excerpts illustrate this second subcategory of *Families and Communities are Interdependent and Interconnected Entities*. The encouragement and inspiration provided by family and community have an enduring impact on the lives of the recipient. As Mattie prepared to enter the education field, the words of guidance from her Mother as well as her own childhood classroom experiences impacted how she has treated the generations of children that have been in her classrooms. Her Mother also instilled in her the guiding principle of treating others as she wanted to be treated, a principle that she lives by in her interactions with others. Sharon took her Mother's words to heart as evidenced by returning to school to complete her degree after having her first child. The importance of education also ran through the excerpts of Carl, Sharon and Alicia. In addition their parents also instilled in them the importance of high self regard and esteem. Throughout their interviews, their self confidence was apparent, as well as their belief that they could overcome any obstacle. The importance of providing family and community encouragement is a value that strengthens the individual and therefore the family and community.

These experiences prepared the facilitators for their future roles as deliverers of preventive intervention programs in several important ways. First, they will be more apt to enter the teaching experience with a sense of confidence and high self regard, which will aid in their delivery, but also serve as a positive model for the participants. Secondly, they should understand the importance of fostering this high level of self regard in their learners by giving praise and encouragement and if needed, constructive criticism with love. Finally, the facilitators should realize the importance of passing along life lessons – words from their own elders, or words of wisdom from their own life experiences.

*Families and Communities Maintain Enduring Relationships*

The final subcategory in *Families and Communities are Interdependent and Interconnected Entities* is the value of maintaining close relationships with family and community. Most of the facilitators continue to live in areas that are near immediate and extended families and expressed that these relationships remain close. Sharon is an example of one who continues to reside in the community in which she was raised. As she described the closeness she's enjoyed with her family, she also reacts to the recent news that her younger sister is moving to a town about forty-five minutes from their hometown:

I grew up in [a small town]; been there all my life around my grandparents and, of course, my Mother and Father are there. We lived in the city limits the early part of my life, I think up until I was about in maybe first or second grade, actually more like second grade. Then we moved to the country part, back toward [the adjacent county] and that's where my grandparents lived. My Grandmother had a lot of land there, so we've been living there ever since.... [referring to sister] So, we've always been close knit and stayed right around each other and she basically helped raise my kids and stuff – and now she's pregnant, also. So, I'm going to kind of miss the fact that I'm not going to be able to be real close to her child like she was for me. So, I don't know. It's going to be sad.

Lee, who comes from a large family, continues to live in his hometown along with most of his siblings and their families, as well as his Mother. They don't necessarily live in close proximity as Sharon's family does, but Lee described how they remain close as a family in the following excerpt:

Well, growing up, very large family. There were nine boys and two girls... Very good relationship. They, all of them rely on Lee. And I don't say that in a puffed up way. I guess because I was always the go-getter in the family. I was always the one trying to find out not what that was, but what made that work...But we meet at Mom's every Sunday. We have Sunday dinner at Mom's every Sunday. Everybody comes out and the house is full of people. So it's the husbands and the wives and then there are the nieces and the nephews and it's just a whole big bunch of people at my Mom's.

Christine, whose immediate family continues to reside in the same community, shared that her family maintains their close bond by worshipping together each Sunday:

Well actually what happened was that my parents never gave up their churches. So they kinda, we kinda split it as to where we go. My Mom's church, well me and my Mom are members of the same church and my Daddy and Tameka are members of the same church. So, what we do is, on the first and third Sunday we go to me and my Momma's church and then on second and fourth, we go to my Daddy's church, him and Tameka. So we kinda split it all and that's the way we been doing it all our lives, so that's the way we do it.

Unlike the previous examples, Donna's family resides in cities near each other rather than within the same town. They are an example that remaining close does not necessitate being together physically. In the following excerpt, Donna explained the nature of her relationship with her siblings:

So, it was a good childhood. It was... my Mom, although she raised 10 kids, she taught us to be individuals and not depend on the others because she wanted us to be strong enough to stand on our own. And it worked. It worked. Cause everybody's independent. And most people laugh because they say "well you don't visit, like every day". I say, "No we don't, but we stay in close contact with each other, we know what's going on with each other and we try to make sure we know what's going on with you" and if one of us is in crisis, all nine of us show up. [Laughter]

Lisa represents one of the few facilitators who live in a different part of the county than where she was raised. She has had to be purposeful about maintaining relationships with extended family. Lisa shared how she tries to maintain these relationships in the following excerpt:

[Referring to herself and her sisters] We try to go. I am very close... Like, my Mom was one of eight and I've got about 30 first cousins. So we all grew up—they kept us very connected. So we try to—there are about eight of us are down here. So between us—we try to get up there at least once a year but they travel down here a lot.

Finally, Tatiana, who was adopted and grew up as an only child is another facilitator who moved a significant distance from her childhood hometown. Coming from a small family, Tatiana formed strong bonds with her childhood neighbors in their close knit community. During the interview she spoke of her ties to extended family as well as enduring ties to neighbors from her childhood:



I'm adopted. I was adopted when I was three months old. They don't have any children. And so they just claim me. I was more connected to my Mother's family and I think that that's just the tendency, that the maternal side you tend to gravitate towards. Her family was just more involved. My Grandmother died when I was 8 but pretty much that's who had me on the weekends when both of my parents were working. If it wasn't her, then it was an aunt. And my aunt always had people, and still does have cousins, daughters, granddaughters; somebody is always in her house. So that was the place to be as a child... I'm also still connected with my neighbor. She lives here now, [like] one of my big sisters. Like I was four years behind her so when she graduated from high school I was just starting high school. And then I went to college when she was leaving the college that I was at. My parents had strong connections with people on our street that I'm still connected with.

Lisa and Tatiana are two of the four facilitators who had moved away from the communities of their youth. Each of these individuals reported maintaining close emotional relationships with immediate family despite less frequent opportunities for physical fellowship. These four women, who range in age from 29 – 35 and currently live in a metropolitan area, have formed communities of support in their current environment. Tia shared that in addition to her boyfriend, her social network is comprised of classmates from the all female HBCU she attended as well as her current coworkers. In the following excerpt, she shares how these communities formed:

A lot of my girlfriends from undergrad, or a lot of my girlfriends are my friends from undergrad, I'll say that. So, I have a close, small network. I like to keep it

easy. But four of my best girlfriends went to undergrad with me so we've kind of all been through the—we all kind of were each other's family because none of us had family here. So we kind of tried to live close enough to each other. And I actually recently hadn't seen them in awhile and I called them like, "I miss you guys. It's been three weeks." So they're my network who we call when we're in trouble or we just want to see each other. And then like a couple of my coworkers here just because I think we've known each other since like '01. We've definitely developed a close bond. So my network's fairly small.

Lisa, whose sisters now reside in the same city she lives in, also discussed how she formed a community of support in the absence of her parents and extended family:

I have a great group of friends. I went to undergrad here and basically never left. So friends that I met my freshman week of college have been my best friends since then. There's a group of five of us. Three of us are still here. One is about two hours away. One is in [adjacent state]. So I mean none of us are far. So that's really, outside of my sisters and my fiancé, that group of girlfriends are probably my closest. And then I've actually developed a really strong network through work. About four or five of us in that group. And most of us are also in my book club together. So those three networks are probably my strongest support networks.

*Summary: Families and communities maintain enduring relationships.* The preceding excerpts support this final category within the primary category *Families and Communities are Interdependent and Interconnected Entities*. The idea of maintaining close ties with family and

community was an important theme that ran through many of the facilitator's stories. In some instances, as seen with Sharon, Lee and Christine, the entire family lives within close proximity and family fellowship occurs frequently. For families or community members that do not fellowship frequently (by circumstance or choice), a strong emotional bond can be just as enduring. Examples of this type of connection can be seen in the excerpts from Donna, Lisa and Tatiana. Finally, as indicated in the excerpts from Tia and Lisa, the importance of belonging to a supportive community is so strongly embedded that when members leave their home communities, they formed supportive, nurturing communities in their current environment.

Facilitators who understand the importance of and value close connections to families and community have much to offer in their role as implementers of preventive interventions. In the process of maintaining these connections, facilitators demonstrated their ability to take initiative, be purpose driven, committed and able to rally others together. These are traits that will work towards facilitators being able to build rapport, create excitement about the group, and see it through.

#### *Commitment to Giving Back to the Community*

The second category in the theme of *Teaching Is A Community Endeavor* is the notion of being responsible for giving back to the community. The interviews revealed that facilitators are involved in a variety of endeavors that allow them to give back to their communities. These endeavors include membership in fraternal organizations that do community outreach, volunteering with social service organizations (e.g., Boys and Girls Club), volunteering at the school and working within local political or community action organizations (e.g., NAACP). Most of the facilitators specified wanting to impact African American youth in particular. There

were several who also expressed a specific interest in reaching out to young men or women to increase self esteem and provide guidance and support so that the young people could successfully overcome obstacles. For example, Lee talked about how volunteering as a coach for his son's sports team led him to the realization that he could impact other youth in his community:

And during that period of time is when I really got into the youth because they had a lot of boys that I coached. And what inspired me so much about the youth, I ran into a lot of the young boys that didn't have Father figures in the home. And that was one thing that really put me toward really wanting to get interested in the community and trying to work with young people.

Carl, who also recognized this need for male guidance in the lives of young men, founded a program where he and several men in his congregation work towards building self esteem, problem solving challenges and monitoring the academic progress of the young men who participated. In describing the impetus for the program, Carl stated:

Many of these kids don't even interact with males too much because I was over – I mean, if you look over at the school, there are not many male, Black teachers at the school. So - I think there may be one in the middle school. You know what I'm saying? So, I'm basically an advocate for the boys over there. Because if they don't finish high school, statistical data proves that 70% of them will be in jail before the age of 31. So we believe that to salvage our kids is to get them through high school. They gotta get through high school. Our goal is for them to get through high school and go at least one more level, go to college or some technical school.

While Lee and Carl focused on young men in particular, there were several female facilitators who wanted to impact the lives of young women. Dee, who is currently working on a degree in sociology, talked about working within the social service field to help young women:

You know, hopefully finding something that would be in that environment. My goal, what I really would like to do is to have like a second chance house for teenage girls who have become pregnant; teach them parenting skills and being more of a support so that they know that that's not the end, and they can still go forth.

Tameka echoed Dee's concerns about teen pregnancy and the desire to help young women finish high school. In the following excerpt, she shared what she is currently doing towards this goal:

That's something we really focus on in this county, with the teens as far as – we focus a lot on teen pregnancy and really helping the teens stay in school, to get involved, and to further their education...I really would like to help all teenage girls stay in school. [My desire to help comes from] the way I grew up, and the way that I was taught. It really comes from home, and a lot of these girls these days don't get a lot of that from home, a lot of teaching from home. So they look to the outside, in the community, for a lot of teaching, as far as the pregnancy rate, as far as them furthering their education. That's something I do here. I like to work with them one-on-one, then to talk to them, and tell them about my experience when I was growing up as a teenager. I have a hard head and wouldn't listen either.

Similarly, Jalisa expressed a desire to work with young women. Her interests in doing so are a direct result of her own difficult experiences as a young woman:

[A] lot of people don't know this about me, but I hope one day that I can have some kind of support group for young teen girls because I just feel like a lot of my problems in high school stemmed from an older guy in high school. And it's like – and all my attention was focused on him. Yet, still, I did graduate on time and I was an A/B student, but it was like, okay, it was all him. And I just want to let girls know that that guy that you think that you're so crazy about, you're not even going to be able to stand him in like a year. You're going to be totally different. And even now – he's my daughter's Father – I tell him now, "I just outgrew you. The person that you met then is not the person now". So I just want to get them to realize that – don't put everything into this one person. Hang out with friends, group date - whatever. Just don't get involved in one guy. So that's what kind of just made me interested, the teen part, and helping teens look toward the future, and things like that.

Elizabeth spoke in more general terms about helping the youth. She described herself as having a heart of compassion for people and shared the following:

I love inspiring people, especially young people, our young ladies and young men, who get so caught up in the way things are today - when they look at TV and the way people dress. And all that is such a big influence on our young people. And so the opportunity was just there. I was like, "Okay." And I like to be part of changing something. I don't want to just live my life and not be able to look back and say I didn't help somebody.

Joyce represents an example of seeing a need in the community and making a personal decision to impact it. In the following excerpt, Joyce shared that what began as

a church-related endeavor, became a community endeavor as she recognized the need to address individuals holistically:

But what I wanted to do was a whole list of things for the community. I know about giving the Word and the Bible, but then I felt there was some things missing, the life skills part of it. If I don't understand financial management then, who's gonna help me? If I don't understand how to get a job, who's gonna help me? If I don't know how to fill out an application, who's gonna help me? If I need to work on my health, who's gonna help me? I talked to my pastor and he asked me to draw up this plan. I said "Well, I want the outreach to focus on the person as a whole: how to deal with a single person, how to deal with a family person, how to bring the Mom, the Father, the child together." If you do mentoring programs, how to tie it in.... And so what happened is I started doing one thing at a time. I started with the food part of it and that was basically what I used as bait to get the people to come to my program... And then after that I started adding the clothing component to it. And then after that I started adding the mentoring component to it. And then I just started doing stuff, since our county is such a poverty type county, I started doing things for the county as a whole. And so now I don't just work... I don't just target in the church, within these four walls. I want to deal with people out of the four walls.

Richard approached his giving back to the community a little differently. He was concerned about youth having the opportunity to further their education. To address this, he and his wife began to educate parents on how to obtain money to send their kids to college. In the following excerpt he talked about sharing the information that he had discovered:

But the basic thing we did when we were in school, that I think was the most [significant] thing we accomplished, was trying to educate the parents on the importance of sending their children off to school. A lot of people during that particular time thought that money was not available, but money was available if you knew how to get the money. And that was the basic problem with Black folk. They didn't know how to fill the paperwork out and did not know how to get the money. But once I found out how to do it, then I shared that information with other folk that I knew. There's free money, you just got to know how to dot the 'I's and cross the 'T's. That's all you got to know. And once you get the secret, it's very simple to get your child money to go off to school. And that was one thing that we really did, matter of fact, we still do that with people in general. Let them know, go talk to your counselors, be involved in that school and find out where that money is and how to go get it. It's out there, but you got to talk to folk. Its not going to come knock on your door, you got to dig it out of the ground and so that's one thing that we did. And since I moved to this area we do basically the same thing.

*Summary: Giving Back To The Community*

In this second category of the first theme, *Teaching is a Community Endeavor*, the facilitators had a focus on giving back to their communities. Although the excerpts differ in the level of involvement, each reveals a sincere desire on behalf of the facilitator to reach out to their communities. Lee, Carl, Dee, Tameka and Jalisa had a specific desire to reach out to youth. These desires came from recognizing the need as well as personal experiences. Elizabeth and Joyce seem to have an innate desire to help anyone in need, which they both attributed to their



Christian roots. Finally, Richard's desire and drive to help parents find ways to send their children to school is an example of sharing resources so that other's can benefit. The common theme that runs through each excerpt is that facilitators have taken it upon themselves to make the road smoother for those that are coming behind them.

Facilitators who value giving back to the community will be drawn to the opportunity of implementing preventive intervention programs. Although topics of programs vary, the nature of prevention science is that programs are targeted to a specific population for a specific issue. This drive to give back to the community implies that program participants will be learning from facilitators who are committed to bettering the lives of the individuals who participate in the program. This sincerity will go a long way towards building rapport and gaining trust from the participants.

*Families and Communities are Strengthened by a Common Faith*

The final category in the theme, *Teaching is a Community Endeavor*, revolves around the importance of faith and involvement in a local church. The vast majority (twenty-one) of the facilitators talked of being actively involved in a local church. This involvement included attending general worship service, but also working in the church (e.g., servant leadership roles, helping with youth) and serving the community through church related activities (e.g., mission work, visiting the sick and elderly). Most of the facilitators who are currently involved in church were also raised in the church. The majority of the facilitators spoke in more general terms of "church", but several discussed their faith and relationship with God in more intimate details. Elizabeth spoke of how her faith was instrumental in building character and impacting how she relates to people:

You try to work hard to try to reach out in a good, positive way. I don't know and I think that's just the way I was brought up because I was brought up in church and they really helped me a lot in terms of building my foundation of who I am as a person: to love God first and if you love God you will treat people right. You will do the right thing by people. Of course you don't want to cross that boundary either, spiritually, when you get into that mode but sometimes you have to kind of bring that to the fore head to let people know that I love God and I believe in Him and I put Him first in all things. And so that's what really helps build your character. And people can trust you more to know that you are a loving person.

Carl, who pastors a church and founded a spiritually based program for young men, spoke of the importance of faith as well. In the following excerpt, Carl discussed how he felt led by the Lord to found the program:

And a lot of times the Spirit leads because when I first started, when the Spirit led me to do that, I was hesitant. I said, "Lord, I don't even know of a program like this. I don't even know what to call it. I don't even know." And you know what? The Spirit said, "Well whenever you want to do something for yourself how do you find out about doing it?" So, oh Lord. The library, the Internet. And so therefore *[makes a small exhale sound]* I was off. Seeking and I found. The name, everything, just fell into place. I mean it's just wonderful what the Lord can do if you just let Him lead you. That's what I always say... I know that the Lord is working through me and my wife and other people that I come in contact with. And there's no doubt. I mean I know what my mission is. I'm very secure on that.

Donna is minister as well and her interview was laced with references to her faith. In the following excerpt, she spoke of her faith as a source of strength – a mechanism for handling adversity:

I had to go back to work. I lost my husband and I had to go back to work. I'm not old enough to receive any kind of benefits or what have you, and I had to go back to work. So, I started at McDonald's at minimum wage. Went from \$60,000 to 0. *But God!* [pause] I have a lot of "But God" moments in my life...In my life. So I thank God for that.... I got saved early in life. I got saved when I was 21. So, I think that's what's been the guiding force in my life.

Alicia echoed the importance of faith in her own life, but went on to express her desire to contribute to the religious development of young children:

I do go to church and I am a volunteer with a Sunday school class. It's a class of 3- and 4-year-olds and I'm assigned to this kid that has autism. And because of my background, it just gives me an opportunity to really interact with someone and talk to his parents and just—I don't know. Every Sunday when I go—I teach this Sunday school class with these 3- and 4-year-olds—I get kind of emotional because I'm like, "These are my kids," although they're really not but I just feel like I have such a strong impact on their Christian and religious upbringing that it's just very important to me because I think your religion is very important.

Tatiana is also actively involved at her church. In the following excerpt, she shared how she found a way to address a need within the church as well as reach out to the community:

I do things at church. I have a ministry that I started there called Mommy and Me. And it's really just trying to help Moms find balance and help them be able to

connect with other Moms. And just find a respite when they need to. So that's one of the things that I've been committed to... We say that we're gonna do two service projects with our children a year. Kind of modeling for them what service means and that giving to others, can impact their lives, but our lives as well.

*Summary: Families and Communities are Strengthened by a Common Faith*

The preceding excerpts represent examples of the final category within the theme, *Teaching is a Community Endeavor*. In general the facilitators spoke of the importance of church to their lives. Many were raised in the church and have or are continuing to raise their children in church as well. The facilitators viewed church involvement as one way of being involved in the community and many work through the church to reach out to the community. The preceding excerpts provide depth to the impact that faith has on the life of those who consider themselves religious or spiritual. Elizabeth and Carl saw their faith as a guiding force, and Elizabeth specifically spoke to how her faith impacts how she treats others. Donna's excerpt illustrates her reliance on her relationship with God to help her deal with hardship and adversity. Alicia's excerpt explains the importance of her own faith, but also her feeling about being able to impact the Christian upbringing of youth. Similarly, Tatiana found a way to strengthen and support other Mothers, but to also teach their children the importance of service to others.

Facilitators who are active in church can bring important characteristics to their work of delivering preventive intervention programs. First, they can bring a sense of commitment for the greater good, or the larger community. These facilitators may also possess skills in leadership, organizing events, diplomacy, and teaching. All of these characteristics can enhance the facilitator's ability to deliver the program. Facilitators should, however, be aware of their own biases and prejudices that may stem from their religious beliefs, so that these issues will not

surface during the implementation of the program. As individuals consider various opportunities to participate in implementing preventive interventions, s/he should compare the program's content to their own values and belief system to assess whether or not the program is a good fit.

### Teaching Is Reflection of Me and My People

The second prominent theme that I identified in the data is that facilitators saw teaching their preventive intervention as an act that reflected themselves and their participants, who were also African American. This theme has four categories: (1) when I see my people, I see myself, (2) when my people see me, they see themselves, (3) teaching my people enriches my life, and (4) I teach my people with honor and respect. Each of these categories will be described more fully with supporting excerpts in the following sections.

#### *When I See My People, I See Myself*

The first category in the theme, *Teaching is a Reflection of Me and My People*, illustrates how the facilitators saw themselves in their group participants. All of the facilitators expressed a strong identification with the participants in their respective groups. This sense of identification stemmed primarily from being African American. Additionally, female facilitators often mentioned the significance of relating to the women in their groups. Other points of similarity that frequented the data included having a similar faith, occupying the same familial roles and being from the same geographical area. Jack's excerpt illustrates that she identified so strongly with the parents in her group, that under different circumstances she could have been a participant herself:

Like I said, I could identify with the, I could identify them across the board as far as being a Mother, as far as being a Grandmother, as far as having had teenagers

that have gone through school. They went a little further you know, with some of the problems, I could identify with some of the problems. I don't know, I just liked it you know, it was nothing different from me teaching or me being one of the parents. We kinda like flowed that way. You know.

Lee, who taught in the community in which he was raised, spoke of that similarity as well as race and familial roles:

My ethnicity because up here, the people of the same culture, we understand some of the same things, we've gone through some of the same things; we were brought up in similar ways, especially people of my age. The young people probably had heard some of the same things from their Mom and Dad that my kids heard from my Mom and Dad. I probably heard some of the same things from my Mom and Dad that some of the parents have heard from their Mom or Dad. Also, I have children like they have children. There were some thoughts that they shared and I had similar thoughts. Then I heard thoughts from some of them that I once had, but I didn't have anymore because I had grown and had found a way to deal with those issues. A lot of the families, they talk about values and setting goals. Some of them already knew about that and so I related to that. That was similar. Some of the teens that talk about being in school, how they responded to that teacher, the dos and don'ts. Well, I had been that road too. So I could relate to what they were saying.

Christine, who taught a parent group, was younger than most of her group members and did not have children. Despite these differences, she found another way to connect to her group participants:

I know one thing is I think a lot of the parents, I taught the parent groups, so a lot of the parents, we could relate. I mean, I could talk to them about college. I could tell them, I gave them information more about things they wouldn't even look at. You know I told them about when kids first go to the school, that's a whole new world to them. They don't know, it's the first time they've been on their own. A lot of them have a lot of problems trying to adjust because Momma ain't right there to give you \$5 or whatever. I think I opened their eyes to a few things so I think we kinda, that's how we got to know, because they were looking at me from my perspective. Because, I mean, I guess I'm a little bit younger and I could tell them about my experiences in college along with the curriculum and everything.

Elizabeth felt that because she had been raised in one of the communities in which she taught, that connection allowed her to relate to the participants on a variety of other levels:

I was raised up there. This is where all my family was. I went to school here, same school that some of the kids were attending. So that's what made it so comfortable to know that I came from this environment right here, this little rural town. Knowing what our kids were going through there, what is there in terms of jobs and schools and the support. I mean it's good to know that that's my background. That's where I came from. You know what I'm saying? So it just real easy to talk to them and to relate to them about different issues and different

concerns that we discussed because I know, coming from a small town like that, what the limitations are, educationally. I mean it's just good that—it's just like you're talking to your family, really, when you are facilitating in an area that you came from. It's just like talking to family. And I think that was the part that I was so easily able to relate to my teens when I was there. And to know them, to know their family. I went to school with some of their Moms and their Dads. There was one young lady there, her Mom and I were like best friends. And to see her daughter that I hadn't seen in *years*, it was just so overwhelming for me. Like, "Me and your Mom, we used to do little things like..."— and it was just fun. It was fun.

The nine younger (mid-twenties – mid-thirties) facilitators who taught groups of young adults felt a strong connection with their group members because they were reminded of themselves at that age. This similarity was most prevalent for Jonathan, who was also raised in the community in which he taught:

In a lot of ways, especially in my county, some of the same issues when we were talking about racism, some of the problems that they encounter, like with police harassing them, not having anywhere to go even when they aren't doing anything, are the same problems that I had as a teenager and the same frustrations. And it was good for me in the sense that it reminded me how things haven't really changed even though I've grown out of that. The police don't harass me anymore because I'm a grown man. It reminded me of when I was a teenager and the little things that would go on. So it was a refresher into what they have to deal with and it made me realize that we're not that—it's not that big of a difference. A lot of



times people are always, “Well kids aren’t like today.” I think they are. They just have more information. They’re exposed to more. But the same struggles, the same problems that I had as a teenager were still there.

Alicia is another younger facilitator who felt a strong connection to the young women she taught. The following excerpt illustrates this connection as well as her hopes for these young women:

I think I identify with them because I’m a black woman. I’m single. I’ve made mistakes in my life and I’ve had an opportunity to evaluate myself and be a positive role model for them and other people in society. So I think I can relate to them because I know the challenges and the temptations that they are going through because I’ve been there... I try to be just as real as I would to anybody else that may be going through something or that I consider to be a friend or somebody that I look at myself being a role model to. So I think that’s important that I don’t try to sugarcoat anything.... At the end of the day, we’re all black. We’re all women. And we’re all faced with different challenges.... I really want each one of those participants just to know that it’s okay and you can be whatever you want to be in life and you can reach your goals and that’s just so important as African American women. We are faced with so many different challenges and people tell us, “You’re not gonna be anything. You’re just gonna have a bunch of kids. You’re gonna work a job that’s not gonna pay a lot of money.” Well, that’s not true. There are so many other women out there that have done well for themselves and these girls can do that as well.

Finally, Lisa, another younger facilitator, related strongly to her young female participants, but expressed concern about her different socioeconomic and family background (she was raised in a middle class suburban area by both of her parents). As the following excerpt reveals, Lisa ultimately realized that possessing a similar ethnic background was more significant than having a similar socioeconomic and familial background:

To tell you the truth, that's one I struggled with because as I explained to you my background is *so* different. Like I did not have any of the experiences they've had. I think one of the things, all of our health educators are African American women because we do connect. No matter where you grew up as an African American there are certain things that are innate in all of us, I think. But I experienced never seeing myself on TV growing up. I experienced now seeing images of myself that aren't so positive every day. Those experiences are gonna be the same for all of us I think.

*Summary: When I See My People, I See Myself*

The excerpts in this section illustrate the first category in the theme, *Teaching is a Reflection of Me and My People*. These excerpts provide examples of the ways in which the facilitators saw a reflection of themselves in the participants that were in their groups. Their ability to connect to their participants on this personal level was beneficial in rapport building as well as implementation. These excerpts identify similar ethnic background as an important level of similarity. Both Lisa and Alicia expressed the importance of their gender as well, particularly because their program targeted young women. Lee, Elizabeth and Jonathan recognized a benefit in delivering the program in the communities in which they were raised. Jack and Lee found it particularly helpful to have similar familial roles as their participants. Christine represents an

example of finding a way to connect to her group, despite some important differences. In this case, her strategy for connecting involved using her youth as a way to provide information to the parents about what their older teens would face as they prepared to graduate and enter the adult world.

Based on the overall perspectives of the facilitators, similarity between group members and facilitators is an important factor in building rapport and therefore implementing the program. The facilitators were able to enter their teaching contexts with more confidence because their lived experiences were valid and could be used within the context of the program. While this may be true, two of the examples illustrate that facilitators can still be effective when there are basic differences between them and their group participants. The determining factor in these cases was the facilitator and how she addressed the situation in order to build the necessary rapport to implement the program. An issue to consider is that the degree of importance placed of the type of similarity (e.g., gender, race, age) may differ depending on the target population and content of the preventive intervention.

#### *When They See Me, They See Themselves*

The second category in the theme, *Teaching is a Reflection of Me and My People*, indicates that the African American group participants (learners) saw themselves in their facilitators (instructors). As stated in the previous category, the facilitators felt a sense of connectedness to their participants, but they also overwhelmingly shared that they believed that their participants connected to them as well. Most of the facilitators expressed that they felt the participants were able to relate to the facilitators because they were all African American. A few of the facilitators also spoke to how their gender, family role and being from the same geographic area may have been a point of connection as well. Donna spoke to feeling that her

participants were better able to receive a program for African Americans from other African Americans:

I think that was the main target, really. That they came and they saw somebody just like them, doing the same thing that they are doing. And I think that's what really made the connection even faster. I always say it like this, they tell our children in school that you can be the president of the United States, that you can be anything you want to, but they don't see US saying it. And they look around and when all the teachers get together, you got three that looks like me and the rest of them... and you connect with the ones that look like you. You really do. And so, I think that was the major, I think that was a major thing, that [your facilitator] did look like you. And they understood that I was going through the same thing they was going through and they knew that I wasn't just teaching something that I've been taught, that I'm also going through the same thing they're going through. So it did make a difference.

Nancy echoed Donna's sentiment about the importance of participants seeing an example of the program's lesson in their facilitators. Nancy's excerpt adds the idea of facilitators actively serving as role models in this teaching/learning relationship:

I think it had an impact because I was someone who represented the [Institution] and then I was a figure who could relate to the culture as well. I think when people see a person that's demonstrating something that they're trying to get them to understand, they have to have been through those trends. And it has a better impact for them to understand, "Okay. This is a person who is just like me. Who is an achiever and believer. And I can tell just by looking at them or just by the

structure of the program that, hey, I am that individual who I can do and I can be anything. And I can love myself. I can love my child. Because I have someone here that's telling me that I can do it, who's representing it as well too." So I think when you see a person who you're trying to teach something to, you have to have known or been through those situations too. It's okay to read and study, but when you can relate to what you are teaching, I think that has an impact too and is an influence for the participant to continue to want to absorb it as well.

Jonathan, one of the younger male facilitators, spoke to feeling that the parents in his groups appreciated having a positive African American male who was interacting with their young adult sons and daughters:

I think it was very important, seeing as the targets were African American, especially with the male guys. It also worked that way with the parents because a lot of times the parents were more comfortable because I'm a Black male. They like the fact that another Black male is engaging their younger Black males in a positive way. They like the fact that a positive Black male that females can see, young females, their daughters, can see a positive Black male so that they would not lower their own expectations about what kind of man to settle for. That sounded kind of arrogant. *[Laughs]* But you know I think that had an important part too.

Margaret, who was much older than the young adults in her groups, reported feeling that her group accepted her despite the age difference. As the following excerpt implies, the young people might have related to Margaret and her co-facilitator because they reminded them of their own parents and grandparents:

And I really think...I always felt that the kids really appreciated Richard and I. And I'm sure it was like it in the other teen sessions that, "Here are two old folks and these old folks can hear us on our level. And I can't believe it, that they know about this stuff." So there's, you know, "Maybe I need to listen to my parents and my grandparents." Or sometimes they'd say, "You know, my parents said that, my grandmamma said that." But they saw it in a different light because the two of us were there to work through that.

These excerpts indicate that the facilitators felt that who they were as individuals (including race, gender, background, family role) impacted how the participants received them and therefore the program. Based on their participants' response to them, the facilitators felt an overall acceptance from their group participants. Donna and Nancy spoke directly to race, while Jonathan added gender as well. Margaret implies, in her excerpt, that her age might have been acceptable because the teens saw their parents and grandparents in her. The preceding examples were provided to give detail, but generally indicate what Cora so succinctly said:

They could identify with me being African-American more than they could like a Caucasian person. Because I am like them. When they see me, they see themselves."

*Summary: When They See Me, They See Themselves*

In this second category of the theme, *Teaching is a Reflection of Me and My People*, the facilitators gave their perception of how accepted they felt by their group participants. All agreed that they felt accepted primarily because of their ethnic similarity to the participants. This acceptance implies that participants have greater trust in individuals who they feel are representative of them. There were mixed degrees of perceived acceptance based on other

factors, which leads me to conclude that the facilitators believed that racial similarity compensated for other levels of difference. It is important to note that this conclusion is based solely on the facilitator's perception.

*Teaching My People Enriches My Life*

The third category in the theme, *Teaching is a Reflection of Me and My People*, indicates that facilitators recognized that their own lives were enriched as a result of teaching their preventive intervention programs. As the facilitators reflected on their experiences with teaching, the majority were able to identify specific ways in which teaching their assigned programs were a benefit to their own lives. These benefits included personal benefits such as enhanced skills (e.g., facilitating, presenting) and more knowledge. Many spoke to having the opportunity to meet people and form relationships with members of their community. Others talked of how the experience benefited their personal relationships with their own families and significant others. Donna, who lost her husband during the implementation of the program, expressed how she used the information from the program during her grieving process:

With me teaching it the first time and my husband died, I used a lot of y'all lessons - of when to let go and when to hold on and how to negotiate my wants and learning how to compromise without really having to struggle with it. It helped a lot. A lot. One of the lessons that we went through was on how to live through disappointments and it helped a lot, a lot. So I would tell [anyone who was] getting ready to teach this class, they are going to implement a lot of things they learned in this class [in their own lives]. Because it allowed me, even in my grieving process to make clear judgment calls. Things... because I had to

question why I was doing it, you know is there another solution to this? Can we find a better way? And it helped a lot.

Joyce shared that her family relationships began to change once she entered the ministry, but that she still lacked skills related to how you embrace your family. She credits her involvement as a facilitator for the Emerging Adults Program as one of the things that positively impacted her ability to relate to her daughters:

And another impact was the Emerging Adults Program really brought some life into some of my stuff because I was able to see so many of the families, how they deal with each other. I was like, “Man, I want that.” You know, hugging and kissing, that type stuff. And so because that was left out with my Mom passing, you know I was just real bitter, and so none of that transcended or whatever. So I really didn’t know how to give it because I didn’t have it. But going to the workshops, different training programs, I captured some of the stuff they did and I learned how to empower my girls. So the relationship is 10 times better than it was. The last two years we’re able to talk about intimate things where before that I couldn’t even deal with it. They couldn’t deal with it. I couldn’t hug, I couldn’t kiss. We couldn’t do any of that stuff. And so basically a lot of the programs that I do helped *me*.

Similarly, Keith spoke of how his involvement with teaching the program impacted his family life with his fiancé and their children:

It taught me not to judge, for one, people on how they were. I’m here to help. So it also helped me as far as my family is concerned. With my kids and my significant other to understand that, irregardless of your age, 14, 10, you still have



an opinion. And it also helped me. I have to be more open and more loose with my kids to allow them to experience things. I can't assume I already have an answer for something that hasn't been experienced through them..... So it helped me to understand that, hey, we as caregivers, we as parents, we gotta listen to our kids and then from a teen's point of view just try to build that relationship between teen and parent.

Alicia talked about how her involvement in teaching the program required her to be reflective about the choices she was making and if she was in fact doing what she was instructing the young women in her groups to do. The following excerpt illustrates how teaching the curriculum made her feel accountable for practicing what she was preaching:

Oh, it's definitely changed because I feel like at times with relationships since I've been here, since 2001, I've settled. And I feel like I've looked for love in the wrong places and been attracted to men that I know don't have my best interest or values or respect me. So it gives me an opportunity to look at myself and sit back and say, "Okay. Well I'm teaching these girls do this, that, and the other. Be positive and be a strong black woman. But am I really living my life as I want them to?" Yes, no, maybe. So what is it that I need to do in order to make changes and to feel good and happy about who Alicia is? That's important. Because I can sit up there all day, every day and recite these things to them but if I'm not living it within my own life then it's hard for me.

*Summary: Teaching My People Enriches My Life*

In this third category of the theme, *Teaching is a Reflection of Me and My People*, the facilitators articulated the ways in which they have benefited from their experiences as

facilitators of their assigned program. In the preceding examples, Donna used program principles to deal with her loss, Joyce and Keith's interactions with their families were impacted and Alicia changed her behavior to ensure that that she was living what she taught.

These examples indicate that the facilitators, in addition to their primary responsibility of teaching, were also teachable. They were open to embracing the materials they taught as well as learning from their participants. These are important traits for facilitators of preventive interventions because it allows the group to see how the entire community is learning and growing together as well as giving the facilitators an opportunity to be a model of the program content and principles.

#### *I Teach My People with Honor and Respect*

The final category in the theme, *Teaching is a Reflection of Me and My People*, presents data related to how the facilitators approached their teaching and interaction with the participants. As the facilitators discussed the ways they implemented their programs, it became apparent that their approach was purposeful. As indicated by previous data excerpts, these facilitators felt a strong connection to the individuals in their groups. The ways in which they presented the information and facilitated the groups is indicative of their care and concern for the well-being of their group members. The following excerpts reflect the advice that the facilitators would give someone considering facilitating a similar preventive intervention. Margaret stressed the importance of being committed, invested, and accepting:

I would share with them that they need to be committed and willing to invest the time. And all of the time may not be time they're compensated for because there will be times—if you live in the community there will be times that you have to study and do the homework. You have to do that. And you may be thinking,

“Well, I’m gonna show up for the group [and wing it].” It won’t work that way. You gotta really invest the time. And once you invest the time you have got to be willing to work with the people that come your way. If you happen to get somebody that is in your group that has a special need or somebody that’s in your group that has a personality of a frog. *[Laughs]* Or somebody in your group that wears their pants below their waist or have dreadlocks or whatever. You cannot judge; you have got to be a facilitator... I didn’t put myself in the role of being over them or in charge of them. And they would respect me because of my age and the fact that I was a facilitator leading the group. And I would respect them for who they were and the fact that they thought enough to get up and come to the meetings at night. And there was some mutual respect there.

Christine echoed the importance of being committed for the long haul. Her excerpt also reveals the strength of the connection between facilitator and participant and how the group suffers if the facilitator lacks commitment:

And I would tell them, get in there, stay in it for the long haul, be committed, don’t get out cause your group... you build like a family with them, a team. And if you drop out, as a facilitator, you are going to lose... I mean and then somebody else has to come in and they [the group participants] are not adjusted to that person, they have already built a rapport with you.

Lee also agrees with the personal investment of the facilitator, but adds the importance of buying into the curriculum in order to be credible. This excerpt begins with his idea that facilitators should not enter the teaching relationship with a superior attitude:

I've always been taught and I've always carried myself in a way that you don't ever feel that you're above anybody because we're all the same. But I also realized that adults are adults and I have to let them express themselves and I realize that every man is entitled to his own opinion. And so I take it like that. I don't impose anything on anybody. I try to be open-minded and receptive of other thoughts and ideas because we all got ideas. My ways are not your ways; your ways are not my ways. You know? And so we have to look at that. We have to look at that. My Momma always says, "Even a baby, a child, could tell you something. You need to listen to them." You got to buy into this program for it to be convincing to the people." If you can't buy into it you really can't sell the program, you know? You're not going to get the interest of the people.

Richard echoes some of Margaret and Lee's, thoughts but adds the importance of being honest about what you don't know:

Do not criticize your [participants]. Be open-minded and listen to them no matter what it is. Don't tell them something that you know is not true. If you don't know the answer, simply say "I do not know, I'll try and find out and get back to you later." Don't ever tell them anything that you don't know.

Many of the facilitators feel that it is important to meet the participant where he or she is.

Lisa agreed with this statement and related it to her program, which dealt specifically with preventing HIV in young women. The following excerpt addresses special considerations for facilitators who implement these types of programs:

Be clear of—and it's not that everybody needs to agree with you but be clear about what you believe in, especially when it comes to sexual health practices,

because again it's a huge thing. We do condom use. We push condom use and I probably became less an abstinence advocate, as far as an abstinence-only advocate, in working this job because I learned a lot about—and again because our girls are already sexually active. It's a little different. But I think being clear about what was important to me as far as sexual health and being very open to talking about all of that openly and being comfortable with that. Like you cannot be afraid of talking about sex with a 12-year-old if a 12-year-old needs to talk about sex. And it's okay if that's where you are but this isn't the job for someone who's there because that's what they need. At this point in time, every girl we touch needs someone who is open to talking about sex. I think you have to be very clear what your values are personally but not confuse them with what you're here for. I learned a lot about people needing to know options and you have to be very comfortable with discussing those things with them and being open to everyone's story and being very good about not placing judgment. I think that's the biggest thing; you cannot place judgment because you are gonna hear things you could never believe would happen in your life and that's the last thing they need from us. But I think if you're interested in making a difference in young girls' lives and not ever seeing it, not ever seeing it come to fruition, I think it's a great thing. But you have to be comfortable with that because just like teachers you may never know the impact you make.

*Summary: I Teach My People with Honor and Respect*

The last category in the theme, *Teaching is a Reflection of Me and My People*, reveals that facilitators approached their teaching with respect and affection for their participants.

Margaret and Christine spoke of the importance of being committed and invested; Margaret added the idea of the importance of accepting of diverse audiences. Lee stressed the importance of not having an air of superiority or imposing your own views, and being open to learning from the participants. Richard added that facilitators should never tell participants something if they do not know the correct information. Finally, Lisa spoke of meeting people where they are and having a sense of your own values. Overall, their practices included a sense of honoring and respecting their groups during the teaching process. The data indicates that teaching with honor and respect means having a personal investment, being committed, meeting people where they are, being honest and sincere, and being open minded and accepting.

All of these examples illustrate how the facilitators approached teaching with honor and respect. Within the confines of their programs, the facilitators sought to address the participants honestly and holistically. They sought to address individual and group needs and to instill regard for self, family and community. The facilitators recognized the importance of sharing their own life stories and experiences of triumphs and mistakes, and in a sense gave the participants a portion of themselves. Ultimately, teaching with respect and honor is teaching with love. This finding is reminiscent of hooks (2003), who summarizes her thoughts on this way of teaching, “Love in the classroom prepares teachers and students to open our minds and hearts. It is the foundation on which every learning community can be created” (p. 137).

### Chapter Summary

This chapter presented the data according to the two overarching themes and corresponding categories and subcategories. The two main themes were: (1) Teaching is a commitment to my community and (2) Teaching is a reflection of me and my people. The first theme had three categories: (a) Families and communities are interdependent and interconnected

entities, (b) Family and community members have a responsibility to give back to the community, and (c) Families and communities are strengthened by a common faith. Of these categories, only the first, had subcategories, which described how families support each other, how families and communities provide inspiration and encouragement and how families and communities maintain enduring relationships. The second theme had four categories, with no subcategories: (a) When I see my people, I see myself, (b) When my people see me, they see themselves, (c) Teaching my people enriches my life, and (d) I teach my people with honor and respect.

An analysis of the data represented in the two overarching themes can be characterized by two African Proverbs: (1) It takes a whole village to raise a child and (2) Knowledge is like the bird of the forest: one person alone can never catch it. The first proverb implies the underlying idea that families are embedded in communities that assume responsibility and shared caregiving for the overall well-being of the children within the community. The stories of the facilitators illustrate how this basic value is extended to include caregiving for family in general, particularly in times of adversity. The second proverb implies that a single person cannot capture knowledge alone. It takes at least two individuals, working together. Once knowledge is captured, it is then shared. The stories shared by the facilitators indicate that while they were responsible for implementing their assigned programs, the exchange of information would not have been possible without the participants. In fact, the learning was shared and the facilitators benefited from the programs as well.

The intent of preventive intervention programs, from the curriculum writer and researcher's perspectives, is to impact the lives of the participants in a positive way. The facilitator's interviews revealed that in addition to forming a connection with their participants,

they also felt connected to the curriculum content. The combination of these two connections led to a unique way of delivering the overall program. Participants received the intended content of the curriculum, but also received real life lessons from “teachers” who opened their own lives to the participants. In this sense, the twenty-four African American facilitators in this study gave of themselves to their African American participants in such a way that their lives and experiences were also part of the delivered curriculum.



## CHAPTER 6

### CONCLUSION AND DISCUSSION

In this final chapter, I presented the three major conclusions of the study and discussed these conclusions in the context of the research questions and the current literature. I also explained how this study contributes to the literature in prevention science and adult education and the implications for theory, practice, and future research. Finally, I ended the chapter and this study with concluding remarks.

The purpose of this study was to examine the relationship and cultural commitments of African American facilitators of prevention science programs to their African American participants. The research questions that guided this study were:

1. What is the impact of the facilitator's group identity on their teaching?
2. What is the impact of the facilitator's positionality on their teaching?
3. What is the impact of the facilitator's worldview on their teaching?

The three major conclusions drawn from this study are: (1) the facilitators considered their involvement in implementing the preventive intervention programs as another way to demonstrate their commitment to serving and improving their communities; (2) the facilitators' teaching demonstrated a sense of resiliency born of their lived experiences as African Americans raised in African American communities; and (3) the facilitators used their cultural identities to adapt their assigned curricula so that the programs would be more relevant to their African American participants.

### The Influence of *Who We Are* on *How We Teach*

The overall goal for this study was to explore the experiences of African American facilitators who implement preventive intervention programs to African American participants. My interest in conducting this study is a result of having worked in the prevention science arena for several years and recognizing that facilitators have an impact on the successful implementation of preventive intervention programs. I was impressed to see the ways in which a facilitator could engage their group, build rapport and deliver the curriculum so that the participants were excited and eager to attend the next session. Likewise, I was disappointed to witness the painful silences and bored expressions of group participants when facilitators failed to engage the groups and the class lacked excitement. In the context of my work, the success of the programs was gauged by attendance (an indication of participant engagement), fidelity (a measure of the facilitator's adherence to the curriculum) and outcomes (the level of change in participants, measured by self-report on questionnaires). I realized that these measures of success did not reflect one of the most important influences on the preventive intervention program – the person delivering the program.

This realization piqued an interest in learning more about the types of facilitators who were able to implement programs successfully. Success here refers to the ability to engage the participants while delivering the program content. The questions that ultimately guided me to this research were: (1) *who* are these facilitators and *where* did they come from? (2) *what* experiences made them who they are? (3) *why* would they become involved with preventive intervention programs? and (4) *how* do all of these variables influence the way they implement the programs? It was my desire to bring the voices and experiences of these individuals who,

are so important to the process, yet rarely acknowledged or mentioned in the prevention science literature, to the forefront.

### Conclusions

The first conclusion of the study is *the facilitators considered their involvement in implementing the preventive intervention programs as another way to demonstrate their commitment to serving and improving their communities*. Prior to the opportunity to implement preventive intervention programs, the facilitators were already demonstrating this commitment by the fields of employment they chose and their active involvement in the community. Twenty-two of the facilitators are currently employed in, or retired from, agencies and institutions that provide services to the community (e.g., education, social services and ministry). Additionally, all of the facilitators were involved in formal or informal groups that participated in community service events (e.g., fraternal organizations, church groups, civic and political groups). Overall, the facilitators' responses indicated that they were committed to working towards the greater good.

This commitment to community is an indication that the facilitators identified closely with the general communities in which they live. Within this larger community, facilitators also identified closely with their familial groups, their racial group, and their religious group. These group identities influenced the facilitators' instructional practices by increasing their ability to build and maintain rapport with participants who were members of their racial group, but who also shared membership in other groups (gender, familial role, religion). The facilitators had a worldview that demonstrated a commitment to the greater good, a desire to serve and help members of their community, and a sense of commitment and empathy. They demonstrated a

commitment to working for the greater good of the community and expressed a desire to serve and help members of their community.

The second conclusion is *the facilitators' teaching style demonstrated a sense of resiliency born of their lived experiences as African Americans who were reared in African American communities*. This sense of resiliency was evident from the stories the facilitators shared about their childhood, family, schooling and work experiences. These stories included economic hardship, experiences with racism and discrimination, struggles with single parenthood, teenage pregnancy, deaths of significant loved ones, and family experiences with alcohol and drug abuse. Despite these various obstacles, the facilitators were able to overcome with the personal determination and support from their family and community. Personal determination is something that was instilled during the facilitators in their childhood – a sense of confidence in self and racial pride. Many of the facilitators recollected memories of the words of wisdom passed on to them from their parents, grandparents and other significant individuals in their lives. These family members and community also provided other types of support that included financial support, providing shelter and other resources, words of encouragement, and help in caring for children. Although the facilitators' stories included adversity, hardships and heartbreak, there were no hints of bitterness.

The facilitators also recognized that some of life's difficulties would be related to their status as a "minority" in this country, particularly the nine facilitators who lived through the Civil Rights Movement. These older facilitators were raised in tight-knit communities that provided a place of safety and refuge during those turbulent times. The younger facilitators, a generation removed from the Civil Rights Movement, benefited from this value as their parents and grandparents continued to ensure a place of safety and refuge for the next generation. The

facilitators were part of the classroom community as well, contributing to the collective by sharing their own experiences. All of the facilitators expressed that their lives had been positively impacted by their experience as a member of their classroom community.

The third conclusion is *the facilitators used their cultural identities to adapt their assigned curricula so that the programs would be more relevant to their African American participants*. Facilitators were able to draw on their understanding of culturally based communication to assess whether their learners were grasping the curricula content and to make necessary adaptations using culturally grounded methods to bring about understanding. The importance of oral communication for African Americans stems from the African tradition of passing culture through generations by story-telling, proverbs and song (Franks, 2000). Cultural communication includes reciprocal talk and has a goal of harmony and connection between the speaker and the listener (Franks, 2000). Additionally, according to McNeely and Badami (1984) African Americans assign a level of trust and belief in another person based on how that individual represents himself. This self-representation is more influential than professional qualifications or rhetoric (McNeely & Badami, 1984). African American cultural methods of communication include call-response, story telling, and group sharing. The call-response technique involves a process where a speaker makes a statement or a request, and the audience responds aloud. The responses may be in answer to a question, or symbolize encouragement or agreement (Boone, 2003). Boone (2003) describes this use of call-response as a classroom technique:

Call-response communication enables the members of the class to establish and maintain a group identity as a classroom community, but on another level, enables the members of the class to create and maintain African American cultural

identity by advancing the symbol of collectivism or sharing which is so deeply embedded in African American society. (p. 222)

Storytelling is another culturally grounded technique that allows the speaker to convey content in a way that gives the participant real life examples; it is a way of bringing the content alive (Boone, 2003). Boone provides the following explanation concerning the use of storytelling as a cultural method

Thus, as practices in the African American community, the speaker's ability to rely upon example and story is essentially rooted in a culturally specific appeal to logic with the audience. By carefully choosing a story and/or example to make her point, this instructor is able to help her students envision their own personal "relationship" to this textbook definition and its practical implications in their lives. (p. 220)

Finally, because African Americans tend to be active learners, the facilitators used the technique of group sharing to provide more opportunities for the group members to be active participants in the learning environment. This group sharing is a way of building community within the group as well as continuing to "perpetrate and reinforce elements of their cultural values" (Boone, 2003, p 224).

### Discussion

The research questions center on three specific types of influence: group identity, positionality and worldview. Through this study, I found that these three influences are interwoven in the ways in which they influence the facilitators' instructional practices. The influence of group identity and worldview are bolstered by positionality. In this section, I will

discuss the answers to each research question, then explain how the study fits into the current literature.

### *Addressing the Research Questions*

In answer to the first question, *What is the impact of the facilitator's group identity on their teaching*, the study showed that the various group identities increased the facilitators' ability to build and maintain rapport with participants who were members of their racial group, but who also shared membership in other groups (gender, familial role, religion). These shared identities allowed facilitators and participants to relate more easily because there were associated shared understandings about events, words, symbols, and experiences (e.g., local politics and church). Furthermore, the facilitators assessed their participants' understanding and made necessary adaptations by using culturally grounded communication. These communication patterns include call-response, story telling and group sharing. The use of these methods allowed for active participation by the participants and aided in the creation of community among participants and between facilitator and participant.

In answer to the second research question, *What is the impact of the facilitator's positionality on their teaching*, the study showed that the shared experience of being African American was a powerful influence on how the facilitators approached the teaching context. The facilitators entered their classrooms armed with high racial regard which was manifested in their teaching through confidence and self-awareness. They realized that they embodied these traits because of the care and love of other African Americans and saw it as their responsibility to continue this tradition (of care and love) to their participants. The way in which they taught their classes was a reflection of this value. As they taught their respective curricula, they did so in a way that edified and celebrated the participants. The facilitators worked towards creating a

protected and insulated community in their classrooms – a place where the participants could be honest, share their experiences, questions and frustrations without the fear of judgment, condemnation, or ridicule.

Although the classroom was an insulated and relatively “safe” community, the facilitators and the participants entered with experiences associated being Black in America. The shared history of discrimination and oppression that has been, and continues to be experienced by African Americans, served as another point of unity for the facilitators and their participants. Specific experiences might have differed, but the ability to relate and understand the anger, fear, pain and humiliation was universal. The facilitators and participants were able to share these experiences and in turn receive validation and support to move forward with hope.

Finally, in answer to the third research question, *What is the impact of the facilitator’s worldview on their teaching*, the study showed that the facilitators entered their teaching contexts with a sincere concern for the well-being of the individuals in their groups. This concern was instrumental in the facilitators’ ability to build rapport and gain the trust of their participants.

#### *Addressing the Literature*

This study explored the impact of group identity, positionality and worldview on the instructional practices of African American facilitators who deliver preventive intervention programs to African American participants. This study is situated in the disciplines of prevention science and adult education and contributes to the literature base of each field.

#### *Prevention Science*

The goal of prevention science is to produce empirically based programs designed to address a variety of health, behavioral and social issues. One of the domains of prevention science is field trials, which includes testing the developed preventive intervention program



(Eddy et al., 2002). Model programs have now been scrutinized to develop a list of ideal characteristics for programs. One of these characteristics focuses on effective implementation which consists of the selection, ongoing support and evaluation of program facilitators (Botvin, 2004; Nation et al., 2003). Most of the prevention science literature centers on the research and details the descriptions of sample populations, methodological approaches and theoretical frameworks. To a lesser degree, the prevention science literature also addresses curricula development, which includes content focus, the target audience, and program implementation and sustainability. My study of preventive intervention facilitators falls in this component of implementation and sustainability.

The general importance of program facilitators is mentioned throughout the literature, though primarily as a component of the overall process, rather than receiving separate, focused attention. The literature suggest that the following general characteristics of facilitators be considered in the selection process: motivation of the individual, attitude about the program being taught, competence, attention to tasks, experience in teaching, and relevance of the content to the facilitator. While these characteristics are a good starting point, when examined individually, only three of the six can be measured. The remaining three (motivation, attitude and relevance) are more difficult to measure and subject to a variety of influences. From the standpoint of my study, I examine these characteristics in terms of cultural influences – group identity, positionality and worldview. This study provides depth to these three characteristics for African American facilitators. My findings suggest that more attention should be focused on the cultural influences of facilitators who are selected to implement preventive intervention programs, particularly when implementing these programs with marginalized groups.

Much of the limited literature that addresses the cultural influences of program facilitators can be found by searching for programs that target specific ethnic groups. In most research articles, the impact of the facilitators' cultural influences may be found in the discussion or implications sections of articles. In Chapter 2, I reviewed five prevention science studies that targeted African Americans and found that each program contributed their success, in part, to providing a cultural match between the research participants and the individuals delivering the educational program. The literature that focuses on the processes of prevention science programming, also suggest that members of the target population be involved in every aspect of the research process. This inclusion addresses the reluctance that ethnic minorities tend to have towards participating in research studies. My study supports the importance of this cultural match in increasing credibility, trust and rapport with African American participants. While this conclusion is based primarily on the perception shared by the facilitators during their interviews, I can also attest to the positive group dynamics and participation of the group members from the observations that I conducted as part of my data collection.

Finally, my study also has implications for recruiting and training facilitators to implement preventive intervention programs. The results indicate that the individuals responsible for planning the implementation of programs should consider how the cultural identity of the facilitators can benefit or possibly hinder the implementation process. This determination should be made by considering the cultural background of the target audience as well as the program content. Approaching their planning with an awareness of cultural issues can also influence the ways in which the training of the facilitators occur. In instances where a cultural match between facilitator and participant is not feasible or desired, program planners can

incorporate cultural sensitivity in the facilitator training in order to create the best scenario for the group participants.

### *Adult Education*

Adult education is a vast field of diverse topics, settings, instructors and learners. A common thread, however, is that the purpose of adult education is “to bring about learning among those whose age, social roles, or self-perception define them as adults” (Merriam & Brockett, 1997, p. 8). Much of the literature in adult education focuses on broad concepts (e.g., adult learning and development, multicultural education, andragogy) and specific domains of adult education (e.g., program planning, adult basic education, human resource development, higher education, and continuing education). I situated my study in adult education because of the educational nature of the programs being tested by prevention science research. I found literature in adult education pertaining to the role of the instructor particularly relevant to my study.

This literature introduced the issues of positionality, group identity and worldview and their influence on how the instructor enters the teaching context. The literature on positionality addressed these issues from the standpoint of the instructor occupying the favored position of power and how to be an effective educator in light of these privileges. The literature on group identity and worldview was not as abundant, but indicated that these factors are important and also influence the manner in which the instructor approaches his or her teaching. My study supported the fact that these factors are relevant for African American facilitators. Racial positionality was the most relevant position in my study and served as a point of commonality among facilitator and participant. Gender positionality was mentioned in a many cases and served as a commonality and a strength among female facilitators. Issues of class, sexual

orientation and ability were not significant in the study. Group identity, particularly racial identity was also significant in my sample. Again, this commonality served to help create rapport and community in the groups. Other areas of commonality between the facilitators and the participants were membership in familial groups, community groups and religious groups. Overall, the facilitators shared a worldview of being committed to improving the community. This worldview was shaped by their strong identification with their geographic as well as racial communities.

The literature on the role of instructors also provides suggestions on how to teach in a culturally sensitive manner. Several authors suggest that instructors be aware of and recognize different ways of knowing and expressing, re-evaluate educational norms, and creating classroom spaces that reflect the learner's educational needs (Alford, 2002; Guy, 1999; Marchesani & Adams, 1992; Russell, 1982; Sheared, 1999). As part of the cultural community, the facilitators in my study instinctively incorporated these methods of culturally sensitive teaching.

Finally, Cervero and Wilson (2006) specifically address the importance of the instructional leader of programs in the context of program planning. They acknowledge that format, technique, and materials are important, but emphasize that the instructor is the primary means of delivering program content. As such, the selection of instructional leaders is sensitive to power relations in the social and organizational context and the program objectives. The planners/decision makers at the institutional level made a conscious decision to employ African American facilitators to implement programs designed for African American participants. This decision is an illustration of the organizational context. Additionally, the objectives from the planner/decision maker's perspective is directly related to ensuring that the program is

implemented so that the curricula can be tested via subsequent post-test data collections. As Cervero and Wilson (2006) intimate, the findings from the study indicate that the facilitators have a different primary objective. According to the study, the facilitators' objectives centered primarily on delivering a good program to their communities, specifically the African American community. Fortunately, while the primary objectives of the planner/decision maker and facilitator differ, the objectives are not in conflict with each other. The planners of prevention science programs can reduce the likelihood of conflicts in this area by recognizing that facilitators are stakeholders in this process and finding a way to include them in the planning process.

#### Implications for Theory, Practice, and Research

The implications for this study are drawn from a combination of study findings, interpretations and the existing literature base in prevention science and adult education. In this section, I will discuss theoretical and practical implications and recommendations for future research that can be considered and weighed by prevention science researchers and their program planners, as well as in the field of adult education.

#### *Implications for Theory*

The findings from this study have implications for how prevention science researchers approach their work in ethnic minority communities. The literature suggests that minority communities, particularly the African American community, are reluctant to participate in research because of cultural beliefs as well as a general mistrust of research and science (Murry et al., 2004; Washington, 2006). One way of addressing this mistrust is by incorporating members of the target community into the entire research process. Recruiting program facilitators from the target community is a way of addressing this involvement. The suggestion

of making a cultural match between facilitator and group participant is based on the ongoing debate in psychology, sociology, and social work regarding a cultural match between the patient/client and counselor/service provider. My study is an indication that in terms of community-based education (which may include health and behavioral topics) a cultural match is indeed important and beneficial to the participant. Other disciplines can benefit from this finding by re-evaluating their stance on the importance of cultural match depending on the nature of the client/patient's issue, treatment method and goal.

Adult education has a wide variety of literature on multicultural education, culturally competent instruction, and positionality and power. My study contributes to this dialogue by serving as an example of how instructors incorporate culturally grounded ways of knowing, learning, expressing and teaching in an educational program. It speaks to how members of the same marginalized group build community in a learning environment that respects and honors their culture. In a field that focuses primarily on formal types of community education, my study also validates the passion and ability of lay or nonprofessional adult educators as contributors to the field.

While adult education encompasses a wide variety of settings and instructors, there is a paucity of literature focused on these lay educators in informal settings. I understand that the lack of literature on these settings and instructors is more a matter of feasibility than an inherent lack of value. For example, while we recognize that individuals who teach Sunday School classes or lead a group of senior citizens through chair aerobics at a senior center are practicing adult education, these are not activities that are monitored or subject to formal evaluation. The vast nature of adult education makes it impossible to study and publish on every form of instruction. Although I understand this, I still believe that the tenets of adult education can

improve the delivery of these types of educational activities and thereby broaden the reach of the field.

### *Implications for Practice*

The findings of this study have important implications for the planners of preventive intervention programs. These implications are related to the recruitment, selection, and training of facilitators. The facilitators in my study taught one of two programs, each designed specifically for African American participants. Despite this attention to cultural sensitivity in the design of the program, the facilitators still found it necessary to use culturally grounded forms of delivery. This need for adaptation during the delivery speaks to the importance of employing facilitators who understand the cultural background of the participants. My study suggests that it is best to ensure a cultural match between facilitator and participant in programs designed for African American participants.

The findings suggest that in addition to a racial match, it is important to consider group identity and worldview as well. In this study sharing membership in community of residence, familial role, and religious beliefs proved important in building rapport and developing trust. Additionally, all of the facilitators in the study had a worldview that focused on bettering their communities (residential and racial). As planners select facilitators they should consider ways to assess the potential facilitators' values, goals and motivations in addition to gauging their experience in facilitating and their educational accomplishments. Another important finding indicated that facilitators felt that they too, were members of the learning community. Planners should be mindful of seeking out individuals who want to teach, but also see themselves as an active member of the group. In the event that a cultural match is deemed infeasible or unnecessary, the planner should also assess the potential facilitator's ability to teach cross-

culturally and their level of cultural sensitivity. Finally, planners should incorporate cultural sensitivity as a topic of training for all of the selected facilitators and as something they monitor throughout the implementation of the program.

#### *Implications for Future Research*

My study included a sample of 24 African American facilitators who implemented culturally relevant programs for African American participants in specific regions of a southern state. While the findings of this study can certainly be used to inform the work of those engaged in prevention science research, broader research is needed to ascertain greater understanding of the influences of group identity, positionality, and worldview. My study focused on one racial group living in one part of the country. It is possible that regional differences will produce different results if this study were conducted on the West Coast, the Midwest or New England. However, Johnson-Bailey (2001) sets forth that the broader Black experience will transcend regional and other cultural markers. It is therefore incumbent upon the prevention science researchers and planning staff to consider these differences. The importance of studying these influences with regard to ethnic minorities does not negate the need to understand how positionality, group identity and worldview of facilitators impact their instructional practices. Exploration of other types of cross-cultural facilitation is also important to this dialogue.

#### Chapter Summary

In this final chapter, I presented the following three major conclusions from the study: (1) the facilitators considered their involvement in implementing the preventive intervention programs as another way to demonstrate their commitment to serving and improving their communities; (2) the facilitators' teaching demonstrated a sense of resiliency born of their lived experiences as African Americans raised in African American communities and (3) the



facilitators used their cultural identities to adapt their assigned curricula so that the programs would be more relevant to their African American participants. In the first section of the chapter, I explained each conclusion in the context of the overall findings.

In the second section, I answered each of the research questions according to the study and in relation to the literature. The study revealed that group identity, positionality and worldview have a significant impact on the facilitators' instructional practices. This impact was manifested in several ways including the facilitators' use of culturally grounded forms of communication and delivery techniques (e.g., call-response, group sharing and story telling). In addition, the facilitators honored the cultural value of collectivism and worked to create a community within the classroom; and the facilitators joined the communities by sharing their own stories as well as being open to learn from the stories of the participants.

The third section included implications for theory, practice and research in the fields of prevention science and adult education. In terms of prevention science, this study has implications for recruiting and preparing facilitators of preventive intervention programs. The study supports the idea that cultural matching between service provider and participant is beneficial, in this non-therapeutic context. This study also reveals that the facilitators have a wealth of information regarding processes in prevention science programming. Understanding their point of view can be beneficial to the implementation of the program as well as the overall research study. This is particularly true when the facilitators are representatives of the target population. In adult education, this study contributes to the literature concerning community-based programs as well as the successful use of lay instructors to deliver programs. Finally, I close this chapter with a personal statement.

### Concluding Remarks

I had the honor and the privilege of being able to travel to South Africa last year. One of the many things that touched me about the people I encountered was their sense of pride, being comfortable in their own skin despite everything they had been through. They had a sense of hopefulness about the future. I must admit that when I compared this to my general impression of African Americans - my community - I was saddened. I wondered how in the span of two generations we seemed to have lost the pride, self-assurance and hope that our parents and grandparents suffered and sacrificed for, so that our lives would be better. I am grateful to share that I have realized the error of those thoughts. This study has restored my hope, in *our* hope. I had the opportunity to gaze through the window of the lives of 24 amazing Brothers and Sisters who are proud of their Blackness, comfortable with who they are, hopeful about the future and actively making our world better. As I reflected on their lives, their journeys, their hopes and their triumphs, words and phrases began to take form in my mind. I conclude this chapter with a poem that represents my interpretation of their collective stories.

Beautiful shades of brown  
 Soft beige to rich mahogany  
 This amazing spectrum of the  
 Blackness we share  
 Smiling, laughing, sharing together  
 Voices strong, teaching with love...

Take my lamp  
 To light your way  
 Use my life  
 My tears and my triumphs  
 To carve your own path  
 And I'll be there  
 To help you  
 Cause I am you  
 And you are me...

I'll walk with you

And if you tire  
I'll carry the load  
Until you are rested,  
Healed and restored  
Cause you are me  
And I am you

We're from the same place  
The same womb  
Our lives, livelihood  
Failures and successes  
Inextricably linked

We stand now  
On the backs of those  
Who suffered, bled and died  
So that together, we might  
Hold up our heads  
Look toward the sky  
Reach for the stars  
Letting nothing stop us  
Overcoming together  
Cause, there is no you  
And there is no me  
Together it's *US*  
Together it's *WE*

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APPENDICES



APPENDIX A  
RECRUITMENT LETTER

Dear Potential Participant,

I hope you are well. As you may know, I am pursuing my PhD at the University of Georgia, in the Department of Lifelong Education, Administration and Policy. My dissertation research focuses on the experiences of African American facilitators who have taught prevention programs to African American participants. I hope to recruit facilitators from different universities. To this end, the XXXXXX has given me permission to invite the current XXXXXX facilitators to participate in my dissertation study. I am writing to tell you a little about the study and solicit your participation.

I have been working with prevention programming for several years and have come to understand how important facilitators are to the success of the program. I am interested in learning more about the kinds of individuals who teach prevention programs as well as their experiences during the implementation of the program. To gather this information, I would like to conduct two face-to-face interviews, review program-related documents (e.g., personal notes from trainings or meetings, feedback from the research staff about performance, any documents from participants, or calendars/planners/journals) and observe a session being taught. The second interview will occur after this observation. I will ask each facilitator to allow me to contact them again if needed for follow-up or clarification. I will also invite participants to review my preliminary findings.

I anticipate that the interviews will last 1 ½ to 2 hours total (1 hour for the first interview and ½ - 1 hour for the second interview). I will audiotape the interview, but the recording will only be used for this study. No names or identifying information will be linked to the information gathered. Participation in my dissertation will have no bearing on your current or future employment with the Center. I will give each participant a \$25 gift card as compensation for participating in the study after the second interview.

If you are interested in participating in this study or would like more information, please contact me at your earliest convenience. I would like to begin interviews as soon as possible so that I will be able to observe your sessions prior to the end of the program mid-late November. You can reach me at the office (888)542-3068 or (706)425-3033, home (678)-753-0675, cell (706)255-1700 by email [tlander@uga.edu](mailto:tlander@uga.edu).

I appreciate your consideration and look forward to hearing from you.

Sincerely,

Tracy Anderson  
*Doctoral Student*  
*Department of Lifelong Education, Administration & Policy*

## APPENDIX B

## DEMOGRAPHIC QUESTIONNAIRE

**I. General Background and Family Information:**

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

1. Which of the following best describes your current marital status? (Circle one):

Single                      Married      Divorced                      Widowed                      Separated

2. Do you have children? If so, how many and what are their ages?

\_\_\_\_\_ son(s)                      ages: \_\_\_\_\_

\_\_\_\_\_ daughter(s) ages: \_\_\_\_\_

**II. Educational Background**

3. Please describe your educational level by checking the appropriate level(s) and writing the name of the school(s) you attended:

- High school/GED \_\_\_\_\_
- Some College \_\_\_\_\_
- Associate Degree \_\_\_\_\_
- Bachelors Degree \_\_\_\_\_
- Master's Degree \_\_\_\_\_
- PhD \_\_\_\_\_

4. Are you currently in school?                      No                      Yes

5. If "Yes" – what degree/certificate/specialization are you pursuing?

6. Please describe your parents' highest educational level: (check one)

<i>Mother or other guardian</i>	<i>Father or other guardian</i>
<input type="checkbox"/> No diploma	<input type="checkbox"/> No diploma
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> High school diploma/GED
<input type="checkbox"/> Some college	<input type="checkbox"/> Some college
<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Associate's degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Graduate degree	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know

### III. Employment Background

**7. Which of the following best describes your current employment status:**

- Employed full time
- Employed part-time
- Unemployed, seeking work
- Full-time homemaker
- Retired
- Other (please specify) \_\_\_\_\_

**8. What is your current occupation?**

**9. How long have you been with your current employer?**

**10. If you are currently working, what is your approximate annual salary?**

- Less than \$20,000
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,000
- \$80,000 - \$89,999
- \$90,000 or more

## APPENDIX C

## INTERVIEW PROTOCOL

**I. Materials**

- a. Participant's consent form.
- b. Typed observation notes with specific questions to follow-up on.
- c. Digital recorder.
- d. Extra batteries.
- e. Laptop computer.
- f. Interview Guide.
- g. Demographic questionnaire.
- h. Pens.
- i. Notepad.
- j. Clipboard.
- k. Cash (incentive).
- l. Receipt.

**II. Site/Location Description:****III. Welcome/Greetings**

- a. Explain study again
- b. Explain how the interview will flow
- c. Ask permission to start tape.

**IV. Start the Tape**

- a. Ask participant if they'd rather supply me with a pseudonym or if they want me to assign one.
- b. Ask if they have any questions before getting started.
- c. Start by asking them to complete the demographic questionnaire – letting them know that they don't have to complete any portion they are uncomfortable with.
- d. Begin interview.

## Facilitator Interview Guide

### Introductory/Background Questions

1. Where did you grow up?
2. Tell me about your family when you were a child.
3. What did you do after finishing high school? Or leaving home?
4. Tell me about your current job.
5. Tell me about your family.
6. Tell me about your involvement in the community.

### Information about the Intervention Program

7. What is the goal of the intervention program you taught?
8. How do the program's goals fit into your value/belief system?
9. Why did you choose to become involved with the \_\_\_\_\_ program?
10. Who is the target population?
11. Where was the program implemented?

### Questions about training experiences

12. How were you trained to teach the program?
13. Who did the training?
14. How was it conducted?
15. What were the strengths and weaknesses of your training experiences?
16. How have you translated your training into your role of facilitator? (How did you take what you were you were instructed to do in training, and implement the program?)
17. What did you like and not like about the curriculum?

Questions about implementation/facilitation

18. What was the typical make-up of the group(s) worked with?
19. In what ways did you identify with/relate to your participants?
20. How did these similarities help or hinder you as a facilitator?
21. How do you build and maintain rapport with your participants?
22. Why do you think your style works?
23. In retrospect, is there anything that you would change?
24. How does your positionality (ethnicity/gender/class) play a role in this process of building and maintaining rapport?

Questions about evaluation/reflection

25. How were you able to meet the various needs of the participants in light of the (university's) expectations? (How Do you balance your role with the human needs of your participants?)
26. How do you gauge the effectiveness of your teaching?
27. How does (university) evaluate you? *Probe for:*
  - a. What kinds of feedback do you receive?
  - b. What kinds of feedback would be most helpful to you?
28. What lessons have you learned about practice (community, informal teaching) and implementation (of programs)?
29. Tell me how your life has been changed or influenced by this experience.
30. Do you have any advice or suggestions for your (university) for future prevention program planning with African Americans?
31. What other intervention programs have you been involved in?

Observation Questions

**Date of observation:** \_\_\_\_\_ **Session #/type:** \_\_\_\_\_

**Standard Questions:**

1. How do you feel about how your session unfolded?
2. What do you think went well? Why?
3. What do you think didn't go well? Why?
4. Is there anything that you would have done differently? If so, what?

**SPECIFIC QUESTIONS (BASED ON NOTES TAKEN DURING THE OBSERVATION).**

**Wrap-Up:**

These are all the questions I have for you. Is there anything else that you would like to discuss or tell me that we haven't had a chance to cover?

## APPENDIX D

## EXAMPLES OF OBSERVATION COMMENTS

**Elizabeth**

- You say “you know what I’m saying” a lot.
- When trying to get the kids to give characteristics of good friends, a teens says “honest.” You reply, “Honest, thank you!” Your voice is raised, you are animated and appear to be pleased with the answer.
- When you’re leading the brainstorm on negative friends, one of the male participants begins to say something negative about females. You put your hand on your hip, raise your palm to him and tell him “we’re not doing that...” You call on the next participant (who happens to be male) and say “Come baby, give us something positive” then turn to the previous speaker and make a face.
- You made up several illustrations along the way, and in an animated way acted them out....

**Lee**

- In the discussion about bouncing back from touch situations, you shared words of wisdom from your father.
- In the family session, during the Problem People/Fix It Folks activity, you were writing the problems and solutions and at one point your co-facilitator takes your marker and writes “DWWG” when says that it stands for “driving with a white girl” the group laughed, but you frowned.
- I noticed a stark contrast between you and your cofacilitators. You took an active role and overall approached your teaching from a serious standpoint. One of your cofacilitators took an active role and was very animated, maybe even silly. The third facilitator was less active and seemed to fade into the background.

**Keith**

- Noticed that you tied in terms that were used in earlier sessions (i.e., referring road blocks) and you used “we language”... “One of the biggest things we’re trying to do is.....”
- Physically animated when presenting – you talk with your hands; when asking questions, you extend both hands; when giving an illustration, you use one hand. Walking around when reading directly from the manual.
- Provided examples from his experiences. During discussion about when its hard to stand your ground, you talked about when you were away at college and your experience with your mom about getting up. “Big momma said....”
- During role play (where one person is the teen with a decision to make, another’s role is the good friend and the third person’s role is the bad friend.” The three guys in the group volunteered, but before the third one got up, you said you wanted the female.
- Butts: Apply to school, if you get rejected don’t worry about it cause the local community college take anybody....
- Butts: You use... “You understand what I’m saying?” a lot